

## **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

# Committee Name: Committee to Elect Amy Galey Amy Scott Galey 233 Doctor Floyd Scott Lane Burlington, NC 27217 Treasurer Phone: 336-380-8038

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

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any & film

12-09-19P04:27 RCVD

# **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 In	formation							T NO BY		
a. Full Name							· · · · · ·	c. ID Number		
COMMITTEE '	TO ELECT A	MY GALEY								
b. Mailing Addre	ss (include Cit	y, State and Zi	p Code)					d. Date Filed		
233 DOCTOR		TT LANE				ara abo a		12/09/2019		
BURLINGTON	N, NC 27217			- · · · · · · ·		ir Abri		e. Phone Number		
								(336) 380-8038		
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Da	ite (mm/dd/yy)	5. Treasu	er Full Name		
2019		7/01/2019		11/30/2019 At			AMY SCO	IY SCOTT GALEY		
6. Type of Comn	nittee (Check C	One)	9. Typ	e of Report	(c.		type of rep	ort from one category)		
X Candidate Can	npaign 🔲 Par	ty	Munic	-		State/County		Referendum		
☐ Joint Fundraise	er 🔲 PA	C		Organizatio	nal	Organization	onal	☐ Organizational		
Referendum	Leg	gal Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendum		
7. Type of Fund	(if applicabl	le, check one)	10	Pre-primary	7	First		Final		
Booster Fund			10	Pre-election	1	Second	I	Supplemental Final		
Building Fund				Pre-runoff		Third		Annual		
	lection Year Can	didates Fund		Semi-annua	l	Fourth		☐ Special		
NC Public Can				Mid Ye	ar	Semi-annua	ıl	_		
		,	lä	Year E	nd	Mid Yo	ear	10. Special Report Name		
Other:			片	Final		Year E	nd	FINAL REPORT		
		Damant	描	Special		Final		FINAL REPORT		
8. Number of Fu	ingraisers tuis	Report	┦┖╴	оросни						
	0					Special				
3. Account Infor	rmation				3. Acc	ount Informat	ion			
a. Financial Insti		me				ncial Instituti		16		
AMERICAN N										
b. Purpose		c. Account Co	de		b. Pur	pose		c. Account Code		
CAMPAIGN			GAL							
		d. Period Begi	n Balan	ce				d. Period Begin Balance		
		~	1, 77	i				\$		
CERTIFICATIO	)N									
I certify that the Chapter 163 of funds. I furth	he Committee of the NC Gener	ral Statutes and this report is co	d that no	o funds are , true and c	commi orrect	ingled with pro	hibited or or the been train	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board  12/09/2019  Date		
FOR OFFICE U			******************				<del></del>			
Date Receiv		12/12/10	7_	Emplo	yee:	<u> </u>	_ <u>De</u>	livery Method Normal Mail		
Date Postma	arked:			Emplo	yee:		- [2]	Registered Mail Hand Delivered		
Date Scanne	ed:	12/12/19	<u>}                                    </u>	Emplo	yee:	16	- <u> </u>	Electronically Filed		
Date Data E	intered:			Emplo	yee:			Signer has not received mandatory training		
	assista	nt treasurer, cu	ıstodian	of books i	nforma	tion, or accoun	nt informati			
7	You must amen	d the Statemer	it of Org	ganization (	CRO-2	100A-E) to ma	ke committe	ee changes.		

Detailed Summary Use this form to summarize all disclosure reporting forms as	nd to total mo	netary information	1	Amendment  Yes No
	2. Type of Re		3. ID	Number
COMMITTEE TO ELECT AMY GALEY	2019 Specia	1		
Start of Election Cycle: January 1,2019	THE RESIDENCE AND ASSOCIATION OF THE PROPERTY	Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,414.	77	\$ 2,487.79
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.	00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 10,875.	00	\$ 15,875.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00	\$ 0.00
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		Contract Carting Con-		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 3	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00 5	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 5	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)		-+	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	_	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		\$ 10,875.		
EXPENDITURES				
13) Disbursements	e Processing and School Charles and Ambrilland and Assistance			
13a) Operating Expenditures	(CRO-1310)	\$ 1,909.0	04 \$	3,982.06
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 300.0	00 \$	1,300.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 59.9	94 \$	
15) Loan Repayments	(CRO-1420)	\$ 0.0		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	-	
17) In-Kind Contributions	(CRO-1510)	\$ 25.0	-	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$ 2,293.9	-	
(Add lines 4 and 12 together, then sub	tract line 18)	\$ 12,995.7	-	2,007.00
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	00	
24) Account Transfers Within the Committee 25) Administrative Support	(CRO-1720) (CRO-1710)	\$ 0.0		0.00
			00 \$	
25) Administrative Support	(CRO-1710)	\$ 0.0	00 \$	0.00

