Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee	information, must be signed and submitted along with other detailed	forms.
Do not use this form to update information.		
1. Committee Information		

1. Committee In	formation							
a. Full Name								c. ID Number
COMMITTEE	TO ELECT A	MY GALEY			000000000000000000000000000000000000000	200000000000000000000000000000000000000		TDYTLE
b. Mailing Addre	ess (include Ci	ty, State and Zip	Code)					d. Date Filed
233 DOCTOR BURLINGTON		TT LANE		0097097000	7/3333356000 2000 (0.00 f) T months on constant			07/06/2016
DORLINGTO	v, IVC 2/21/		07-0	7-16P0	4:34	RCVD		e. Phone Number
								(336) 380-8038
								(330) 300-0030
2. Report Year	3. Period Star	rt Date (mm/dd/y	y)	4. Period	End Date	e (mm/dd/yy)	5. Treasur	er Full Name
2016	0:	3/01/2016			06/30/20	016	AMY SCC	OTT GALEY
6. Type of Comm	nittee (Check	One)	9. Typ	e of Repor	t (ch	eck only one	type of repo	ort from one category)
X Can didate Can	npaign 🔲 Pai	rty	Munic			State/County	· · · · · · · · · · · · · · · · · · ·	Referendum
Joint Fundraise	er PA	ıC		Organizatio	nal	Organizatio	nal	Organizational
Referendum	_ Leg	gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund	(if applicab	le, check one)		Pre-primar	y]	First		Final
"Booster Fund	[11	***************************************		Pre-election	n	Second Second		Supplemental Final
Building Fund				Pre-runoff	1.	Third		Annual
Presidential El	lection Year Can	ndidates Fund		Semi-annua	1	Fourth		Special Special
■ NC Public Can	npaign Financing	g Fund		Mid Ye	ar	Semi-annua	1	
				Year E	nd	Mid Ye	ar	10. Special Report Name
Other:				Final		Year Er	nd	
8. Number of Fu	ndraisers this	s Report		Special		Final		
	0				1	Special		
2 1 17.6								
3. Account Infor					S-	unt Informati		
~~~~		***************************************	************	······································	a. Finan	cial Institutio	n Full Nam	e
AMERICAN N	ATIONAL BA	ANK						
b. Purpose		c. Account Code	e		b. Purpo	ose		c. Account Code
CAMPAIGN		G	AL					
		d. Period Begin	Balan	ce				d. Period Begin Balance
		s 822	.36					\$
CEDTIEICATIO	N							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board								
Amy	SWT 6,	764		an	my 8	appointed Treas	7	07/06/2016
PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE P	I S THE WAY WANTED THE THE A SECOND	Signer		Sign	ature of A	Appointed Treas	sufer	Date
FOR OFFICE US	SEONLY							
Date Receive	ed:	4-7-16	_	Emplo	yee: _	UG		ivery Method Normal Mail
Date Postma	rked:			Emplo	yee: _		Action to the second second second second	Registered Mail
D + 0		1-14-16				JG		Hand Delivered Electronically Filed
Date Scanne	a:	11114	_	Emplo	yee: _	0 0	-	
Date Data Er	ntered:			Emplo	yee: _			Signer has not received mandatory training
Please Note	e: This form c	annot be used t	o amen	d committe	ee inform	nation such as	the commi	ttee address, treasurer,
		nt treasurer, cus						
Y		d the Statement						1
	ALAND CHILDLI	- JANO WOODWAND			~1.00 611	JULIAN TO HAIN	- COMMITTEE	

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
COMMITTEE TO ELECT AMY GALEY	2016 SECOND Q		
Start of Election Cycle: January 1,	2013	Total this	Total this
		Reporting Period \$ 822.36	
4) Cash on Hand at Start  RECEIPTS		\$ 822.36	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 200.00	\$ 1,010.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,727.90	\$ 14,784.01
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1220)	\$	\$
,	·		\$
	(CRO-1410)	\$	
<ul><li>10) Refunds/Reimbursements To the Committee</li><li>11) Other Receipt Sources</li></ul>	(CRO-1240)	S	\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	, ,	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1		\$ 4,927.90	\$ 15,794.01
