## Amendment Disclosure Report Cover ☐ Yes

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 a. Full Name c. ID Number COMMITTEE TO ELECT AMY GALEY b. Mailing Address (include City, State and Zip Code) d. Date Filed 233 DOCTOR FLOYD SCOTT LN 07/03/2018 BURLINGTON, NC 27217-9504 e. Phone Number 07-10-18P01:01 REF: (336) 380-8038 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name **AMY GALEY** 2018 04/22/2018 06/30/2018 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Pre-referendum Quarterly (if applicable, check one) 7. Type of Fund Pre-primary First Final "Booster Fund" Pre-election Second Supplemental Final Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name AMERICAN NATIONAL BANK b. Purpose c. Account Code b. Purpose c. Account Code **CAMPAIGN** GAL d. Period Begin Balance d. Period Begin Balance 15,223.97 \$ CERTIFICATION 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 Printed Name of Signer 07/**139**2018 FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ☐ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Employee: Date Scanned: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,

assistant treasurer, custodian of books information, or account information.

IXI No

Amendment

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Norma (and Fundal Summarize) ☐ Yes No No

1. Committee Full Name (and Fund if applicable)	2. Type of Re	eport	3. ID	Number
COMMITTEE TO ELECT AMY GALEY	2018 Second			
Start of Election Cycle: January 1, 2017		Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 15,223		
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 600.	.00 \$	1,065.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,615.	95 \$	19,206.55
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00 \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00 \$	1,000.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00 \$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00 \$	0.00
1) Other Receipt Sources		Part College		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 \$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00 \$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00 \$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00 \$	0.00
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 4,215.9	95 \$	21,271.55
EXPENDITURES				
3) Disbursements				e en
13a) Operating Expenditures	(CRO-1310)	\$ 6,876.	8 \$	13,106.61
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.0	00 \$	83.82
5) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	0 \$	0.00
7) In-Kind Contributions	(CRO-1510)	\$ 115.9	5 \$	456.55
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 6,992.1	3 \$	13,646.98
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 12,447.6	9 \$	12,447.69
ADDITIONAL INFORMATION	(22.0.444.)			The state of the s
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	100	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	500	n de en europe de la companya de la Na la companya de la
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0		ander and the second
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	0	
4) Account Transfers Within the Committee	ļ-	\$ 0.0	0	
5) Administrative Support	(CRO-1710)	\$ 0.0	0 \$	0.00
6) Forgiven Loans	<u> </u>	\$ 0.0	0 \$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	<del>-   `</del>	0.00
3) Contributions to be Refunded	(CRO-1215)		0   \$	0.00

<b>*</b>		C					Amendme	ent
Aggre	egated	<b>Contributions from Individuals</b>	Page	1	of	_1	☐ Yes	X No
							_	_

Optional form used to report NC Contributions From Individuals of \$50 or less

		Fund if applicable)			2. ID	Number	
COMMITT	EE TO ELECT A	MY GALEY					
	or Information			<del></del>			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m m/dd	/yyyy)	f. Amount	
Add Remove	GAL	Cash		05/03/201	.8	\$	50.00
Add Remove	GAL	Cash		05/02/201	8	\$	50.00
Add Remove	GAL	Cash		04/26/201	8	\$	50.00
Add Remove	GAL	Cash		04/26/201	8	\$	50.00
Add Remove	GAL	Cash		04/27/201	8	\$	50.00
Add Remove	GAL	Cash		04/27/201	8	\$	50.00
Add Remove	GAL	Cash		05/03/201	8	\$	50.00
Add Remove	GAL	Cash		05/27/201	8	\$	50.00
Add Remove	GAL	Cash		04/29/201	8	\$	50.00
Add Remove	GAL	Cash		04/28/201	8	\$	50.00
Add Remove	GAL	Cash		05/26/201	8	\$	50.00
Add Remove	GAL	Cash		05/04/201	8	\$	50.00
Total on	y this Page	·			\$	<u></u>	\$600.00
	ALL CRO-120 st be on line 5 of De	05 Pages tailed Summary Page C	CRO-1100)		\$		\$600.00

