Disclosure Report Cover

Amendment

☐ Yes

☐ Y

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 c. ID Number a. Full Name COMMITTEE TO ELECT AMY GALEY d. Date Filed b. Mailing Address (include City, State and Zip Code) 233 DOCTOR FLOYD SCOTT LN 04/29/2018 BURLINGTON, NC 27217-9504 04-25-10400:10 REF: e. Phone Number (336) 380-8038 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) **AMY GALEY** 2018 01/01/2018 04/21/2018 (check only one type of report from one category) 6. Type of Committee (Check One) 9. Type of Report Referendum Municipal State/County X Candidate Campaign ☐ Party Joint Fundraiser □ PAC Organizational Organizational Organizational ☐ Pre-referendum Quarterly Referendum ■ Legal Expense Fund Thirty-five day Final (if applicable, check one) Pre-primary First 7. Type of Fund ■ Supplemental Final Booster Fund" Pre-election Second Annual Pre-runoff Third ☐ Building Fund □ Special Presidential Election Year Candidates Fund Semi-annual Fourth NC Public Campaign Financing Fund Mid Year Semi-annual 10. Special Report Name Year End Mid Year Final Year End Other: Special ☐ Final 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 c. Account Code b. Purpose b. Purpose CAMPAIGN GAL d. Period Begin Balance d. Period Begin Balance \$ 11, 173.78 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 04/25/2018 Printed Name of Signer Signature of Appoint Treasurer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ☐ Normal Mail Employee: <u>JG</u> ☐ Registered Mail Date Postmarked: 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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment X No ☐ Yes

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 2. Type of Report 1. Committee Full Name (and Fund if applicable) 2018 First Ouarter COMMITTEE TO ELECT AMY GALEY Total this Total this 2017 Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4,823.12 11,173.78 4) Cash on Hand at Start RECEIPTS (CRO-1205) 465.00 5) Aggregated Contributions from Individuals \$ 275.00 15,590.60 7,065.00 \$ (CRO-1210)\$ 6) Contributions from Individuals \$ 0.00 (CRO-1220) 0.00 \$ 7) Contributions from Political Party Committees 1,000.00 (CRO-1230) 1,000.00 \$ 8) Contributions from Other Political Committees \$ 0.00 (CRO-1410) \$ 0.00 9) Loan Proceeds (CRO-1240) \$ 0.00 0.000) Refunds/Reimbursements to the Committee Newspapers and the Section of the Se 1) Other Receipt Sources 0.00 (CRO-1250) 0.00 11a) Interest on Bank Accounts 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 0.00 \$ 0.00 \$ 0.00 (CRO-1250) \$ 0.00 11c) Outside Sources of Income \$ 0.00 (CRO-1270) \$ 0.00 11d) Legal Expense Fund - Other Sources \$ 0.00 0.00 (CRO-1265)\$ 11e) Exempt Purchase Price Sales 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 8,340.00 17,055.60 EXPENDITURES (3) Disbursements (CRO-1310) 4,274.91 6,230.43 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310)\$ 0.00 0.00 (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures 0.00 0.00 \$ (CRO-1315) \$ 4) Aggregated Non-Media Expenditures 0.00 83.82 (CRO-1420)\$ \$ 0.00 0.00 5) Loan Repayments (CRO-1320)\$ 0.00 \$ 0.00 (6) Refunds/Reimbursements from the Committee (CRO-1510) \$ 340.60 \$ 15.00 7) In-Kind Contributions 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 4,289.91 6,654.85 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 15,223.87 \$ 15,223.87 ADDITIONAL INFORMATION (CRO-1330) 0.00 \$ 20) Non-Monetary Gifts Given to Other Committees 0.00 (CRO-1430) 21) Outstanding Loans (incl. ones from other campaigns) \$ (CRO-1610) \$ 0.00 22) Debts and Obligations owed by the Committee 0.00 (CRO-1620) \$ 23) Debts and Obligations owed to the Committee 0.00 (CRO-1720) \$ 24) Account Transfers Within the Committee 0.00 \$ 0.00 (CRO-1710) \$ 25) Administrative Support (CRO-1440) 0.00 \$ 0.00 \$ 26) Forgiven Loans (CRO-2220) 0.00 \$ 0.00 \$ 27) 48-Hour Notice Reports Sum (CRO-1215)0.00 \$ 0.00

