

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Florence Gatter Campaign		Mid-Year	XU45HS	
Start of Election Cycle: January 1, 2002		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 3594.48	\$ 4680.85	
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 6794.00	\$ 6794.00	
6) Contributions from Individuals (CRO-1210)		\$ 5600.00	\$ 5600.00	
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 (CRO-1250)				
11a) Interest on Bank Accounts (CRO-1250)		\$ —	\$ —	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ —	\$ —	
11c) Outside Sources of Income (CRO-1250)		\$ —	\$ —	
12) "Goods and Services" Contributions (CRO-1260)		\$ —	\$ —	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 12,394.00	\$ 12,394.00	
EXPENDITURES				
14) Disbursements (CRO-1310)				
14a) Operating Expenditures (CRO-1310)		\$ 1694.27	\$ 2780.64	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ —	\$ —	
14c) Coordinated Party Expenditures (CRO-1310)		\$ —	\$ —	
15) Loan Repayments (CRO-1420)		\$ —	\$ —	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ —	\$ —	
17) In-Kind Contributions (CRO-1510)		\$ —	\$ —	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 1694.27	\$ —	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 14,294.21	\$ 14,294.21	
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		\$ —	\$ —	

Contributions from INDIVIDUALS

See Attached 5 pages Page ___ of ___

1. Name of Committee or Fund						2. ID Number	
Florence Gatter Campaign						XVY5HS	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
4. Total only this Page							\$
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 5,600.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Line 3 - Contributor

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
W. L. Hemphill	Ex.	Check	05/12/03	\$250.00
7 St Augustine Square				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-282-0849	NA	NA	NA	

b. Job Title/Profession:	Retired	k.Election Cycle
c. Employer's Name/Specific Field:		Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
P. David Brown	Ex.	Check	05/13/03	\$250.00
P.O. Box 20600				
Greensboro, NC 27420	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-274-0195	NA	NA	NA	

b. Job Title/Profession:	Business Owner	k.Election Cycle
c. Employer's Name/Specific Field:	Gate City Motors	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Dr. Stephen R. Cobb	Ex.	Check	05/11/03	\$250.00
3224 Battleground Ave.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-288-8550	NA	NA	NA	

b. Job Title/Profession:	Veterinarian	k.Election Cycle
c. Employer's Name/Specific Field:	Cobb Aniaml Clinic	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
E. S. Melvin	Ex.	Check	05/12/03	\$250.00
106 Willoughby Blvd.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-691-9803	NA	NA	NA	

b. Job Title/Profession:	President	k.Election Cycle
c. Employer's Name/Specific Field:	Charitable Foundation	Sum To Date:
		\$250.00

Total This Page:		\$1,000.00
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Line 3 - Contributor

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
William A. Frank 105 Elmwood Ter. Greensboro, NC 27408 336-275-2259	Ex.	Check	05/13/03	\$250.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Consultant	k.Election Cycle
c. Employer's Name/Specific Field:	Transportation	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Edward C. Winslow III 3806 Meredith Dr. Greensboro, NC 27408 336-288-0533	Ex.	Check	05/15/03	\$200.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Attorney	k.Election Cycle
c. Employer's Name/Specific Field:	Brooks, Pierce, etc.	Sum To Date:
		\$200.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
W. Fred Williams 1813 Pembroke Rd. Greensboro, NC 27408 336-379-1820	Ex.	Check	05/13/03	\$250.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	President	k.Election Cycle
c. Employer's Name/Specific Field:	Williams Properties	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Lanty L. Smith 1401 Westridge Rd. Greensboro, NC 24710 336-288-0991	Ex.	Check	05/20/03	\$250.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Investment Bnkr	k.Election Cycle
c. Employer's Name/Specific Field:	Soles, Brower, etc.	Sum To Date:
		\$250.00

Total This Page:		\$950.00
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Line 3 - Contributor

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Dennis R Barry	Ex.	Check	05/20/03	\$250.00
107 Irving Park Ct.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-574-1160	NA	NA	NA	

b. Job Title/Profession:	President, CEO	k.Election Cycle
c. Employer's Name/Specific Field:	Moses Cone Health	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
David B. Hagan	Ex.	Check	05/17/03	\$250.00
2025 St. Andrews Rd.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-272-2293	NA	NA	NA	

b. Job Title/Profession:	Busines Owner	k.Election Cycle
c. Employer's Name/Specific Field:	Hagan Properties	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Pamela A. Allen	Ex.	Check	05/20/03	\$250.00
12 Elm Ridge Ln.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-282-4619	NA	NA	NA	

b. Job Title/Profession:	Civic leader	k.Election Cycle
c. Employer's Name/Specific Field:		Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Thomas L. White, Jr.	Ex.	Check	05/19/03	\$250.00
603 Sunset Dr.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-275-8586	NA	NA	NA	

b. Job Title/Profession:	Managing Partner	k.Election Cycle
c. Employer's Name/Specific Field:	US Properties SE	Sum To Date:
		\$250.00

Total This Page:				\$1,000.00
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Line 3 - Contributor