# **Contributions from Individuals**

CRO-1210

Amendment

Pg 1 of 2 Yes X No

Contributions from marriagas	Pg	01	L Yes	
Ise this form to report individual contributions over \$50 or con-	tributions under \$50 if	form CRO 1	205 is not use	ed

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number
COMM	HTTEE TO ELE	CT AMY GALEY					
3. Conti	ributor Informati	on		Add  Re	move		
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. (	Comments
(inclu	ide city, state, & z	ip)		ATTORNEY			-
	SCOTT GALEY			<u> </u>		1	
	OCTOR FLOYD				Name/Specific Field	-	
BURLI	INGTON, NC 27	/217		SELF		<u></u>	Election Sum to Date
						e. 1	Mection Sum to Date
			1			\$	3,500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	GAL	Check			08/20/2019		\$ 1,000.00
	GAL	Check			10/28/2019	,	\$ 1,500.00
	GAL	Check			11/26/2019		\$ 1,000.00
3. Contr	ributor Informatio	on		Add Re	move		
	Vame, Mailing Add			b. Job Title/Pr		d. (	Comments
i	de city, state, & zi		ļ	ATTORNEY			
	SCOTT GALEY						}
	OCTOR FLOYD	SCOTT LANE	!	c. Employer's	Name/Specific Field		
	NGTON, NC 27		!	SELF		L	
			!			e. F	Dection Sum to Date
						\$	6,025.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	GAL	In-Kind	BOE VOTER I DRIVE	FLASH	07/17/2019		\$ 25.00
	GAL	Check			07/22/2019		\$ 1,000.00
							\$
3. Contr	ributor Informatio	on		Add 🔲 Ren	move		
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pro	ofession	d. C	Comments
(inclu	de city, state, & zi	ip)		RETIRED			
FRANC	CES GALEY			L			
i	OODBRIDGE DE				Name/Specific Field	l	
MELBO	OURNE, FL 329	40		RETIRED		_ F	dection Sum to Date
						<del> </del>	
						\$	5,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	GAL	Check			11/26/2019		\$ 5,000.00
							\$
							\$
4. Tota	al only this Pa	ge	1	<del></del>	:	<u>-</u>	9,525.00
	al of ALL CRO	<u>~</u>					
		6 of Detailed Summary P	age CRO-1100)		,	\$	10,875.00

# **Contributions from Individuals**

Pg 2 of 2 Mendment
s under \$50 if form CRO 1205 is not used

Jse this	form to report	individual	contributions	over \$50 or ce	ontributions	under \$50 if t	form CRO 1205 is	not used

		(and Fund if applicabl	le)			2. ]	ID Number	
COMM	IITTEE TO ELE	CT AMY GALEY						
	ributor Informati				emove			
1	Name, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	ide city, state, & z	ip)		RETIRED		T		
	O SCOTT			e Employer's	Name/Specific Field	┨		
	OXHALL LN NE, NC 27302			RETIRED	Name/opecine ricia	┨		
1711.7.7.4.	145, 140 27302		I	KETIKED		e. F	Dection Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	Check			11/27/2019		\$ 250.00	
							\$	
							\$	
	ributor Informatio				emove	-		
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
	de city, state, & zi	(P)		ATTORNEY			!	
	S WALKER X 240057		ļ	c. Employer's	Name/Specific Field	1		
	LOTTE, NC 282:	24-0057		SELF	•			
	,					e. D	lection Sum to Date	
						\$	1,000.00	
f. Prior		<del> </del>	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	Check	ļ		11/26/2019		\$ 1,000.00	
			<u> </u>				\$	
							\$	
	ributor Informatio				move		<u> </u>	
	lame, Mailing Add de city, state, & zi		- F	b. Job Title/Pr	ofession	d. C	omments	
	RT WALKER	<u>P)</u>		DENTIST				
	X 242917		Ì	c. Employer's	Name/Specific Field			
	LOTTE, NC 2822	24		SELF				
I	•					e. Đ	lection Sum to Date	
	<del></del>			<u></u>		\$	100.00	
f. Prior	<del></del>		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	Check			11/26/2019		\$ 100.00	
							\$	
							\$	
4. Tota	al only this Pag	ge				\$	1,350.00	
5. Tota		<u>~</u>			<del></del>			