28) Contributions to be Refunded

Am	e	n	d	m	e	n	t
A 111	·	4.	u		·		٠

Aggregated Contributions from Individuals

Page 1 of 1 ves No

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

1. Committe	e Full Name (and	Fund if applicable)			2. ID I	Number	
COMMITT	EE TO ELECT A	MY GALEY					
3. Contribut	or Information					-	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m m/dd	/уууу)	f. Amount	
☐ Add ☐ Remove	GAL	Cash		04/14/201	8	\$	50.00
☐ Add ☐ Remove	GAL	Cash		04/14/201	8	\$	50.00
Add Remove	GAL	Cash		03/03/201	8	\$	50.00
☐ Add ☐ Remove	GAL	Cash		03/03/201	8	\$	50.00
Add Remove	GAL	Check		03/19/201	8	\$	50.00
Add Remove	GAL	Check		04/12/201	8	\$	25.00
4. Total or	nly this Page				\$		\$275.00
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)	The state of the s	\$		\$275.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

CRO-1210

Pg 1 of 4 Yes No

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

1. Com	nittee Full Name	(and Fund if applicab	le)				2. 1	D Nun	aber
		CT AMY GALEY	··· 4						
3. Cont	ributor Informati	on		Add	☐ Re	nove	<u> </u>		
	lame, Mailing Add			b. Job	 litle/Pr	ofession	d. (Comme	nts
(inclu	de city, state, & z	ip)		PHAR	MACY	TECH			
KEITH	COLEMAN								
	IVERSIDE DR			<u> </u>		Name/Specific Field			
HILLS	BOROUGH, NC	27278		1	SBORC		- I	lection	Sum to Date
				PHAR	MACY		-	2001	
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Am	ount
	GAL	Check				02/28/2018		\$	100.00
								\$	
								\$	
	ributor Informati					nove			
	ame, Mailing Add			b. Job 1	litle/Pr	ofession	d. (Comme	nts
	de city, state, & z	ip)		RETIR	ED				
	COPLAND			e Empl	over's	Name/Specific Field			
	FAIRWAY	215			AND N				
BURLINGTON, NC 27215				COPL	AND	IILLS	e. F	lection	Sum to Date
							\$		1,000.00
							Ψ		
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Am	ount
	GAL	Check				02/14/2018		\$	1,000.00
								\$	
						· · · · · · · · · · · · · · · · · · ·		\$	
	ributor Informati			Add		nove	· · ·		
	ame, Mailing Add			<u> </u>		ofession	d. C	comme	nts
	de city, state, & z	ip)		ATTO]	RNEY				
	SCOTT GALEY	COTT LAND		c. Empl	over's l	Name/Specific Field			
	OCTOR FLOYD : NGTON, NC 27			SELF					
DUKLI	1101011, 110 21	217		BEE			e. F	lection	Sum to Date
							\$		11,140.60
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Am	ount
	GAL	In-Kind	PRECINCT M	AP		01/05/2018		\$	15.00
	GAL	Check				02/01/2018		\$	900.00
	GAL	Check				03/01/2018		\$	900.00
4. Tota	al only this Pa	ge					\$		2,915.00
5. Tota	al of ALL CR		Page CRO-1100)				\$		7,065.00
(A 1113 L	one must be on time	o oj retunca rammaty 1					L		

Amendment

Contributions from Individuals

Contributions from Individuals	Pg	2	of	4	☐ Yes	X No
Use this form to report individual contributions over \$50 or contribut	ons un	der \$50	if for	rm CRO 120	05 is not use	ed