EXPENDITURES	10, 114 and 110)	1,327.50	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,107.63	\$ 7,067.22
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 40.57	\$ 268.62
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 2,176.90	\$ 6,033.01
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 3,325.10	\$ 13,368.85
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ıbtract line 18)	\$ 2,425.16	\$ 2,425.16
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Amendment

Yes

No

		outions from I	ndividuals Page From Individuals of \$	lofl	Amendment ☐ Yes 【 N	lo
		Fund if applicable)	Trom markadas or p		Number	
***************************************	EE TO ELECT A	The state of the s			The state of the s	
Contribut	or Information				<del></del>	<del>,</del>
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	f. Amount	
Add Remove	GAL	Cash		06/19/2016	\$ 30	0.00
Add Remove	GAL	Check		05/02/2016	\$ 25	5.00
Add Remove	GAL	Cash		06/19/2016	\$ 20	0.00
Add Remove	GAL	Check		03/04/2016	\$ 50	0.00
Add Remove	GAL	Check		03/02/2016	\$ 50	0.00
Add	GAL	Check		03/02/2016	\$ 25	5.00

CRO-1205 NC State Board of Elections April 2007

\$200.00

\$200.00

\$

Remove

4. Total only this Page

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

## **Contributions from Individuals**

				Amenum	5 HL U	
Pg	1	of	3	☐ Yes	X	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. I	D Number	
COMM	IITTEE TO ELEC	CT AMY GALEY						
3. Conti	ributor Informati	on		Add 🔲 Re	move			
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & zi	ip)		RETIRED				
K. B. B	ROWN							
628 CA	RRAWAY DRIV	VE		c. Employer's	Name/Specific Field	]		
GRAH.	AM, NC 27253			SELF EMPL	OYED	<u> </u>		
			!	CONTRACT	OR	e. E	lection Sum 1	o Date
						\$		200,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	Check			06/19/2016		\$	200.00
							\$	
							\$	
3. Conti	ributor Informatio	on		Add 🔲 Re	move			
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & zi	(p)		ATTORNEY				
AMY S	SCOTT GALEY							
233 DC	OCTOR FLOYD	SCOTT LANE	,	c. Employer's Name/Specific Field				
BURLI	NGTON, NC 27	217		SELF				
	80-8038		·	ł		e. E	dection Sum t	to Date
						\$	3	3,389.17
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	ata dalam yar	k. Amount	n lootta tii aanaa aa
	GAL	In-Kind	MARKELL ST	TICKERS	03/01/2016		\$	706.04
							\$	
							\$	
3. Contr	ributor Informatio	on		Add 🔲 Re	move			
a. Full N	ame, Mailing Add	iress & Phone	-1	b. Job Title/Pr	ofession	d. C	Comments	
THE PERSON NAMED OF THE PE	de city, state, & zi	( <b>p</b> )		ATTORNEY			3012111 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
233 DC	SCOTT GALEY OCTOR FLOYD S				Name/Specific Field			
	NGTON, NC 27	217		SELF		_ E	dection Sum (	to Data
(336) 3	80-8038					e. E	Tection Sum	lo Date
						\$	1	1,470.86
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	In-Kind	SPONSOR GO	OLF HOLE	04/30/2016		\$	100.00
	GAL	In-Kind	SPONSOR GO	OLF HOLE	05/10/2016		\$	100.00
	GAL	In-Kind	PARADISE PI T-SHIRTS	RINTERS	05/31/2016		\$ 1	1,270.86
4. Tota	al only this Pa	ge				\$	2	2,376.90
	al of ALL CRO	<b>O-1210 Pages</b> 6 of Detailed Summary F	Page CRO-1100)			\$	4	1,727.90

## **Contributions from Individuals**

				Amendm	ent
Pg	2	of	3	☐ Yes	X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	e)			2.	ID Number	
COMN	COMMITTEE TO ELECT AMY GALEY							
3. Contributor Information								
a. Full l	Name, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ide city, state, & z	ip)		RETIRED			The second secon	
