

RECEIVED

SEP 30 2003 / EML

FILED IN COUNTY

Disclosure Report Cover

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

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
Florence Gatten Campaign	XVY 5HS
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. Box 806 Greensboro, N.C. 27402-0806	9-30-03
	e. Phone Number
	336-271-3115

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
03-35 day	7/1/03	9/23/03	Bill Cary

6. Type of Committee (Check one)		8. 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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name	b. Purpose	a. Financial Institution Full Name	b. Purpose
Wachovia Bank	All Campaign Expenses		
	c. Code		c. Code
	Ex		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 14,294.21		\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Bill Cary Printed Name of Signer Bill Cary Signature of Appointed Treasurer 9/30/03 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Florence Gatten Campaign	35 day	XVY 545	
Start of Election Cycle: January 1, 2002		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 14,294.21	\$ 4,680.85
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 5,345.00	\$ 12,139.00
6) Contributions from Individuals (CRO-1210)		\$ 2,950.00	\$ 8,550.00
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)		\$ 8,295.00	\$ 20,689.00
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 2,763.86	\$ 5,544.50
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)		\$ 2,763.86	\$ 5,544.50
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 19,825.35	\$ 19,825.35
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

3 Pages Attached Page ___ of ___

1. Name of Committee or Fund				2. ID Number			
Florence Gatten Campaign				XVY 5145			
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"/>	\$
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"/>	\$
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"/>	\$
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"/>	\$
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"/>	\$
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)							\$ 2,950.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Florence Gatten Campaign - - Contributions from Individuals (CRO-1210):				Page 1 of 3
Line 3 - Contributor				
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
T. Clyde Collins 1846 Banking Street Greensboro, NC 27408 336-274-7802	Ex.	Check	07/15/03	\$250.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	retired		k.Election Cycle	
c. Employer's Name/Specific Field:			Sum To Date:	\$250.00
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
Amiel J. Rossabi 109 Kemp Rd. E. Greensboro, NC 27410 336-855-0295	Ex.	Check	08/04/03	\$250.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	Attorney		k.Election Cycle	
c. Employer's Name/Specific Field:	Forman, Rossabi etc.		Sum To Date:	\$250.00
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
Reid L. Phillips 802 Blanton Place Greensboro, NC 27408 336-282-8284	Ex.	Check	09/04/03	\$500.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	Attorney		k.Election Cycle	\$500.00
c. Employer's Name/Specific Field:	Brooks, Pierce, etc.		Sum To Date:	
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
Gloria Phillips 802 Blanton Place Greensboro, NC 27408 336-282-8284	Ex.	Check	09/04/03	\$500.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	homemaker		k.Election Cycle	
c. Employer's Name/Specific Field:			Sum To Date:	\$500.00
Total This Page:				\$1,500.00

Florence Gatten Campaign - - Contributions from Individuals (CRO-1210):				Page 2 of 3
Line 3 - Contributor				
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
Randall R. Kaplan 302 Kemp Rd. West Greensboro, NC 27410	Ex.	Check	09/05/03	\$500.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	CEO		k.Election Cycle	
c. Employer's Name/Specific Field:	Sterling South		Sum To Date:	\$500.00
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
H.M. Weaver 2304 Princess Ann St. Greensboro, NC 27408 336-282-4354	Ex.	Check	09/08/03	\$250.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	retired		k.Election Cycle	
c. Employer's Name/Specific Field:			Sum To Date:	\$250.00
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
David A. Stonecipher 3439 Knollwood Dr. NW Atlanta, Ga. 30305	Ex.	Check	09/15/03	\$250.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	Chairman & CEO		k.Election Cycle	
c. Employer's Name/Specific Field:	Jefferson-Pilot Fin.		Sum To Date:	\$250.00
a. Name, Address & Phone	d. Acct Code	e. Form	f. Date	i. Amount
Donald E. Linder 9 Clubview Court Greensboro, NC 27410 (phone unlisted)	Ex.	Check	09/23/03	\$200.00
	g. In-Kind	h. Prior	j. Amend.	
	NA	NA	NA	
b. Job Title/Profession:	Executive		k.Election Cycle	
c. Employer's Name/Specific Field:	Pyramids Wellness		Sum To Date:	\$200.00
Total This Page:				\$1,200.00