2. ID Number 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT AMY GALEY ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) **ATTORNEY AMY SCOTT GALEY** c. Employer's Name/Specific Field 233 DOCTOR FLOYD SCOTT LANE **SELF** BURLINGTON, NC 27217 e. Election Sum to Date 11,140.60 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description Check GAL 03/31/2018 900.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED FRAN GALEY c. Employer's Name/Specific Field 680 WOODBRIDGE DRIVE **REAL ESTATE** MELBOURNE, FL 32940 e. Election Sum to Date \$ 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Cash **GAL** 03/28/2018 1,000.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED WILLIAM LASHLEY c. Employer's Name/Specific Field 2212 COY ST LORILLARD **BURLINGTON, NC 27215** e. Election Sum to Date 500.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description f. Prior g. Account Code h. Form of Payment Check 03/07/2018 500.00 GAL \$ \$ 2,400.00 \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 7,065.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment 3 of ☐ Yes

Contributions from Individuals 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. ID Number COMMITTEE TO ELECT AMY GALEY 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED DEAN RAINEY c. Employer's Name/Specific Field 2710 KINGSBURY COURT BURLINGTON, NC 27215 **SELF** e. Dection Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check **GAL** 04/02/2018 150.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER **EDWIN SCOTT** c. Employer's Name/Specific Field NC PIEDMONT PORTABLES e. Election Sum to Date 500.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check **GAL** 04/19/2018 \$ 500.00 \$ \$ ☐ Remove 3. Contributor Information ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED SAM SCOTT c. Employer's Name/Specific Field 301ALT UNION RIDGE ROAD SCOTT CLINIC BURLINGTON, NC 27217 e. Dection Sum to Date 500.00 i. In-Kind Description h. Form of Payment j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code Check **GAL** 04/04/2018 500.00 \$ \$

Am	e	n	d	m	e	n	t	
----	---	---	---	---	---	---	---	--

. A *T.	4	C	T	1:_	• .1	i '	T
ntrihi	itions	trom	ını	ПV	40	119	ıs

				Amenda	LINE
Pg	4	of	4	☐ 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	le)			2.	ID Numbe	r
COMM	IITTEE TO ELE	CT AMY GALEY						
3. Cont	ributor Informati	on		Add Re	move			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pi	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		RETIRED				
	AM C SCOTT			- Elevente	Name/Specific Field	4		
1	LLAGE COURT	10.1.5			Name/specific Field	┨		
BURLI	NGTON, NC 27	215		RETIRED		e. I	Dection Si	ım to Date
								500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u>cription</u>	j. Date (mm/dd/yyyy)	<u> </u>	k. Amour	ıt
	GAL	Check			04/16/2018		\$	500.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add □ Re	move			
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments	<u> </u>
(inclu	de city, state, & z	ip)		ATTORNEY				
	LES STEELE			a Employarie	Name/Specific Field	$\frac{1}{2}$		
	MHERST AVE	20.17			Name/Specific Field	1		
BUKLI	NGTON, NC 27	217		SELF		e. I	Dection Su	ım to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	ıt
	GAL	Check			04/09/2018		\$	100.00
							\$	·
							\$	
4. Tota	al only this Pa	ge				\$		600.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$		7,065.00

CRO-1210

NC State Board of Elections

April 2007

	report contributions fi		e, referendum	or PAC committees		N NY - 1		
	II Name (and Fund if a	· · · · · · · · · · · · · · · · · · ·			2.1	D Numbe	er	
COMMITTEE	TO ELECT AMY GA	LEY						
. Contributor I	nformation		Add 🔲	Remove				
Full Name, Mailing Address & Phone			b. Type of Committee			d. Comments		
(include city, state, & zip)			X Candidate	PAC		***		
OHNSON FOI	R SHERIFFCOMMIT	TEE	Referendur	n				
3530 CARDWE		122	c. Level Regis	stered (Specify)				
BURLINGTON			☐ Federal	X County:				
	•		☐ State	☐ Municipal	ity: e. E	lection S	um to Date	
					\$		1,000.00	
Account Code	g. Form of Payment	h. In-Kind Descrip	tion	i. Date (mm/	id/yyyy)	j. Amou	nt	
GAL	Check			03/05/2	018	\$	1,000.00	
			<u></u> .		· <u>·</u>	6		
		ļ				\$		

