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
Gallagher For Lewisville Town Council	TCQ4SY
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1916 Spring Wind Rd. Pfafftown, NC 27040	07/15/2025
	e. Phone Number
	914 671-9671

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	7-15-25	10-20-25	Geraldine Gallagher

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ 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	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
Bank of America	
b. Purpose	**c. Account Code**
Campaign	7510
	d. Period Begin Balance
	$ 0

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

RECEIVED 2025 JUL 24 AM 07:

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.

Geraldine Gallagher	Geraldine Gallagher	10/23/25
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:		Employee:		☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☐ Hand Delivered
Date Data Entered:		Employee:		☐ 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
Gallagher For Lewisville Town Council	Pre-election	TCQ45Y

Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 381.00	$
6) Contributions from Individuals	(CRO-1210)	$ 964.99	$
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)	$	$
11 e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 1345.99	$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 618.63	$
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)	$ 63.85	$
17) In-Kind Contributions	(CRO-1510)	$ 64.99	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 747.47	$
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 598.52	$
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)	$	$

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☑ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Gallagher For Lewisville Town Council	TCQ45Y

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	7510	Cash EFT		09/23/2025	$ 5.00
☐ Add ☐ Remove	7510	Cash EFT		09/24/2025	$ 5.00
☐ Add ☐ Remove	7510	Cash EFT		09/24/2025	$ 25.00
☐ Add ☐ Remove	7510	EFT		09/26/2025	$ 50.00
☐ Add ☐ Remove	7510	EFT		09/27/2025	$ 50.00
☐ Add ☐ Remove	7510	EFT		09/28/2025	$ 20.00
☐ Add ☐ Remove	7510	EFT		09/29/2025	$ 50.00
☐ Add ☐ Remove	7510	EFT		10/10/2025	$ 50.00
☐ Add ☐ Remove	7510	EFT		10/12/2025	$ 36.00
☐ Add ☐ Remove	7510	Check		09/01/2025	$ 50.00
☐ Add ☐ Remove	7510	Check		09/29/2025	$ 40.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 381.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 381.00

Contributions from Individuals

Pg 1 of 3

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
Gallagher For Lewisville Town Council	TCQ45Y

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Annemarie Stanford 120 Honeyridge Court Lewisville, NC 27023 (336) 467-6380	Retired Sales Director	General Electric		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	Check		08/14/2025	$ 100.00
☐	7510	debit card	Food + drinks	10/10/2025	$ 64.99
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dylan Brogan 146 E. Gorham St. 3F Madison, WI 53703-2408 (608) 217-2874	City Communications Mgr.	City of Madison, Wisconsin Communications		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	EFT		09/24/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Patrick Healy 24 Duncklee St. Brighton, MA 02135 (617) 817-0738	Carpenter	TJ Mcartny		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	EFT		09/26/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 364.99
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 2 of 3

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
Gallagher For Lewisville Town Council	TCQ45Y

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Terrence R Stanford 1108 Brandy Lane East Bend, NC 27018 (336) 244-9847	Professor	Wake Forest School of Medicine / Neurobiology		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	EFT		10/04/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tony Brogan 225 N Rosemont Ave. Dallas, TX 75208 (214) 264-2284	Retired Small Business Owner	Self-employed Owned Kaplan Learning Centers		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	EFT		09/30/2025	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Walter Brogan 2401 Pennsylvania Ave. Philadelphia, PA 19130 (484) 557-7825	Retired College Professor	Villanova University Philosophy		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	EFT		10/01/2025	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 3 of 3

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
Gallagher For Lewisville Town Council	TCQ45Y

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sharon Wilson 308 Primrose Dr. Landsdale, PA 19446 (610) 275-4184	Retired Insurance Sales	Aetna Insurance		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	7510	EFT		10/02/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 964.99

Disbursements

Pg 1 of 1

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
Gallagher For Lewisville Town Council	TCQ45Y

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 (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Allegra Design Marketing Print 3250 Healy Drive Winston-Salem, NC 27103 (336) 777-8615	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
7510	Debit card		10/03/2025	$321.54	Signs
7510	Debit card		10/09/2025	$258.14	Signs

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Act Blue 366 Summer St. Somerville, MA 02144 (617) 517-7600	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
7510	EFT		10/19/2025	$ 38.95	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 618.63
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)*	$ 618.63

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)

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
Gallagher For Lewisville Town Council	TCQ45Y

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Annemarie Stanford 120 Honeyridge Court Lewisville, NC 27023 (336) 467-8380	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
hosted house party - food & drinks	10/10/2025	$ 64.99
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 64.99
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 64.99

Refunds/Reimbursements From the Committee

Pg 1 of 1 | 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
Gallagher For Lewisville Town Council	TC045Y

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Geraldine Gallagher 1916 Spring Wind Rd. Pfafftown, NC 27040 (914) 671-9671	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	10/05/2025
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount $
	f. Purpose Code	j. Election Sum to Date $
b. Job Title/Profession: Retired Social Worker	c. Employer's Name/Specific Field: NYC Dept. of Education Social Work	g. Comments
		k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Debit card		10/05/2025	$63.85

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount $
	f. Purpose Code	j. Election Sum to Date $
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments
		k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount $
	f. Purpose Code	j. Election Sum to Date $
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments
		k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 63.85
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 63.85

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other
* Codes require detailed explanation in required remarks field (m)