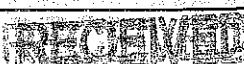


# Disclosure Report Cover

# MOORE COUNTY PUBLIC COPY

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.

<b>1. Committee Information</b>				
<b>a. Full Name</b> <b>LOUIS GREGORY ELECTION COMMITTEE</b>		<b>c. ID Number</b> 		
<b>b. Mailing Address (include City, State and Zip Code)</b> <b>PO BOX 1050</b> <b>WEST END, NC 27376</b>		<b>d. Date Filed</b> <b>12/17/2020</b>		
		<b>e. Phone Number</b> <b>MOORE BOE</b>		
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>	
2020	10/18/2020	12/17/2020	LYDIA BOESCH*	
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>7. Type of Report (Check only one type of election from the list)</b> <input type="checkbox"/> Municipal <input type="checkbox"/> State/County <input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> First <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Pre-primary <input type="checkbox"/> Second <input type="checkbox"/> Final <input type="checkbox"/> Pre-election <input type="checkbox"/> Third <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Fourth <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Special <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b> <b>0</b>		<b>9. Special Report Name</b> <b>AMENDED FINAL REPORT</b>		
<b>10. Account Information</b>		<b>11. Account Information</b>		
<b>a. Financial Institution Full Name</b> <b>BB&amp;T</b>		<b>a. Financial Institution Full Name</b>		
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>	
<b>COLLECT CONTRIBUTIONS AND PAY EXPENSES</b>	1	<b>d. Period Begin Balance</b>	<b>d. Period Begin Balance</b>	
	\$ 2,783.91			\$
<b>CERTIFICATION</b> 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				
<u>LYDIA BOESCH</u> Printed Name of Signer		<u>Lydia Boesch</u> Signature of Appointed Treasurer		12/17/2020 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	12/13/20	Employee:	<u>DM</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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.				

## Detailed Summary

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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
LOUIS GREGORY ELECTION COMMITTEE	2020 Special	
Start of Election Cycle: January 1, 2017		Total this Reporting Period
4) Cash on Hand at Start		\$ 2,783.91
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 828.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 828.00
		\$ 15,528.12
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 3,233.91
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 378.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,611.91
		\$ 15,528.12
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

## Contributions from Individuals

Pg 1 of 1

**Amendment**

Yes

No

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)					b. Job Title/Profession		d. Comments	
MARK E BRENNER 675 S. BENNETT STREET #3 SOUTHERN PINES, NC 28387					PHYSICIAN		<input type="checkbox"/> Add <input type="checkbox"/> Remove  <b>c. Employer's Name/Specific Field</b> PINEHURST SURGICAL CENTER	
							<b>e. Election Sum to Date</b> \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount			
<input type="checkbox"/>	1	Check		11/02/2020	\$ 250.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
b. Job Title/Profession					d. Comments			
BRIG. GENERAL (RETIRED)					<input type="checkbox"/> Add <input type="checkbox"/> Remove  <b>c. Employer's Name/Specific Field</b> U.S. AIR FORCE			
					<b>e. Election Sum to Date</b> \$ 700.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount			
<input type="checkbox"/>	1	Check		10/28/2020	\$ 200.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
b. Job Title/Profession					d. Comments			
RETIRED POLICE CHIEF					<input type="checkbox"/> Add <input type="checkbox"/> Remove  <b>c. Employer's Name/Specific Field</b> LAW ENFORCEMENT			
					<b>e. Election Sum to Date</b> \$ 6,075.12			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount			
<input type="checkbox"/>	1	In-Kind	AD IN THE PILOT	10/26/2020	\$ 378.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
<b>4. Total only this Page</b>					\$ 828.00			
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1210)</small>					\$ 828.00			

# Disbursements

Pg 1 of 2

Amendment  
 Yes  No

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

1. Committee Full Name (and Mdu if applicable)		2. ID Number	
LOUIS GREGORY ELECTION COMMITTEE			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify)	
CONSTANT CONTACT 1601 TRAPELOP WALTHAM, MA 02451		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date	
		\$ 235.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Draft	O	11/05/2020
1	Draft	O	12/04/2020
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify)	
SAMUEL LOUIS GREGORY III PO BOX 1015 WEST END, NC 27376		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date	
		\$ 6,075.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	11/09/2020
			\$
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify)	
MOORE COUNTY REPUBLICAN MEN'S CLUB FEDERAL PAC PO BOX 97275 RALEIGH, NC 27624		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date	
		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	G	11/20/2020
			\$
5. Total only this Page		\$ 3,085.12	
6. Total of ALL CRO-1310 Pages			
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			
7. Purpose Codes (List detailed expenditure codes in (h) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
8. Codes require detailed explanation in required remarks field (k)			

# Disbursements

Pg 2 of 2  Yes  No

Amendment

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

1. Committee (Name and File No./Code)		2. ID Number	
LOUIS GREGORY ELECTION COMMITTEE			
3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
VETERANS SUPPORT FUND 22 WHITEHAVEN DRIVE PINEHURST, NC 28374			
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
			\$ 83.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	12/17/2020
			\$ 83.44
			CHARITABLE
			CONTRIBUTION TO
5. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
WIX.COM UNKNOWN UNKNOWN, NY 10000			
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
			\$ 276.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Draft	O	10/30/2020
			\$ 24.85
			WEB SITE
1	Draft	O	11/02/2020
			\$ 23.50
			WEB SITE
6. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
WIX.COM UNKNOWN UNKNOWN, NY 10000			
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
			\$ 276.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Draft	O	11/30/2020
			\$ 17.00
			WEB SITE
7. Total only this page			
\$ 148.79			
8. Total of ALL CRO-1100 Pages			
(\$This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (\$This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (\$This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			
\$ 3,233.91			
9. Purpose Codes (list detailed expenditure codes in (h) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

# In-Kind Contributions

Pg 1 of 1

Amendment

 Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LOUIS GREGORY ELECTION COMMITTEE			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SAMUEL LOUIS GREGORY III PO BOX 1015 WEST END, NC 27376		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	d. Election Sum to Date  \$ 6,075.12
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
AD IN THE PILOT		10/26/2020	\$ 378.00
			\$
			\$
4. Total Only this Page		\$ 378.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 1 of Detailed Summary Page CRO-1510)</small>		\$ 378.00	

CRO-1510

NC State Board of Elections

December 2007