Disclosure Report Cover

Do not use this form to update information.

Amendment

□ Yes Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Information c. ID Number a. Full Name COMMITTEE TO ELECT AMY GALEY d. Date Filed b. Mailing Address (include City, State and Zip Code) RECEIVED 233 DOCTOR FLOYD SCOTT LN 01/08/2019 BURLINGTON, NC 27217-9504 JAN 09 2019 e. Phone Number (336) 380-8038 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) **AMY GALEY** 12/31/2018 10/21/2018 2018 (check only one type of report from one category) 6. Type of Committee (Check One) 9. Type of Report Referendum State/County X Candidate Campaign Party Municipal Organizational Organizational Joint Fundraiser ☐ PAC Organizational П Pre-referendum Thirty-five day Quarterly Legal Expense Fund Referendum Final First 7. Type of Fund (if applicable, check one) Pre-primary Supplemental Final Booster Fund" Pre-election Second Annual Pre-runoff Third Building Fund ☐ Special Fourth Presidential Election Year Candidates Fund Semi-annual Semi-annual NC Public Campaign Financing Fund Mid Year 10. Special Report Name Mid Year Year End Year End Final Other: Final П Special 8. Number of Fundraisers this Report ☐ Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name AMERICAN NATIONAL BANK c. Account Code b. Purpose c. Account Code b. Purpose CAMPAIGN GAL d. Period Begin Balance d. Period Begin Balance 4915.25 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 01/08/2019 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY 1/9/19 Delivery Method Employee: Date Received: ■ Normal Mail Registered Mail Employee: Date Postmarked: Hand Delivered ☐ Electronically Filed Employee: Date Scanned: ■ Signer has not received Employee: Date Data Entered: 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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment X No ☐ Yes

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 Re		2 ID	Number	
COMMITTEE TO ELECT AMY GALEY	2018 Fourth		3. ID	Number	
eenman 132 to 322e man Grazi	2010104141	- Quarto.			
Start of Election Cycle: January 1,2017	Total this Reporting Perio	м 	Total this d Election Cycle		
4) Cash on Hand at Start		\$ 4,915.		4,823.12	
RECEIPTS		<u>.I. ·</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 75.	00 \$	1,265.00	
6) Contributions from Individuals	(CRO-1210)	\$ 0.	00 \$	23,156.55	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00 \$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00 \$	1,450.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.	00 \$	0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00 \$	0.00	
11) Other Receipt Sources		edintroperation in the little constraint.		ng - ng saites i ranga ag papenda sakhing. Bisar - ag basa ag sakhing a saite ag	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 \$	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.	00 \$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	00 \$	0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 75.	00 \$	25,871.55	
<u>EXPENDITURES</u>			CIPACION NICOSA		
13) Disbursements		ngga karangan salah sala	100	en er	
13a) Operating Expenditures	(CRO-1310)	\$ 2,478.	71 \$	27,142.76	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 \$	500.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 23.	75 \$	107.57	
15) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	00 \$	0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.0	00 \$	456.55	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 2,502.4	16 \$	28,206.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 2,487.7	79 \$	2,487.79	
ADDITIONAL INFORMATION		Γ.	8886		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0		energe en	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	8 9 9 8	recognistate de la participa de la filia de la companya del companya de la companya del companya de la companya de la companya del companya de la companya del compan	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	2000		
25) Administrative Support	(CRO-1710)	\$ 0.0	+	0.00	
26) Forgiven Loans	(CRO-1440)	\$ 0.0		0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220) (CRO-1215)	\$ 0.0		0.00	
28) Contributions to be Refunded NC State Board		\$ 0.0	00 \$	0.00 August 2008	

00 0		outions from Introductions	ndividuals Page From Individuals of \$	1 of 1 50 or less	Amendment Yes No
. Committe	e Full Name (and	Fund if applicable)		2. ID	Number
	EE TO ELECT A	MY GALEY			
. Contribut . Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove	GAL	Check		11/06/2018	\$ 50.00
Add Remove	GAL	Check		11/05/2018	\$ 25.00
. Total or	nly this Page			\$	\$75.00

CRO-1205

5. Total of ALL CRO-1205 Pages
(This line must be on line 5 of Detailed Summary Page CRO-1100) NC State Board of Elections

April 2007

\$75.00

\$

**		
Dis	bursements	

				Amenum	; ii t
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 Fr	ull Name (and Fund i	f applicable)					2. ID Numbe	r
	TO ELECT AMY C							
3. Type of Dis bu	rsement (Please)	use separate CRO)-131 <i>0</i>	forms for each	h type of Disbu	rseme	nt.)	
X Operating Exp		ributions to Candidat					ed Party Expen	ditures
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Comments	
(include city, sta	te, & zip)							
FACEBOOK								
NC				c. Level Regis Federal	tered (Specify) County:			
				State	☐ Municip		e. Dection St	ım to Date
					<u> </u>		\$	1,645.98
	E CD	h. Purpose Code	l: Data	(mm/dd/yyyy)	l: Amount	k Re	quired Remar	
	g. Form of Payment		† · · · · ·				ERTISING	113
GAL	Debit Card	Α	10	0/23/2018	\$ 750.00			 .
GAL	Debit Card	A	1	1/01/2018	\$ 178.03	ADV	ERTISING	
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Comments	
(include city, sta	te, & zip)							
FACEBOOK				c. Level Regis	tered (Specify)			
NC				Federal	County:			
				☐ State	☐ Municip	ality:	e. Dection Su	m to Date
							\$	1,645.98
f Assount Code	g. Form of Payment	h. Purpose Code	i Date	(m m /dd/vyvy)	j. Amount	k. Re	quired Remar	·ks
GAL	Debit Card	A		2/03/2018	\$ 717.95	-	ERTISING	
					\$			
4. Payee Inform	ation	<u> </u>		Add 🔲	Remove	<u>. </u>		
	ailing Address & Pho	one	<u> </u>		d Committee Na	ame	d. Comments	
(include city, sta	-					-		
	R SHERIFFCOMMI	TTEE						
3530 CARDWI				c. Level Registered (Specify)				
BURLINGTON	I, NC 27215			Federal	X County: ☐ Municip		e. Election Su	ım to Data
				State	iviumeip	anty.	c. Mection St	III to Date
				Alamance			\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remar	ks
GAL	Check	D	10	0/25/2018	\$ 500.00			
					\$			
					ΙΨ	<u> </u>		2 145 00
5. Total only thi							\$	2,145.98
	CRO-1310 Pages							
(This line goes i	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)	·	\$	2,478.71
(This line goes i	in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO Summary Page CRO	-1100 if -1100 if	Contrib to Cana Coordinated Pa	naates/Ponncai C rty Expenditures)	omm)		
	odes (List detailed							
A* - Media	B* - Printin			undraising	D - To	Anot	her Candidate	
E - Salaries	F* - Equipm	~		litical Party			Public Offic	
I - Postage	J - Penaltie		K* - C	Office Expense:	s Q* - D	onatio	on to Legal Ex	pense Fund
O* Other			_					
* Codes requir	e detailed explanatio	n in required ren	narks f	ield (k)			·	