Florence Gatten Campaign - - Contributions from Individuals (CRO-1210):					Page 3 of 3
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>	
Debby R. Kern 5500 Old Brandt Trace Greensboro, NC 27455 336-288-6565	Ex.	Check	09/04/03	\$250.00	
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>j. Amend.</u>		
	NA	NA	NA		
b. Job Title/Profession:	President		k.Election Cycle		
c. Employer's Name/Specific Field:	Trace Holdings		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>	
	Ex.	Check			
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>j. Amend.</u>		
	NA	NA	NA		
b. Job Title/Profession:			k.Election Cycle		
c. Employer's Name/Specific Field:			Sum To Date:		
<u>a. Name, Address & Phone</u>	<u>d. Acct Code</u>	<u>e. Form</u>	<u>f. Date</u>	<u>i. Amount</u>	
	Ex.	Check			
	<u>g. In-Kind</u>	<u>h. Prior</u>	<u>j. Amend.</u>		
	NA	NA	NA		
b. Job Title/Profession:			k.Election Cycle		
c. Employer's Name/Specific Field:			Sum To Date:		
Total This Page:					\$250.00

Disbursements

2 pages attached

1. Name of Committee or Fund <i>Florence Gatten Campaign</i>						2. ID Number <i>XVY5H5</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:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
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:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
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:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
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:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
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:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
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>							\$ 2,763.86	
<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>								

Disbursements-2

Florence Gatten Campaign - - Disbursements (CRO-1310):					Page 1 of 2
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>
PIP Printing	stationery	Ex.	Check	08/25/03	\$585.39
1603-B Westover Ter.	stationery	Ex.	Check	08/27/03	\$147.88
Greensboro, NC 27408	stationery	Ex.	Check	09/22/03	\$870.43
336-282-6096					
b. NA	c. NA	i. NA	j.Election Cycle Sum To Date		
				\$2,394.83	
<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	postage; filing fee	Ex.	Check	08/01/03	\$62.00
3507 Smoketree Dr.					
Greensboro, NC 27410					
336-288-7820					
b. NA	c. NA	i. NA	j.Election Cycle Sum To Date		
				\$62.00	
<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>
Bill Cary	postage	Ex.	Check	07/01/03	\$59.20
605 Rockford Rd.					
Greensboro, NC 27408					
336-271-3115					
b. NA	c. NA	i. NA	j.Election Cycle Sum To Date		
				\$59.20	
<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	host website(8/03-10/03)	Ex.	Check	08/01/03	\$105.00
P.O. Box 36					
Climax, NC 27233					
336-674-9399					
b. NA	c. NA	i. NA	j.Election Cycle Sum To Date		
				\$105.00	
Line 5 Total This Page					\$1,829.90

Disbursements-2

Florence Gatten Campaign - - Disbursements (CRO-1310):					Page 2 of 2
Line 4 - Payee					
a. Name, Address & Phone	d. Purpose	e. Acct Code	f. Form	g. Date	h. Amount
Hamburger Square Post	advertising	Ex.	Check	07/15/03	\$275.00
PO Box 9335	advertising	Ex.	Chcek	09/08/03	\$275.00
Greensboro, NC 27429					
336-275-3969					
b. NA c. NA i. NA	j.Election Cycle Sum To Date				\$550.00
a. Name, Address & Phone	d. Purpose	e. Acct Code	f. Form	g. Date	h. Amount
Conference Resources Inc.	campaign database	Ex.	Check	08/01/03	\$315.00
405 Battleground Ave., Suite 204					
Greensboro, NC 27401					
336-379-0603					
b. NA c. NA i. NA	j.Election Cycle Sum To Date				\$315.00
a. Name, Address & Phone	d. Purpose	e. Acct Code	f. Form	g. Date	h. Amount
Industrial Wood Products	sign stakes	Ex.	Check	09/18/03	\$68.96
6924 S. NC HWY 22					
Climax, NC 27233					
336-685-9912					
b. NA c. NA i. NA	j.Election Cycle Sum To Date				\$68.96
a. Name, Address & Phone	d. Purpose	e. Acct Code	f. Form	g. Date	h. Amount
		Ex.	Check		
b. NA c. NA i. NA	j.Election Cycle Sum To Date				
Line 5 Total This Page					\$933.96