(This line must be on line 8 of Detailed Summary Page CRO-1100)

CRO-1230

NC State Boar

4. Total only this Page

5. Total of ALL CRO-1230 Pages

NC State Board of Elections

April 2007

\$1,000.00

\$1,000.00

\$

\$

\$

T .	•			
1)19	shii	rsei	men	its:

				Amendm	ent	
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 Fu	nd if applicable)					2. ID Nu	mber
COMMITTEE	TO ELECT AM	Y GALEY	······································					
3. Type of Disb	ursement <i>(Plea</i>	se use separate CR	<i>0-1310</i>	forms for eac	h type of Disb	ursem	ent.)	
Operating Ex		ontributions to Candida					ted Party Ex	k penditures
4. Payee Inforn	ation			Add 🔲	Remove			
a. Full Name, M	ailing Address &	Phone		b. Coordinate	d Committee I	lame	d. Comm	ents
(include city, sta	ıte, & zip)							
BOARD OF EI NC	LECTIONS			c. Level Regis	tered (Specify)		_	
110				☐ Federal	County	/:	1	
				☐ State	☐ Munic	pality:	e. Electio	n Sum to Date
							\$	105.00
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
GAL	Check	О	0	2/12/2018	\$ 105.00	FILI	NG FEE	
					\$	 		
					<u> </u>			
4. Payee Inform		N1		Add 🔲	Remove	7	Ti d	
	ailing Address &	Phone		b. Coordinate	d Committee N	ame	d. Comm	ents
(include city, sta			·····	-				
ENVATO.CON NC	/ 1			c. Level Regis	tered (Specify)		1	
NC			Federal	County	1			
				☐ State	☐ Munici	pality:	e. Dection	n Sum to Date
							\$	41.00
	r · _ · ·	1. 5	1	<u> </u>	 	T		
	g. Form of Payme		 	·····	j. Amount	+	quired Re	marks
GAL	Debit Card	A	0	1/16/2018	\$ 41.00		BSITE	
					\$	HOS	HING/DE	EVELOPMENT
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address &	Phone		b. Coordinate	d Committee N	ame	d. Comme	ents
(include city, sta	_							
MARKELL IN]	
PO BOX 668				c. Level Registered (Specify)				
BURLINGTON	I, NC 27215			Federal	☐ County		L	
				☐ State	Munici	pality:	e. Hection	Sum to Date
							\$	1,785.39
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date	(mm/dd/vyyy)	i. Amount	k. Re	quired Rei	marks
GAL	Debit Card	В	<u> </u>	3/06/2018	\$ 1,785.39	-	RD SIGNS	
	Dear Cura	<u> </u>	ļ	7/00/2010		1711		
					\$			
5. Total only thi	s Page						\$	1,931.39
6. Total of ALL	CRO-1310 Pages							
(This line goes i	n line 13a of Detaile	d Summary Page CRO	-1100 if	Operating Expen	nses)		\$	4,274.91
(This line goes i	n line 13b of Detaile	d Summary Page CRO	-1100 if	Contrib to Cand	idates/Political (Comm)	Ψ	4,274.71
(This line goes i	n line 13c of Detaile	d Summary Page CRO	-1100 if	Coordinated Pai	rty Expenditures,			
7. Purpose Co	odes (List detaile	ed expenditure code	in (h.)	above)				
A* - Media	B* - Prin			undraising	D - To	Anot	her Candid	late
E - Salaries	F* - Equip	_		litical Party	H* - H	lolding	Public O	ffice Expenses
I - Postage	J - Penal	ties	K* - O	office Expenses	Q* - I	onatio	on to Legal	Expense Fund
O* Other			_					
Codes require	e detailed explana	tion in required ren	iarks fi	ield (k)				