Si .	GALEY							
	OODBRIDGE DI				Name/Specific Field			
MELB	OURNE, FL 329	940		REAL ESTA	TE AGENT		dection Sum to Date	
						6. 1		
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	·	k. Amount	
	GAL	Check			06/23/2016		\$ 1,000.00	
							\$	
							\$	
	ributor Informati			Add 🔲 Rei	move			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments	
(inclu	de city, state, & zi	ip)		RETIRED		1		
	GALEY SR	_		- F	AT (C)			
	OUDNE EL 220			***************************************	Name/Specific Field			
MELB	OURNE, FL 329	40		SUPERVISOR OF ELECTIONS e. Hection Sum to I			Tection Sum to Date	
							one in the second of the secon	
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	***************************************	k. Amount	
	GAL	Cash			06/23/2016	ļ	\$ 1,000.00	
							\$	
							\$	
	ributor Informatio			Add 🔲 Ren	nove			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pro	ofession	d. (	Comments	
	de city, state, & zi	p)	THOUSON AND THE PROPERTY OF TH	ENGINEER				
	AUTHIER			e Employania	Name/Specific Field			
	UITT DR. NC 27244			SELF	vanic/specific riciu			
LLON,	NC 27244			SELF		e. F	Tection Sum to Date	
						\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	Check			03/02/2016		\$ 51.00	
					<u> </u>		\$	
							\$	
4. Tota	al only this Pa	ge				\$	2,051.00	
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						4,727.90	

## **Contributions from Individuals**

Use this form to repor	t individual contributions of	over \$50 or contributions a	inder \$50 if form	CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number
COMM	TITTEE TO ELE	CT AMY GALEY					
3. Cont	ributor Informati	on		Add 🔲 Re	move		
a. Full N	Name, Mailing Add	lress & Phone	······································	b. Job Title/Pr		d. C	Comments
(inclu	de city, state, & z	ip)		HOMEMAKI	ER		
JACKI	E PANTELLO	A CONTRACT OF THE STATE OF THE					
B)	ATLANTIC AV	Æ, PH 3		c. Employer's	Name/Specific Field	1	
	A BEACH, FL 3			SELF			
				[		e. I	Dection Sum to Date
						\$	100.00
e D-:	_	li E en	. r. r. 15	<u> </u>	le per des day		
I. Prior		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	GAL	Check			03/14/2016		\$ 100.00
							\$
							\$
	ributor Informati			Add 🔲 Re	move		
	lame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments
(inclu	de city, state, & z	ip)		FIELD REP			
STUAF	RT SMITH						
811 SO	UTH THIRD ST	REET			Name/Specific Field	1	
MEBA	NE, NC 27302			COCA-COL	A	L,	5 4: C 4 B 4
						e. 1	<b>Dection Sum to Date</b>
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	l cription	j. Date (mm/dd/yyyy)	<b>!</b>	k. Amount
***************************************	GAL	Check			The second secon	THE PERSON NAMED IN	
					06/26/2016		\$ 100.00
							\$
							\$
	ributor Informati				move		
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & zi	ip)		ATTORNEY			
	LES STEELE				V (C		
	MHERST AVE				Name/Specific Field		
BURLI	NGTON, NC 27	217		SELF		_ I	Tection Sum to Date
						<del> </del>	action Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount
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					03/03/2016		\$ 100.00
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4. Tota	al only this Pa	ge				\$	300.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100\			\$	4,727.90
(1416)	iiimi oc on unc	,	0110-1100)			Le constitue de la constitue d	

Dichur	sements	
DISTU	ements -	

			Amendment					
Pg	1	of	3	☐ Yes	X No			

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber
COMMITTEE	TO ELECT AMY	GALEY	and the second	er en	The state of the s				and the second seco
