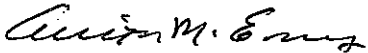


Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name Committee to Elect Louis Gregory			c. ID Number		
b. Mailing Address (include City, State and Zip Code) P.O. Box 1015, West End, NC 27376			d. Date Organized 11/9/15		
			e. Phone Number 910-783-6469		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name S. Louis Gregory		e. Candidate ID Number		f. Party Affiliation Republican <small>(Indicate Non-partisan if app)</small>	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1015, West End, NC 27376		g. Office Sought Moore County Commissioner			
d. Email Address Louisgregory@nc.rr.com		h. Next Election Year 2016		i. Jurisdiction Moore County NC	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Anita M. Emery			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 66 Sandpiper Drive, Whispering Pines, NC 28327			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 910-639-1751		d. Email Address anitaemery@aol.com		c. Phone Number	
				d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name Betsy N. Robinson			a. Financial Institution Full Name BB&T		
b. Mailing Address (include City, State, and Zip Code) 66 Sandpiper Drive, Whispering Pines, NC 28327			b. Purpose Campaign for the office of Moore County Commissioner		
c. Phone Number 910-639-0695		d. Email Address betsynrobinson@aol.com		c. Account Code 1	
				d. Type Bank checking account	
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of					
Anita M. Emery Printed Name of Signer		 Signature of Appointed Treasurer		11/9/15 Date	

RECEIVED

NOV 09 2015



North Carolina
State Board of Elections

441 N Harrington Street
Raleigh, NC 27603

MOORE BOE

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: S. Louis Gregory III
Treasurer Name: Anita M. Emery
Treasurer Address: 66 Sandpiper Drive
(include city, state, & zip) Whispering Pines, NC 28327

Treasurer Phone: 910-639-1751

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

11/6/15
Date Signed

[Signature]
Signature of Candidate



RECEIVED

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

NOV 09 2015

Kim Westbrook Strach
Executive Director

MOORE BOE
Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: LOUIS GREGORY ELECTION COMMITTEE
Treasurer Name: ANITA M. EMERY
Treasurer Address: 66 SANDPIPER Drive
(include city, state, & zip) Whispering Pines, NC 28327
Treasurer Phone: 910-639-1751

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BB-T	100 BANK STREET VASS, NC 28394	XXXXXXXXXX	1

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

11/9/2015
Date Signed

Anita M. Emery
Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer

Disclosure Report Cover

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 Louis Gregory Election Committee	RECEIVED
b. Mailing Address (include City, State and Zip Code) P.O. Box 1015, West End, NC 27376	c. ID Number
	d. Date Filed 11/09/2015
	e. Phone Number 910-783-6469

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 11/09/2015	4. Period End Date (mm/dd/yy) 11/09/2015	5. Treasurer Full Name Anita M. Emery
------------------------	---	---	--

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
Candidate Campaign	Party	Municipal	State/County	Referendum
PAC	Referendum	Organizational	<input checked="" type="checkbox"/> Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund		Pre-primary	First	Final
		Pre-election	Second	Supplemental Final
		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
		Year End	Mid Year	
		Final	Year End	
		Special	Final	
			Special	

7. Type of Fund (if applicable, check one)

"Booster Fund"

Building Fund

Other:

8. Number of Fundraisers this Report

None

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T Branch Banking & Trust		a. Financial Institution Full Name	
b. Purpose Campaign Account for Receipts and Expenditures	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$-3400 - 0 -		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 of Elections.

Anita M. Emery _____ *Anita M. Emery* _____ 11/9/15 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 11-9-15	Employee: <i>[Signature]</i>	Delivery Method
Date Postmarked: _____	Employee: _____	Normal Mail
Date Scanned: _____	Employee: _____	Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		Electronically Filed
		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		ORGANIZATIONAL			
Start of Election Cycle: January 1, 2012		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 400.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 400.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 400.00		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

Pg 1 of 1

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 III P.O. Box 1015 West End, NC 27376				Retired Police Chief			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Village of Whispering Pines		\$ 400.00	
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		11/6/2015	\$ 400.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 400.00	