CRO-1205

NC State Board of Elections

April 2007

## **Contributions from Individuals**

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

		e (and Fund if applicab	le)			2.	ID Number	<u>r</u>
COMM	AITTEE TO ELE	ECT AMY GALEY			, <del> _</del> .		_	
3. Conf	tributor Informati	ion		Add 🔲 Re	emove			
	Name, Mailing Add		<del>_</del>	b. Job Title/Pi		d. (	Comments	
(incl	ude city, state, & z	<u>دنp)</u>		POLICE OF	FICER	<b>†</b>		
1	AMIN EDWARD					_		
	AUMAN COURT	ſ			Name/Specific Field	]		
GRAH	IAM, NC 27253			CITY OF GI	RAHAM		Election Su	to Date
						<b> </b>		
						\$	_	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amoun	t
	GAL	Check			05/09/2018		\$	100.00
							\$	
						_	\$	
	ributor Informati				emove	_		
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
	ude city, state, & zi	ip)	<u>, , , , , , , , , , , , , , , , , , , </u>	ATTORNEY	!			
	SCOTT GALEY	COOPE LAND	!	- Employer's	Name/Specific Field	-		
	OCTOR FLOYD S INGTON, NC 27		!	SELF	Name/opecare x	1		
DUKE	NGTON, NG 27	217	!	SELF	!	e. I	Dection Sui	m to Date
			,		!	\$		12 154 55
							<del>,</del>	13,156.55
		h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)	!	k. Amount	t
	GAL	Check			05/27/2018		\$	900.00
	GAL	Check			06/28/2018		\$	1,000.00
	GAL	In-Kind	FACEBOOK A		06/30/2018		\$	115.95
	ributor Informatio				move			
	Name, Mailing Add		ŀ	b. Job Title/Pro	ofession	d. C	Comments	
	cal EV	( <b>p</b> )		RETIRED	1	1		,
	GALEY OODBRIDGE DE	D IV/E	· ·	c. Employer's	Name/Specific Field	f		
	OURNE, FL 329		ļ	REAL ESTA		_		
17.4	Join 12, 1 2	10		REAL ZZ		e. F	Dection Sur	n to Date
						\$		2,500.00
f. Prior	g. Account Code		i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	;
	GAL	Check			06/10/2018		\$	1,500.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		3,615.95
	al of ALL CRC		- CPO 1100)			\$		3,615.95
(Inis u	me must be on une c	6 of Detailed Summary Po	age CKU-1100)					

D	ia	h		MCI	_	m	^*	ıts	
	18	DI	1	r.s	e	m	er	HS	

				Amenume							
Pg	1_	of	2_	☐ 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 (a	ınd Fund	if applicable)						2. ID Num	ıber
COMMITTEE	TO ELECT	ГАМҮС	JALEY							
3. Type of Disbu	ursement	(Please	use separate CRO	<u> </u>	forms for eac	h type of D	<u>isbu</u> i	rseme	nt.)	
M Operating Exp	penses	Cont	ributions to Candidat	tes/Polit	ical Committees		Coc	rdinat	ed Party Exp	oenditures
4. Payee Inform					Add 🔲	Remove				
a. Full Name, M	-	ess & Ph	one		b. Coordinate	d Committe	ee Na	ıme	d. Comme	nts
(include city, sta					1					
ALTAMAHAV		CIVITA	N CLUB		T-val Dagis	1 d (\$ no.	:6)		ļ	
4410 HWY 87					c. Level Regist	Co			ĺ	
ELON, NC 272	244				State		-		e. Election	Sum to Date
				١		N			\$	100.00
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount		k. Re	quired Rem	ıarks
GAL	Che		A	† · · · · · · · · · · · · · · · · · · ·	5/15/2018	\$ 100	.00	GOL	F TOURN	AMENT
						\$		HOL	E SPONSO	JR .
4. Payee Inform	ation		<u> </u>		Add 🔲	Remove				L
a. Full Name, Ma		ess & Pho	one		b. Coordinated		ee Na	me	d. Commer	nts
(include city, sta	_					<del></del>				
FAIRWAY OU	TDOOR A	DVERTI	SING							
105-A EAST JJ				,	c. Level Regist					
GREENSBORG	), NC 2740	)6		ļ	Federal State		unty: unicipa		- Flection	Cum to Data
				ľ	State	L IViu	lincipa	amy.	e. Election	Sum to Date
				!					\$	5,430.00
f. Account Code	g. Form of I	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount		k. Re	quired Rem	arks
GAL	Chec	ck	A	0.5	5/22/2018	\$ 3,750.			LBOARD	
						\$		ADV	ERTISING	j
4. Payee Inform	ation				Add $\square$	Remove				
a. Full Name, Ma		ess & Pho	one		b. Coordinated	d Committe	ee Na	m e	d. Commen	ıts
(include city, sta	te, & zip)									
MARKELL INC	J			1	T I Desire	1.00	\			
PO BOX 668				,	c. Level Regist  Federal	tered (Speci	_		ĺ	
BURLINGTON	i, NC 2721	5		,	State		-	ality:	e Dection	Sum to Date
				•			иг	-	\$	3,883.57
f. Account Code	- Farm of l	n ant	h. Purpose Code	. Doto	( /dd/ssyst)	I. Amount	—т	l. Re	quired Rem	
GAL	g. Form of P Debit (		B	<del></del>					ER HAND	
				-		<u> </u>	-			
GAL	Debit (	Card	В	06	5/07/2018	\$ 865.			M CARDS	& DOOR
								HAN	GERS	
5. Total only this									\$	5,948.18
6. Total of ALL		_								
			Summary Page CRO-						\$	6,876.18
	_		Summary Page CRO- Summary Page CRO-	-				mm)		
<del>.</del>			expenditure code i			<u> </u>		<u></u>		
A* - Media		- Printing			undraising	D -	- To /	Anoth	ner Candida	ite
E - Salaries		- Equipme	0		litical Party					fice Expenses
I - Postage		Penalties			ffice Expenses					Expense Fund
O* Other										
* Codes require	e detailed ex	<b>cplanatio</b>	n in required rem	arks fi	eld (k)					