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Charles T. Hagan, Jr. 4100 Well Spring Dr., Apt. 2216 Greensboro, NC 27410 336-274-4133	Ex.	Check	05/27/03	\$1,000.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Attorney	k.Election Cycle
c. Employer's Name/Specific Field:	Retired	Sum To Date:
		\$1,000.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Bernard Gutterman 604 Waycross Dr. Greensboro, NC 27410 336-294-1728	Ex.	Check	05/23/03	\$250.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Retired	k.Election Cycle
c. Employer's Name/Specific Field:		Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
D.Marsh Prause 516 Woodlawn Ave. Greensboro, NC 27401 336-378-5380	Ex.	Check	06/01/03	\$250.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Attorney	k.Election Cycle
c. Employer's Name/Specific Field:	Smith, Moore, etc.	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Samuel D. Hummel 1907 Rosecrest Dr. Greensboro, NC 27408 336-288-7237	Ex.	Check	05/15/03	\$100.00
	Ex.	Check	06/03/03	\$100.00
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
	NA	NA	NA	

b. Job Title/Profession:	Retired	k.Election Cycle
c. Employer's Name/Specific Field:		Sum To Date:
		\$200.00

Total This Page:				\$1,700.00
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Line 3 - Contributor

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
John Kavanagh	Ex.	Check	06/06/03	\$200.00
315 Meadowbrook Ter.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-574-3707	NA	NA	NA	

b. Job Title/Profession:	Builder	k.Election Cycle
c. Employer's Name/Specific Field:	John Kav. Homes	Sum To Date:
		\$200.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Donald C. Lampe	Ex.	Check	06/12/03	\$250.00
2046 Smith Rd.				
Stoneville, NC 27048	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-573-1981	NA	NA	NA	

b. Job Title/Profession:	Attorney	k.Election Cycle
c. Employer's Name/Specific Field:	Smith, Moore, etc.	Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
William A. Lambert	Ex.	Check	06/17/03	\$250.00
6100 West Friendly Ave., Apt. 3306				
Greensboro, NC 27410	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-299-1925	NA	NA	NA	

b. Job Title/Profession:	Retired	k.Election Cycle
c. Employer's Name/Specific Field:		Sum To Date:
		\$250.00

<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>
Douglas W. Copeland, Jr.	Ex.	Check	06/18/03	\$250.00
2310 Lafayette Ave.				
Greensboro, NC 27408	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>i. Amend.</u>	
336-286-1522	NA	NA	NA	

b. Job Title/Profession:	Publisher	k.Election Cycle
c. Employer's Name/Specific Field:	The Business Journal	Sum To Date:
		\$250.00

Total This Page:		\$950.00
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Contributions from POLITICAL PARTY COMMITTEES

1. Name of Committee or Fund					2. ID Number	
Florence Gatten Campaign					XVY5NS	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					h. Election Cycle Sum to Date \$	
4. Total only this Page						\$ 0
5. Total of ALL CRO-1220 Pages (only show on last page)						\$ 0
<i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>						

Refunds & Reimbursements TO Committee

1. Name of Committee or Fund		2. ID Number	
Florence Gatten Campaign		XVY 5HS	
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
4. Total only this Page			\$ 0
5. Total of ALL CRO-1240 Pages (only show on last page)			\$ 0
(This line must be on line 10 of Detailed Summary Page CRO-1100)			

Other Receipt Sources

1. Name of Committee or Fund				2. ID Number	
Florence Gatten Campaign				XV45HS	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 0
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i> <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$ 0

Disbursements

See Attached Page

Page ___ of ___

1. Name of Committee or Fund <i>Florence Gatten Campaign</i>					2. ID Number <i>XV 4 5 145</i>		
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
							\$
							\$
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	\$
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
							\$
							\$
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	\$
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
							\$
							\$
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	\$
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
							\$
							\$
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	\$
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
							\$
							\$
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	\$
5. Total only this Page							\$
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							<i>\$1,694.27</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>							

Florence Gatten Campaign - - Disbursements (CRO-1310):

Line 4 - Payee

<u>a. Name, Address & Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
Wachovia Bank Main Branch, 300 N Greene St. Greensboro, NC 27401 336-412-7181	Deposit slips	Ex.	Draft	05/29/03	\$5.00

b. NA c. NA i. NA **j. Election Cycle Sum To Date**
\$5.00

<u>a. Name, Address & Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
PIP Printing 1603-B Westover Ter. Greensboro, NC 27408 336-282-6096	stationery	Ex.	Check	05/15/03	\$40.80
	stationery	Ex.	Check	05/15/03	\$371.41
	stationery	Ex.	Check	06/23/03	\$378.92

b. NA c. NA i. NA **j. Election Cycle Sum To Date**
\$791.13

<u>a. Name, Address & Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
Florence Gatten 3507 Smoketree Dr. Greensboro, NC 27410 336-288-7820	Bus. Adv. Breakfast	Ex.	Check	01/14/03	\$153.85
	Bus. Adv. Breakfast	Ex.	Check	04/08/03	\$167.16
	Postage	Ex.	Check	05/08/03	\$148.00
	Postage, Breakfast, Photo	Ex.	Check	06/13/03	\$219.13

b. NA c. NA i. NA **j. Election Cycle Sum To Date**
\$901.51

<u>a. Name, Address & Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
Marty Designs P.O. Box 36 Climax, NC 27233 336-674-9399	host web-site(2/03-4/03)	Ex.	Check	01/19/03	\$105.00
	host web-site(5/03-7/03)	Ex.	Check	04/23/03	\$105.00

b. NA c. NA i. NA **j. Election Cycle Sum To Date**
\$735.00

Line 5 Total This Page **\$1,694.27**