

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 Information				
a. Full Name			c. ID Number	
LOUIS GREGORY ELECTION COMMITTEE				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
66 SANDPIPER DRIVE WHISPERING PINES, NC 28327			06/27/2014	
			e. Phone Number	
			(910) 639-1751	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2014	04/20/2014	06/27/2014	ANITA M EMERY	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<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		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
BB&T BANK - VASS BRANCH		PAYPAL		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN RECEIPTS AND EXPENDITURES	1	CAMPAIGN CONTRIBUTIONS	2	
	d. Period Begin Balance		d. Period Begin Balance	
	\$		\$	
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				
<u>ANITA M. EMERY</u>		<u>Anita M. Emery</u>		<u>06/27/2014</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>6-27-14</u>	Employee:	<u>[Signature]</u>	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received 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.				

Detailed Summary

Amendment
 Yes No

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 Report	3. ID Number	
LOUIS GREGORY ELECTION COMMITTEE	2014 Final		
Start of Election Cycle: January 1, <u>2013</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,637.30	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 220.00
6) Contributions from Individuals (CRO-1210)		\$ 533.97	\$ 15,856.31
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)		\$ 300.00	\$ 319.34
11) Other Receipt Sources			
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)		\$ 833.97	\$ 16,395.65
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1,433.00	\$ 12,648.65
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 35.50	\$ 145.11
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 568.80	\$ 568.80
17) In-Kind Contributions (CRO-1510)		\$ 433.97	\$ 3,033.09
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,471.27	\$ 16,395.65
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
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	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Contributions from Individuals

Amendment
 Yes 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
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. Job Title/Profession		d. Comments	
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			RETIRED POLICE CHIEF			
			c. Employer's Name/Specific Field			
			VILLAGE OF WHISPERING PINES			
e. Election Sum to Date						
\$ 872.09						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	SOFTWARE ADAPTER	04/24/2014	\$ 18.70	
<input type="checkbox"/>		In-Kind	STAPLES - OFFICE SUPPLIES	05/02/2014	\$ 62.52	
<input type="checkbox"/>		In-Kind	STAPELES - OFFICE SUPPLIES	05/05/2014	\$ 219.35	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			RETIRED POLICE CHIEF			
			c. Employer's Name/Specific Field			
			VILLAGE OF WHISPERING PINES			
e. Election Sum to Date						
\$ 133.40						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	STAPLES - OFFICE SUPPLIES	05/13/2014	\$ 53.45	
<input type="checkbox"/>		In-Kind	STAPLES - OFFICE SUPPLIES	05/14/2014	\$ 30.95	
<input type="checkbox"/>		In-Kind	POSTAGE	05/14/2014	\$ 49.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EILEEN C MALAN 27 VILLAGE GREEN SOUTHERN PINES, NC 28387			REALTOR			
			c. Employer's Name/Specific Field			
			RE/MAX OF THE PINES			
e. Election Sum to Date						
\$ 100.00						
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		06/03/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 533.97	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 533.97	

Refunds/Reimbursements To the Committee

Amendment
 Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

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)		d. Type of Committee		g. Comments
THE PILOT THE PILOT, LLC P.O. BOX 58 SOUTHERN PINES, NC 28388 (910) 692-7271		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/05/2014
				i. Original Expenditure Amt
				\$ 300.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		NEWSPAPER AD WAS NOT RUN		\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
1	Debit Card		05/23/2014	\$ 300.00
4. Total only this Page				\$ 300.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 300.00

Disbursements

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 Fund if applicable) LOUIS GREGORY ELECTION COMMITTEE	2. ID Number
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> MUIRFIELD BROADCASTING INC 340 COMMERCE AVE SOUTHERN PINES, NC 28387	b. Coordinated Committee Name	d. Comments
	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 \$ 560.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	04/23/2014	\$ 560.00	RADIO ADVERTISING
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> SEVEN LAKES TIMES PO BOX 468 WEST END, NC 27376	b. Coordinated Committee Name	d. Comments
	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 \$ 498.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	04/27/2014	\$ 285.00	SEVEN LAKES TIMES
				\$	POLITICAL AD