	· <u>-</u>	
11:	bursements	
1713	Dursements	

				Amendme	nt	
Pg	_2_	of	2	☐ 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	nher
	TO ELECT AMY	<del></del>						2.10	
2 /E	(Dlagge	uga gangnata CDA	0 1210	Co		CDi-L-			<del></del>
3. Type of Disbu Operating Ext		use separate CR						ed Party Ex	nenditures
	<del></del>	Tibutions to Candida					numai	Curally Ex	rpenditures
4. Payee Inform			<u> </u>	Add   b. Coordinate	Remov			d. Commo	onts
	ailing Address & Ph	ione		b. Coordinate	a Comm	ittee N	ame	u. Comm	ents
(include city, sta				-					
WBAG RADIC	)			c. Level Regis	tered (S	necify)			
PO BOX 2450	L NC 27216			Federal		County:		1	
BURLINGTON	1, NC 2/210			☐ State		Municip		e. Election	n Sum to Date
						\$	828.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	ınt	k. Re	quired Rei	marks
GAL		6/05/2018	1	28.00		DIO ADS	······································		
					\$				
4. Payee Inform	ation			Add 🔲	Remov	e			
a. Full Name, Mailing Address & Phone  b. Coordinated Committee Name								d. Comme	ents
(include city, sta	te, & zip)								
WEEKEND WA	ARRIORS								
C/O BLAIR KE	CCK			c. Level Regis					
BURLINGTON	I, NC 27217			☐ Federal ☐ County: ☐ State ☐ Municipality:				T7 (*	6 / 10 /
				State	<u> </u>	Municip	anty:	e. Mection	Sum to Date
								\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Re	quired Rei	marks
GAL	Check	A	0:	5/25/2018	\$ 1	00.00	GOL	F TOUR	NAMENT
					\$		HOL	E SPONS	OR
5. Total only this	s Page							\$	928.00
6. Total of ALL	CRO-1310 Pages			· · · · · · · · · · · · · · · · · · ·					
(This line goes in	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expen	nses)			\$	6,876.18
(This line goes in	n line 13b of Detailed S	Summary Page CRO	-1100 if	Contrib to Cand	idates/Po	litical Co	mm)	Ф	0,870.18
(This line goes in	n line 13c of Detailed S	Summary Page CRO-	·1100 if	Coordinated Par	rty Expen	ditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	ıg	C* - F	undraising		<b>D</b> - To .	Anotl	ner Candid	late
E - Salaries	F* - Equipm	ent	G-Po	litical Party		H* - Ho	olding	Public O	ffice Expenses
I - Postage	J - Penaltie	s	K* - C	office Expenses	3	Q* - De	onatio	n to Legal	Expense Fund
O* Other									
* Codes require	detailed explanation	n in required ren	arks f	ield (k)					

Use this form to report non-monetary contributions, dona Use CRO-1215 if In-Kind Contributions were or will but 1. Committee Full Name (and Fund if applicable)				Number	
COMMITTEE TO ELECT AMY GALEY					
3. Contributor Information	☐ Add ☐ Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	ıments	
(include city, state, & zip)					
AMY SCOTT GALEY 233 DOCTOR FLOYD SCOTT LANE BURLINGTON, NC 27217	Candidate Party PAC Referendum	ı	d. Hec	tion Sum	to Date
	Other Rece		\$		13,156.55
e. Description		f. Date (mm/dd	/yyyy)	g. Fair N	Market Amount
FACEBOOK ADS		06/30/20	18	\$	115.95
				\$	
				\$	
4. Total only this Page			\$	·	115.95
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page 6	CRO-1100)		\$		115.95

NC State Board of Elections CRO-1510 December 2007