									Amendn	aent
Disbursements					Pg	_1_	of	1	☐ Yes	
			_	_					111 . /	11.1

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

commutees and	cooldinated party ex	penunures							
1. Committee Fo	ull Name (and Fund i	f applicable)						2. ID Nun	aber
COMMITTEE	TO ELECT AMY G	ALEY							
3. Type of Disbu		<u>ise separate CRC</u>			h type				
Operating Exp	penses X Contr	ibutions to Candidat	es/Politi	cal Committees		Coc	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Rem				
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Cor	nmittee Na	ame	d. Comme	nts
(include city, sta	ıte, & zip)								
ALAMANCE (	COUNTY REPUBLI	CAN PARTY							
NC				c. Level Regis					
				☐ Federal		County:		-	G + D +
				☐ State		Municip	ality:	e. Hection	Sum to Date
				Alamance				\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Rer	narks
GAL	Check	G	08	3/12/2019	\$	300.00			
					\$				
5. Total only thi	s Page				<u> </u>			\$	300.00
6. Total of ALL.	CRO-1310 Pages								
	in line 13a of Detailed S	lummary Page CRO	-1100 if	Operating Expe	nses)			Φ.	200.00
(This line goes i	in line 13b of Detailed S	Summary Page CRO	-1100 if	Contrib to Cand	idates	√Political C	omm)	\$	300.00
(This line goes i	in line 13c of Detailed S	ummary Page CRO-	-1100 if	Coordinated Pa	rty Ex	penditures)			
	odes (List detailed								
A* - Media	B* - Printin	g	C* - F	undraising		<b>D</b> - To	Anotl	her Candid	ate
E - Salaries	F* - Equipm			litical Party			_		ffice Expenses
I - Postage	J - Penaltie	s	K* - O	office Expenses	S	Q* - D	onatio	on to Legal	Expense Fund
O* Other									
* Codes requir	e detailed explanatio	n in required ren	narks fi	ield (k)					
CRO-1310		NC S	tate Boa	rd of Elections					December 2009

-	•						4
	10	hi	me	Δ	m	4	nts
	13	w	ui 3	•	111	•	1113

				Amendme	n 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 Fo	ull Name (and Fund	if applicable)						2. ID Nu	mber
COMMITTEE	TO ELECT AMY O	GALEY							
3. Type of Disbu		use separate CRC	)-1310	forms for eac	h type of l				
X Operating Exp	oenses	ributions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party E	expenditures
4. Payee Inform					Remove				
	ailing Address & Pho	one		b. Coordinate	d Commit	tee Na	ıme	d. Comm	ents
(include city, sta				_					
	WALKER DANCE			c. Level Regis	torad (Spa	cifv)			
NC				Federal		ounty:			
				☐ State				e. Electic	on Sum to Date
					<del>-</del>		•	\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Re	emarks
GAL	Check	Α		1/25/2019		0.00	SPO	NSORSE	HIP IN DANCE
			<u> </u>		\$			GRAM	
					L				
4. Payee Inform				Add	Remove				
	ailing Address & Pho	one		b. Coordinate	d Commit	tee Na	me	d. Comm	ents
(include city, sta				-					
JUSTHOST (EI				c. Level Regis	tered (Spe	ci fv)			
560 TIMPOLO	GOSPKWY			Federal		ounty:			
OREM, UT				☐ State		lunicip		e. Electio	on Sum to Date
								\$	113.71
f Account Code	g. Form of Payment	h. Purpose Code	i Date	(m m /dd/vvvv)	li Amoun	t	k. Re	quired Re	marks
GAL	Debit Card	K		1/18/2019	<del> </del>	7.72		IAIN NA	
GAL	Deon Card	IX.	1	1/16/2019		1.12		ISTRAT	
					\$				
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committ	tee Na	me	d. Comm	ents
(include city, sta	te, & zip)								
	SS COMMITTEE			. I and Damin	ta d /C	-: <b>C</b> )			
1314 MCCUIST				c. Level Regist		ounty:			
BURLINGTON	, NC 27215			X State		-	alitv:	e. Electia	on Sum to Date
									***************************************
								\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Re	marks
GAL	Check	D	07	7/15/2019	\$ 500	0.00			
					\$				
5. Total only this	ς Ροσο			<u> </u>	<u> </u>			\$	747.72
								Ψ	171.12
	CRO-1310 Pages	n cno	1100 :0						
	n line 13a of Detailed S n line 13b of Detailed S					inal C		\$	1,909.04
	n line 130 of Detailed S n line 13c of Detailed S						mini)		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)					
A* - Media	B* - Printin			undraising	D	- To	Anoth	ner Candi	date
E - Salaries	F* - Equipme	_		litical Party	H	* - Ho	lding	Public C	Office Expenses
I - Postage	J - Penaltie		K* - 0	office Expenses			_		al Expense Fund
O* Other									
* Codes require	e detailed explanatio	n in required rem	arks fi	ield (k)					

D	ic	hu	I PC O	m	ents	,
IJ,	18	Du	irse	ш	enu	į.