3. Type of Disbu	rsement <u>(Please</u>	use separate CR(	0-1310	forms for each	h type	of Disbu	rseme	nt.)	
X Operating Exp	penses Con	ributions to Candida	tes/Polit	ical Committees		☐ Coo	ordinat	ed Party E	x penditures
4. Payee Inform	ation			Add 🔲	Remo	ve			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Com	mittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
FACE BOOK									
NC				c. Level Regis					
				Federal State	L	County: Municip		a Mastis	n Sum to Date
				L State		_ Municip	anıy.	e. Metilo	H Sum to Date
								\$	118.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
GAL	Debit Card	A	0:	3/01/2016	\$	30.41	BOC	ST POST	
GAL	Debit Card	A	0:	3/05/2016	\$	50.07	BOO	ST POST	
4. Payee Inform	ation			Add 🔲	Remo	ve			
	niling Address & Ph	one		b. Coordinate	d Com	mittee Na	me	d. Comm	ents
(include city, sta	te, & zip)								***************************************
FACE BOOK									
NC				c. Level Registered (Specify)					
					Federal County:			T7 //	G
				☐ State	<u> </u>	Municip	anty:	e. Hectio	n Sum to Date
								\$	253.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quire d Re	marks
GAL	Debit Card	A	04	1/01/2016	\$	81.43	BOO	ST POST	
GAL	Debit Card	A	0:	5/17/2016	\$	70.00	воо	ST POST	
4. Payee Inform	ation			Add 🔲	Remo	ve	• • • • • • • • • • • • • • • • • • • •		
a. Full Name, Ma	iling Address & Ph	one		b. Coordinated	d Com	mittee Na	me	d. Comm	ents
(include city, sta	te, & zip)	CONTRACTOR FOR THE CONTRACTOR OF THE CONTRACTOR							
FACE BOOK									
NC				c. Level Registered (Specify)					
i				☐ Federal ☐ County: ☐ State ☐ Municipality				a Mastin	- Com to Date
				L State		Municip	anty.	e. Mecuo	n Sum to Date
								\$	253.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
GAL	Debit Card	A	00	5/28/2016	\$	101.67	BOO	ST POST	
					\$				
5. Total only this	s Page	I						\$	333.58
	CRO-1310 Pages							Ψ	333.30
	n line 13a of Detailed i	Summary Paga CDA	1100 ;	On grating Evn g	neae)				
	n line 13b of Detailed i		_			Political C	amm)	\$	1,107.63
	n line 13c of Detailed S		_				,,,,,,		
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printis			undraising		<b>D</b> - To	Anoth	ner Candio	late
E - Salaries	F* - Equipm			litical Party					ffice Expenses
I - Postage	J - Penaltie		K* - 0	office Expenses	3				l Expense Fund
O* Other				_				_	
* Codes require	e detailed explanatio	n in required ren	narks f	ield (k)					

					Amendm
Disbursements	Pg	2	of	3_	☐ Yes

X No Pg 2 of 3 Yes Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fu	ıll Name (and Fund	if applicable)						2. ID Nur	nber
COMMITTEE	TO ELECT AMY	GALEY							
3. Type of Disbu	rsement (Please	use separate CRO	)-1310	forms for each	type	of Disbu	rseme	nt.)	
X Operating Exp	oenses	tributions to Candidat	tes/Polit	ical Committees		Coc	rdinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Remo	ve			
a. Full Name, Ma	iling Address & Pl	one		b. Coordinate	d Com	mittee Na	me	d. Commo	ents
(include city, sta	te, & zip)			-					
OFFICE DEPO	Т								
1825 SOUTH C	HURCH STREET			c. Level Regist					
BURLINGTON	, NC 27217			☐ Federal	L			T71 41	6 1 5 1
				☐ State		Municip	anty:	e. Bectioi	n Sum to Date
								\$	876.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. Am	ount	k. Re	quired Re	marks
GAL	Debit Card	K	1	3/03/2016	\$	155.83		ER, INK,	
	Deon card	11	0.	- Lan				ELOPES	COTIES,
					\$				
4. Payee Inform				Add 🔲	Remo				
	iling Address & Pl	one		b. Coordinated	Com	mittee Na	me	d. Commo	ents
(include city, sta			north the Control of						
EIG DOMAIN.	COM					a.			