Disbursements

Pg	2_	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	l Fund i	f applicable)						2. ID Nu	mber
COMMITTEE										
3. Type of Disbu	irsement (Please i	use separate CRC	D-1310	forms for each	h type o	f Disbu	rseme	<u>nt.)</u>	
Operating Exp		Contr	ributions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party E	kpenditures
4. Payee Inform	ation				Add 🔲	Remov	e			
a. Full Name, Ma		s & Pho	one		b. Coordinate	d Comm	ittee Na	ıme	d. Comm	ents
(include city, sta	ıte, & zip)									
MEBANE ENT	ERPRISE					7.10				
106 N 4TH ST					c. Level Regis	tered (S	County:			
MEBANE, NC	27302				☐ Federal ☐ State	님	e. Electio	n Sum to Date		
					<u> </u>		ality:	\$	932.04	
f. Account Code	g Form of Pa	vment	h. Purpose Code	i Date	(mm/dd/yyyy)	i. Amoi	ınt	k. Re	quired Re	marks
GAL	Debit Ca		A		1/11/2018		32.04		'ERTISII	
						\$				
4. Payee Inform	ation		<u></u>		Add 🔲	Remov	e			
a. Full Name, Ma		s & Pho	one		b. Coordinate	d Comm	ittee Na	ım e	d. Comm	ents
(include city, sta	_									
POST OFFICE										
NC					c. Level Regis	tered (S	pecify) County:			
				☐ Federal ☐ State	片	Municip		e Electio	n Sum to Date	
					State	<u></u>	Withinerp	anty.		
									\$	30.00
f. Account Code	g. Form of Pa	yment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	ınt	k. Re	quired Re	marks
GAL	Debit Ca	ard	I	02	2/12/2018	\$	30.00			
						\$				
4. Payee Inform	ation				Add □	Remov	e			
a. Full Name, Ma		s & Pho	one		b. Coordinate	d Comm	ittee Na	ıme	d. Com m	ents
(include city, sta	_									
SITEGROUND	HOSTING									
NC					c. Level Registered (Specify) Federal County:					
					State	H			e. Flectio	n Sum to Date
					<u> </u>					was was
									\$	114.60
f. Account Code	g. Form of Pa	yment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	ınt	k. Re	quired Re	marks
GAL	Debit Ca	ard	A	03	3/21/2018	\$ 1	14.60	WEE	BSITE HO	OSTING &
					-	\$		DEV	ELOPM	ENT
5. Total only thi	e Pogo			L		L		<u> </u>	\$	1,076.64
									-	
6. Total of ALL		_	7 Dage CDO	1100 :4	On avativa Evna	ncae)				
			Summary Page CRO Summary Page CRO				olitical C	omm)	\$	4,274.91
(This line goes i	in line 13c of D	etailed S	Summary Page CRO	-1100 if	Coordinated Pa	rty Expe	nditures)			
			expenditure code							
A* - Media		Printin			undraising		D - To	Anotl	her Candi	date
E - Salaries		Equipm	~	G-Po	litical Party			_		Office Expenses
I - Postage	J - 1	Penaltie	s	K* - C	office Expense:	S	Q* - D	onatio	n to Lega	l Expense Fund
O* Other					.1145					
* Codes requir	e detailed exp	<u>lanatio</u>	n in required ren	iarks f	iela (K)					