			Amenament				
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 Nun	ıber
	TO ELECT AMY (							
3. Type of Disb	ursement <u>(Please</u>	use separate CR(	<i>)-1310</i>	forms for each	h type of Dis	bursem	ent.)	
M Operating Ex		ributions to Candida	tes/Polit	ical Committees		Coordina	ted Party Exp	penditures
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee	Name	d. Comme	nts
(include city, sta	ite, & zip)							
VISTAPRINT								
275 WYMAN	ST			c. Level Regis		1		
WALTHAM, N	MA 02451			☐ Federal	Coun		6	
				☐ State	Mun	cipality:	e. Election	Sum to Date
							\$	361.32
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. R	equired Ren	narks
GAL	Debit Card B		0	7/23/2019	\$ 361.3		NOTE CARDS & BALL	
					\$	CAI	?\$	
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Committee	Name	d. Comme	nts
(include city, sta	ite, & zip)							
WESTERN AL	AMANCE ATHLE	TIC BOOSTERS'					4	
CLUB INC				c. Level Registered (Specify)				
1731 N HWY 8				Federal	☐ Federal ☐ County: ☐ State ☐ Municipality: e. Election Sum to Da			
ELON, NC 272	244			State	L) Muhi	аранту:	e. Election	Sum to Date
							\$	800.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	k. Required Remarks	
GAL	Debit Card A		0	7/12/2019	\$ 800.0	) AD	ON SCORI	EBOARD
					\$			
5. Total only thi	s Page						\$	1,161.32
6. Total of ALL	CRO-1310 Pages							
(This line goes i	in line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expen	nses)		\$	1,909.04
, ,	in line 13b of Detailed S						Ψ	1,505.01
(This line goes i	in line 13c of Detailed S	Summary Page CRO-	-1100 if	Coordinated Par	ty Expenditure	s)		
	odes (List detailed							
•			undraising D - To Another Ca					
- · · ·			=			_	fice Expenses	
I - Postage	J - Penaltie	S	K* - C	Office Expenses	Q* -	Donati	on to Legal	Expense Fund
O* Other	e detailed explanatio	n in required ron	arke f	ield (k)				
CRO-1310	e uctaneu expranauo			ard of Elections				December 2009
CAO-1310		1,00	200					

Aggreg	ated Non-N	<b>Tedia Expend</b>	itures	Page _	1_ of1_	☐ Yes 🗓 No		
Optional form used to report NC Non-Media Expenditures of \$50 or less.								
1. Committee Full Name (and Fund if applicable) 2. ID Number								
COMMITTEE TO ELECT AMY GALEY								
3. Payee Information								
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	11/12/2019	\$ 19.98	DOMAIN NAME REGISTRATION		
Add Remove	GAL	Debit Card	K	11/12/2019	\$ 39.96	DOMAIN NAME REGISTRATION		
4. Total o	. Total only this Page \$ 59.					59.94		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)  \$ 59.					59.94			
6. Purpose Codes (List detailed expenditure code in (d) above)								
	ON SELECTION OF THE PROPERTY O	- Printing	C* - Fundr	C* - Fundraising D - To Another Candidate				
E - Salar	ies F*	- Equipment	G - Political	Party H*-	<b>Holding Publ</b>	lic Office Expenses		

K\* - Office Expenses

CRO-1315

I - Postage

O\* - Other

J - Penalties

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

\*\*RO-1315\*\*

NC State Board of Elections

December 2009

Amendment

Q\* - Donations to Legal Expense Fund

In-Kind Contributions Use this form to report non-monetary contributions, donate	ions, goods or sei				No No	
Use CRO-1215 if In-Kind Contributions were or will b  1. Committee Full Name (and Fund if applicable)  COMMITTEE TO ELECT AMY GALEY	e refunded with	in 7 days.	2. ID	Number	·····	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  AMY SCOTT GALEY 233 DOCTOR FLOYD SCOTT LANE BURLINGTON, NC 27217	b. Type of Con Individual Candidate Party PAC Referendur			c. Comments  d. Election Sum to Date		
	Other Rece				6,025.00	
e. Description		f. Date (mm/	id/yyyy)	g. Fair M	larket Amount	
BOE VOTER FLASH DRIVE		07/17/2	019	\$	25.00	
				\$	****	
				\$		
4. Total only this Page			\$	-	25.00	

CRO-1510

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

25.00

\$