NC				c. Level Regist	ered (				
(800) 403-3568				State	<u> </u>	County:  Municip		e Hection	1 Sum to Date
				LI Brate	<u>L</u>	1 wanto	am y.	C. IZCCIIOI	I Sum to Date
								\$	88.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quire d Re	marks
GAL	Debit Card	O	0.5	5/13/2016	\$	88.91	REG	ISTER D	OMAIN
					\$		NAN	1E	<u></u>
4. Payee Inform	ation			Add 🔲	Remo	ve			
	iling Address & Pl	one		b. Coordinated	d Com	mittee Na	me	d. Comme	ents
(include city, sta	te, & zip)								
MEBANE ENT	ERPRISE							·	
106 N 4TH ST				c. Level Registered (Specify)					
MEBANE, NC	27302			Federal	느	County:		- IN45	- C 4. D-4.
				∐ State		Municip	anty.	e. Hection	n Sum to Date
								\$	97.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
GAL	Debit Card	Α	COLUMN TO SHARE THE PARTY OF TH	3/12/2016	\$	97.00	***************************************	ERTISIN	
· <del></del>		1			\$				
		<u> </u>			Φ				
5. Total only this	s Page							\$	341.74
6. Total of ALL	CRO-1310 Pages								
,	n line 13a of Detailed		-		-			\$	1,107.63
	n line 13b of Detailed						omm)	Ψ	1,107.00
(This line goes i	n line 13c of Detailed	Summary Page CRO	-1100 if	Coordinated Pai	ty Exp	enditures)			
7. Purpose Co	des (List detailed	l expenditure code	in (h.)	above)					
A* - Media B* - Printing C* - Fundraising D - To Another Candidate						late			
E - Salaries	F* - Equipr			litical Party			-		ffice Expenses
I - Postage	<b>J</b> - Penalti	es	K* - C	Office Expenses	8	Q* - D	onatio	on to Lega	l Expense Fund
O* Other									
* Codes require	e detailed explanati	on in required ren	narks f	ield (k)					

					Amendm	ent
Disbursements	Pg	3_	of	3	☐ Yes	X No
In a third format a non-act armonditum of formath a second to C.					111 4 /	157 1

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	coordinated party e	<u>*</u>		-						
1. Committee F	ull Name (and Fund	if applicable)						2. ID Nur	nber	
COMMITTEE	TO ELECT AMY (	GALEY								
3. Type of Disb	rsement <i>(Please</i>	use separate CRO	)-1310	forms for each	h tyj	e of Disbu	rseme	nt.)		
X Operating Exp	penses 🔲 Cont	ributions to Candidat	tes/Polit	ical Committees		Coc	rdinat	ed Party Ex	penditures	
4. Payee Inform	ation			Add 🔲	Rer	nove				
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comm	ents	
(include city, sta	ite, & zip)									
ALAMANCE 1	<b>VEWS</b>									
114 W ELM ST				c. Level Regis	tere	`				
GRAHAM, NC	27253			Federal		County:				
				☐ State		☐ Municip	ality:	e. <b>Bection Sum to Date</b>		
								\$	187.31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	Required Remarks		
GAL	Debit Card	Α	03	3/11/2016	\$	187.31	ADV	ERTISIN	ſG	
					\$					
4. Payee Inform	ation			Add 🔲	Ren	nove			<u>.                                    </u>	
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Comme	ents	
(include city, sta	te, & zip)									
POST OFFICE										
NC				c. Level Regist	tere	· · · · · · · · · · · · · · · · · · ·			l	
				Federal County:  State Municipality:				. 13 42	G 4 D 4	
				∐ State	accurate and a second	Municip	amy:	e. Hection	1 Sum to Date	
L <u> </u>		· · · · · · · · · · · · · · · · · · ·						\$	1,078.00	
······································	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Res	marks	
GAL	Debit Card	I	03	3/03/2016	\$	245.00				
					\$					
5. Total only thi	s Page		3 ₁		<b>1</b>		<u> </u>	\$	432.31	
6. Total of ALL	CRO-1310 Pages									
(This line goes i	n line 13a of Detailed S	ummary Page CRO-	-1100 if	Operating Expen	nses)			Φ.	1 107 (2	
(This line goes i	n line 13b of Detailed S	ummary Page CRO	-1100 if	Contrib to Cand	idate	s/Political C	mm)	\$	1,107.63	
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pai	rty E	cpenditures)				
7. Purpose Co	odes (List detailed	expenditure code	in (h.) a	above)						
A* - Media	B* - Printin	g	C* - F	undraising		<b>D</b> - To	Anotl	ner Candid	late	
E - Salaries	F* - Equipm	ent		litical Party		H* - He	ding	Public O	ffice Expenses	
I - Postage	J - Penaltie	S	K* - C	office Expenses	8	Q* - De	onatio	n to Legal	l Expense Fund	
O* Other										
* Codes requir	e detailed explanatio	n in required ren	arks fi	ield (k)						

Aggreg	ated Non-M	Tedia Expendi	itures	Page .	1_ of1	Yes 🛛 No
Optional fo	orm used to repo	ort NC Non-Media	Expenditures of	of \$50 or less.		