D	:~	L		~	_		_	_	4~	
D	18	n	11	rs	e	m	e	n	TS	

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 N	umber
COMMITTEE	TO ELECT AMY (GALEY							
3. Type of Dis bu	irsement <i>(Please</i>	use separate CRO	<i>O-1310</i>	forms for eac	h type of	Disbu	rseme	<u>ent.)</u>	
X Operating Exp	penses	ributions to Candida	tes/Polit	ical Committees	3	Coo	ordina	ed Party I	Expenditures
4. Payee Inform	ation			Add 🔲	Remove	•			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Comm	ittee N	ame	d. Comn	nents
(include city, sta	ite, & zip)			1					
JUSTHOST.CO	OM .			1 15	1 16			4	
NC				c. Level Regis		County:	 .	-	
				State		Municip.		e. Electi	on Sum to Date
						·		\$	275.10
f Assount Code	g. Form of Payment	h. Purpose Code	: Dota	(100 000 (1) (1) (1)	l: Amon		li Da	quired R	
GAL			 						
GAL	Debit Card	K	1	1/16/2018		77.73	WEI	3 3116 6	HOSTING
					\$				
4. Payee Inform				Add 🔲	Remove				
	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	ame	d. Comn	1ents
(include city, sta	te, & zip)	· · · · · · · · · · · · · · · · · · ·							
STARBUCKS	II DOAD			c. Level Regis	tered (Sn	ecify)			
HUFFMAN MI BURLINGTON				Federal		County:			
BUKLINGTON	i, NC 2/213			☐ State		Municip		e. Election	on Sum to Date
								\$	180.00
		lt n C. l	l. s .	((11/)	I		1. 0.		
	g. Form of Payment	h. Purpose Code			j. Amou			quired Re	
GAL	Debit Card	0	12	2/26/2018	\$ 18	30.00	!	Γ CARDS	
					\$		PKE	CINCI	WORKERS
4. Payee Inform	ation			Add 🔲	Remove				
	iling Address & Ph	one		b. Coordinate	d Commi	ttee Na	me	d. Comm	ents
(include city, sta	te, & zip)								
TIMES NEWS				- I Di-	4 1 (0	: 6)			
NC				c. Level Regis Federal		County:			
				State				e. Electic	on Sum to Date
									· · · · · · · · · · · · · · · · · · ·
								\$	2,750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	1t	k. Re	quired Re	marks
GAL	Debit Card	A	12	2/19/2018	\$ 7	5.00	CHR	ISTMAS	3 AD
				,	\$				
5. Total only this	s Page				· · · · · · · · · · · · · · · · · · ·	 '	i	\$	332.73
	CRO-1310 Pages								
	n line 13a of Detailed S	Summary Page CRO-	-1100 if	Operating Expen	nses)			c	2,478.71
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							mm)	\$	2,476.71
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pai	rty Expend	litures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)					
A* - Media	B* - Printin	_		undraising				ier Candi	
E - Salaries	F* - Equipme			itical Party			-		Office Expenses
I - Postage	J - Penaltie	S	K* - O	ffice Expenses	; (2* - Do	onatio	n to Leg	al Expense Fund
O* Other	datailed avelances	n in pagginad nam	arke f	ald (k)					
" Codes require	detailed explanatio	u in requirea rem	ai KS II	ein (k)					

Aggregated Non-Media Expenditures	Page _	1 of 1	Amendm ☐ Yes	No
Optional form used to report NC Non-Media Expenditures of \$50 or less.				
1. Committee Full Name (and Fund if applicable)	1911	2. ID Number		
COMMITTEE TO ELECT AMY GALEY				

1. Committee Full Name (and Fund if applicable)						2. ID Number				
A 14 A 15 A 16	EE TO ELECT			·						
3. Payee Inf	ormation									
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Am	ount	g. Required Remarks			
☐ Add☐ Remove	GAL	Debit Card	K.	11/13/2018	\$	23.75	WEB SITE UPDATE			
4. Total only this Page							23.75			
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)							23.75			
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)	11,000	enerous e recento s				
E - Salar	B* ies F* ge J-	- Printing - Equipment Penalties	C* - Fundr	aising D - Party H*	- Hole		ndidate lic Office Expenses Legal Expense Fund			
* Codes		iled explanation i	n required ren	narks field (g)						

CRO-1315

NC State Board of Elections

December 2009