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> THE PILOT THE PILOT, LLC P.O. BOX 58 SOUTHERN PINES, NC 28388 (910) 692-7271	b. Coordinated Committee Name	d. Comments
	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 \$ 1,095.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	05/05/2014	\$ 300.00	PILOT NEWSPAPER AD
				\$	

5. Total only this Page \$ 1,145.00

6. Total of ALL CRO-1310 Pages \$ 1,433.00
(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 code 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)

Disbursements

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 Fund if applicable)						2. ID Number			
LOUIS GREGORY ELECTION COMMITTEE									
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>									
<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			
WLHC-F.M. LIFE 103.1 RADIO 102 S STEELE STREET SUITE 301 SANFORD, NC 27330 (919) 775-1031									
				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	
						\$ 288.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Debit Card	A	04/28/2014	\$ 288.00	LIFE 103.1 RADIO AD				
				\$					
5. Total only this Page						\$ 288.00			
6. Total of ALL CRO-1310 Pages						\$ 1,433.00			
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>									
7. Purpose Codes (List detailed expenditure code 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)									

Aggregated Non-Media Expenditures

Amendment
 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	
LOUIS GREGORY ELECTION COMMITTEE						
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
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	04/25/2014	\$ 35.50	BOTTLED WATER FOR DISTRIBUTION
4. Total only this Page					\$ 35.50	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 35.50	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 3 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LOUIS GREGORY ELECTION COMMITTEE					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/03/2013
					i. Original Receipt Amount
					\$ 254.73
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED POLICE CHIEF		VILLAGE OF WHISPERING PINES		L	
					j. Election Sum to Date
					\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			06/23/2014	\$ 254.73
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/16/2013
					i. Original Receipt Amount
					\$ 64.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED POLICE CHIEF		VILLAGE OF WHISPERING PINES		L	
					j. Election Sum to Date
					\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			06/23/2014	\$ 64.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		08/29/2013
					i. Original Receipt Amount
					\$ 9.97
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED POLICE CHIEF		VILLAGE OF WHISPERING PINES		L	
					j. Election Sum to Date
					\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			06/23/2014	\$ 9.97
4. Total only this Page					\$ 328.70
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 568.80
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 2 of 3

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LOUIS GREGORY ELECTION COMMITTEE					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/08/2013
					i. Original Receipt Amount
					\$ 56.11
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED POLICE CHIEF		VILLAGE OF WHISPERING PINES		L	
					j. Election Sum to Date
					\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			06/23/2014	\$ 34.69
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/23/2013
					i. Original Receipt Amount
					\$ 124.10
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED POLICE CHIEF		VILLAGE OF WHISPERING PINES		L	
					j. Election Sum to Date
					\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			06/23/2014	\$ 124.10
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		01/15/2014
					i. Original Receipt Amount
					\$ 62.61
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED POLICE CHIEF		VILLAGE OF WHISPERING PINES		L	
					j. Election Sum to Date
					\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			06/23/2014	\$ 62.61
4. Total only this Page					\$ 221.40
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 568.80
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 3 of 3

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)			2. ID Number	
LOUIS GREGORY ELECTION COMMITTEE				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
S LOUIS GREGORY P.O. BOX 1015 WEST END, NC 27376		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/24/2014
				i. Original Receipt Amount
				\$ 18.70
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED POLICE CHIEF	VILLAGE OF WHISPERING PINES	L		\$ 133.40
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check		06/23/2014	\$ 18.70
4. Total only this Page				\$ 18.70
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 568.80
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other * Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

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
S LOUIS GREGORY P.O. 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	
		\$ 872.09	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SOFTWARE ADAPTER		04/24/2014	\$ 18.70
STAPLES - OFFICE SUPPLIES		05/02/2014	\$ 62.52
STAPELES - OFFICE SUPPLIES		05/05/2014	\$ 219.35
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
S LOUIS GREGORY P.O. 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	
		\$ 133.40	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
STAPLES - OFFICE SUPPLIES		05/13/2014	\$ 53.45
STAPLES - OFFICE SUPPLIES		05/14/2014	\$ 30.95
POSTAGE		05/14/2014	\$ 49.00
4. Total only this Page			\$ 433.97
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 433.97