1. Committe	ee Full Name (an	d Fund if applicable)			2. ID Number	
COMMIT	TEE TO ELECT	AMY GALEY				
3. Payee Inf	formation			<u></u>		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	GAL	Debit Card	K	03/12/2016	\$ 40.5	7 BAGS FOR ELECTION DAY WORKERS
4. Total o	nly this Page				\$	40.57
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$	40.57
6. Purpos		detailed expenditui	re code in (d) a	bove)		
E - Salar I - Posta	ries <b>F*</b> ge J-	- Printing - Equipment Penalties	C* - Fundr G - Political K* - Office	Party H*		andidate blic Office Expenses to Legal Expense Fund

* Codes require detailed explanation in required remarks field (g)

CRO-1315

NC State Board of Elections

Amendment

December 2009

				Amendmei	ıt .
In-Kind Contributions	Pg	1 of	1	Yes	No No
Use this form to report non-monetary contributions, done	itions, goods or serv	ices provided to	the com	mittee or fu	nd.
Use CRO-1215 if In-Kind Contributions were or will	oe refunded within	7 days.			
1. Committee Full Name (and Fund if applicable)			2. ID N	umber	
COMMITTEE TO ELECT AMY GALEY					
COMMITTEE TO BEECH TENED					
3. Contributor Information	☐ Add ☐ Ren		<del></del>		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
AMY SCOTT GALEY	☐ Candidate				
233 DOCTOR FLOYD SCOTT LANE	Party				
BURLINGTON, NC 27217	☐ PAC ☐ Referendum		d Mac	ion Sum to	Date
(336) 380-8038	Other Recei		ATTION AND ADDRESS OF THE PARTY	WATER CANDIDATE OF THE PARTY OF	
	Officer Reco	ipi source	\$		3,389.17
e. Description		f. Date (mm/de	l/yyyy)	g. Fair Ma	rket Amount
MARKELL STICKERS				\$	706.04
WARRELL STICKERS		03/01/20			700.04
				\$	
				\$	
		<u> </u>		<u> </u>	
3. Contributor Information		move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	and with the same of the same
(include city, state, & zip)	Individual		1		
AMY SCOTT GALEY	☐ Candidate ☐ Party				
233 DOCTOR FLOYD SCOTT LANE	PAC PAC		1		
BURLINGTON, NC 27217	Referendum	1	d. Flec	tion Sum to	Date
(336) 380-8038	Other Rece		\$		1,470.86
e. Description		f. Date (mm/de	d/yyyy)	g. Fair Ma	rket Amount
SPONSOR GOLF HOLE		04/30/20	16	\$	100.00
SPONSOR GOLF HOLE		05/10/20	16	\$	100.00
PARADISE PRINTERS T-SHIRTS		05/31/20	016	\$	1,270.86
4. Total only this Page	<del>"</del>	4	\$	1	2,176.90

NC State Board of Elections

\$

2,176.90

December 2007

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100)

CRO-1510