T				4
Dis	hiii	rse	$\mathbf{m}\epsilon$	ents

				Amenament					
Pg	3	of	3	☐ Yes	X	N			

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 i	if applicable)	*****				,	2. ID Nu	nber	
COMMITTEE	TO ELECT AMY O	GALEY								
3. Type of Disbu		use separate CRO								
X Operating Exp	penses	ributions to Candidat	es/Polit	ical Committe	es	☐ Coo	ordinat	ed Party Ex	penditures	
4. Payee Inform				Add 🔲		lemove				
-	ailing Address & Pho	one		b. Coordina	ted (Committee N	ame	d. Comm	ents	
(include city, sta				-						
	ASONIC LODGE			c. Level Reg	ister	red (Specify)	-	ł		
NC				Federal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	County	:	ĺ		
				☐ State				e. Election	n Sum to Date	
								\$	100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyy	y) j.	Amount	k. Re	quired Re	marks	
GAL	Check	0	04	4/08/2018	\$	100.00	GOL	F TOUR	NAMENT	
					s HO			LE SPONSOR		
4. Payee Inform				Add Coording		emove Committee Na	.m.a	d. Commo	ante	
-	ailing Address & Pho	one		b. Coordina	teu c	ommittee Na	1111 €	u. Comm	ents	
(include city, sta										
TECHTRIAD INC GREENSBORO, NC				c. Level Reg	ister	red (Specify)				
GREENOBORO, NC				☐ Federal		County:				
				☐ State		☐ Municip	ality:	e. Election	Sum to Date	
								\$	900.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyy	y) j.	Amount	k. Re	quired Re	marks	
GAL	Debit Card	A	0	1/17/2018	\$	900.00	WEE	SSITE DE	VELOPMENT	
					\$					
4. Payee Inform	ation			Add 🔲	R	emove				
	ailing Address & Pho	one		b. Coordina	ted (Committee Na	ıme	d. Commo	ents	
(include city, sta	te, & zip)									
VANDERVEE	N PHOTOGRAPHE	RS INC								
341 A SOUTH				c. Level Reg	ister	ced (Specify) County:				
GREENSBORG), NC 27401			State		= .		e. Election	Sum to Date	
								\$	266.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyy	y) j.	Amount	k. Re	quired Re	marks	
GAL	Debit Card	AO	03	3/21/2018	\$	266.88	WEE	SSITE PIO	CTURES	
					\$					
5. Total only thi	s Page							\$	1,266.88	
6. Total of ALL	CRO-1310 Pages									
(This line goes i	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Exp	pense	es)		\$	4,274.91	
	n line 13b of Detailed S						omm)	*	.,	
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated I	Party	Expenditures)				
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)						
A* - Media	B* - Printin	g		undraising				ner Candio		
E - Salaries	F* - Equipme			litical Party					ffice Expenses	
I - Postage	J - Penalties	S	K* - O	office Expens	es	Q* - D	onatio	n to Lega	Expense Fund	
O* Other * Codes require	e detailed explanatio	n in required rem	arks fi	ield (k)						

					Amendm	.ent		
In-Kind Contributions	Pg	1	of	1	☐ Yes	No No		
Use this form to report non-monetary contributions, de				o the con	nmittee or f	fund.		
Use CRO-1215 if In-Kind Contributions were or w	ill be refunded within	ı 7 day	'S.					
1. Committee Full Name (and Fund if applicable)				2. ID I	Number			
COMMITTEE TO ELECT AMY GALEY								
3. Contributor Information	☐ Add ☐ Rei	move						
a. Full Name, Mailing Address & Phone	b. Type of Con	tribute)r	c. Con	ments	ments		
(include city, state, & zip)	X Individual							
AMY SCOTT GALEY	☐ Candidate							
233 DOCTOR FLOYD SCOTT LANE	Party							
BURLINGTON, NC 27217	☐ PAC							
,	Referendum	1		d. Hec	tion Sum to Date			
	Other Rece	ipt Sour	ce	\$		11,140.60		
e. Description		f. Date	e (mm/do	d/yyyy)	g. Fair M	larket Amount		
PRECINCT MAP		C)1/05/20	18	\$	15.00		
					•			

CRO-1510

4. Total only this Page

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

December 2007

\$

\$

15.00

15.00