

Disclosure Report Cover

Amendment
 Yes 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: Tom PHILLIPS CAMPAIGN c. ID Number: L2YLD8

b. Mailing Address (include City, State and Zip Code):
3008 GREENBROOK DR.
GREENSBORO, NC 27408

d. Date Filed: 9/15/03

e. Phone Number: 336-288-9160

2. Report Year: 2003 3. Period Start Date (mm/dd/yyyy): 7/1/03 4. Period End Date (mm/dd/yyyy): 8/31/03 5. Treasurer Full Name: THOMAS M. PHILLIPS

6. Type of Committee (Check one):
 Candidate Campaign Party
 Joint Fundraiser PAC
 Referendum

7. Type of Fund (if applicable, check one):
 Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other

8. Type of Report (check only one type of report from one category):
 Municipal: Organizational, Thirty-five day, Pre-primary, Pre-election, Pre-runoff, Semi-annual, Mid Year, Year End, Final, Special
 State/Country: Organizational, Quarterly, First Plus, Second, Third Plus, Fourth, Semi-annual, Mid Year, Year End, Final, Special
 Referendum: Organizational, Pre-referendum, Final, Supplemental Final, Annual, Special

9. Special Report Name: _____

10. Account Information

a. Financial Institution Full Name: WACHOVIA CHECKING

b. Purpose: CHECKING c. Code: _____

d. Period Begin Balance: \$ 3590.61

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.

THOMAS M. PHILLIPS Printed Name of Signer
[Signature] Signature of Appointed Treasurer
9/14/03 Date

Proble w/ mail

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

This is not a faxed C. Report. Mr. Phillips had me to fax and scans to him. He prepared his 35 day report & hand delivered this to me. This is his original. Faxed from Guilf BOE office to T. Phillips by E. Westhite

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Tom PHILLIPS CAMPAIGN	35 DAY	L2YL08	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 3590.61	\$ 433.20	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 2185	\$ 3375	
6) Contributions from Individuals (CRO-1210)	\$ 1800	\$ 3850	
7) Contributions from Political Party Committees (CRO-1220)	\$ 300	\$ 300	
8) Contributions from Other Political Committees (CRO-1230)	\$ 300	\$ 300	
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-1360)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 4285	\$ 7525	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 29.00	\$ 111.59	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1620)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1310)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 29.00	\$ 111.59	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 7846.61	\$ 7846.61	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
21) 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

1. Name of Committee or Fund				2. ID Number			
Tom PHILLIPS Campaign				L2YL08			
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
	W. L. HEMPHILL 7 SAINT AUGUSTINE SQ GREENSBORO, NC 27408		CHECK	7/22/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250. ⁰⁰
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				k. Election Cycle Sum to Date			
RETIRED				\$			
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
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
	MICHAEL W. HALEY 1031 SUMMIT AVE #2W-1 GREENSBORO, NC 27405		CK	7/1/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250. ⁰⁰
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				k. Election Cycle Sum to Date			
PRESIDENT				\$			
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
TRITON MANAGEMENT - RESTAURANT				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
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
	H. M. (MRS) WEAVER P.O. BOX 26040 GREENSBORO, NC 27420		CHECK	7/1/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250. ⁰⁰
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				k. Election Cycle Sum to Date			
PRESIDENT				\$			
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
WEAVER INVESTMENT CO - REAL ESTATE				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
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
	JOHN KAVANAGH 315 MEADOWBROOK TOWN GREENSBORO, NC 27408		CHECK	7/15/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200. ⁰⁰
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				k. Election Cycle Sum to Date			
PRESIDENT				\$			
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
KAVANAGH HOMES - BUILDER				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
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
	ROBERT DABBS 3168 SUNNY HILLSWAY RD GREENSBORO, NC 27235		CHECK	7/24/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200. ⁰⁰
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				k. Election Cycle Sum to Date			
OWNER				\$			
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
DABBS FURNITURE - RETAIL				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Total only this Page							\$ 1150
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
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
	RONALD L WILSON 3303 MADISON AVE GREENSBORO NC 27403		CHECK	7/17/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
PRESIDENT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
STARWIND RESIDENTIAL - GUILD							
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
	JACK W. STANLEY 6306 OAK FOREST CT SUMMITFIELD, NC 27358		CHECK	7/14/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
PRESIDENT OF TRADE DIVISION		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
TIME WARNER CABLE							
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
	RON L TAYLOR 205 SUNSET DR. GREENSBORO, NC 27408		CHECK	8/1/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
PRESIDENT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
A+D ENVIRONMENTAL & INDUSTRIAL SERVICES							
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		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
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		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
4. Total only this Page							\$ 650
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1800
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

1. Committee Full Name (and Fund if applicable) TOM PHILLIPS CAMPAIGN				2. ID Number L2YLD8	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFFERSON PILOT STATE GOOD GOVERNMENT COMMITTEE 100 N. GARRIS ST. GARRISBORO, NC 27401			b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date \$ 300.00		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	CHECK		8/5/03	\$ 300.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 300	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 300	

Disbursements

1. Name of Committee or Fund TOM PHILLIPS CAMPAIGN						2. ID Number 22YL08	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)							
<input 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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	GUILFORD COUNTY BOARD OF ELECTIONS		FILING FEE		CHEK	7/7/03	\$ 25.00
							\$
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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	WACHOVIA		ACCOUNT FEES			7/1-8/3/03	\$ 4.00
							\$
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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	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						\$ 29.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 29.00	
(This line goes in line 13c 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)							