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RECEIVED

OCT 27 2003

GUILFORD COUNTY

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

Disclosure Report Cover

Please note that this cover sheet cannot be used to provide 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.

<b>1. Committee Information</b>	
a. Full Name <i>Florence Gatten Campaign</i>	c. ID Number <i>XVY 545</i>
b. Mailing Address (include City, State and Zip Code) <i>PO Box 806 Greensboro, NC 27402-0806</i>	d. Date Filed <i>10-27-03</i>
	e. Phone Number <i>336-271-3115</i>

2. Report Year <i>'03 Pre-El.</i>	3. Period Start Date (mm/dd/yyyy) <i>9/24/03</i>	4. Period End Date (mm/dd/yyyy) <i>10/20/03</i>	5. Treasurer Full Name <i>Bill Cary</i>
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<b>6. Type of Committee (Check one)</b>		<b>8. Type of Report (check only one type of report from one category)</b>		
<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 type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input checked="" 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	<b>9. Special Report Name</b>
<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	

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name <i>Wachovia Bank</i>	a. Financial Institution Full Name	b. Purpose <i>All Campaign Expenses</i>	b. Purpose
b. Purpose	c. Code <i>Ex</i>	c. Code	c. Code
d. Period Begin Balance <i>\$ 19,825.35</i>	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance

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      10/27/03 Date

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

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	
Florence Gatter Campaign	Pre-Election	XVY5HS	
Start of Election Cycle: January 1, 2002	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 19,825.35	\$ 4,680.85	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1,180.00	\$ 13,319.00	
6) Contributions from Individuals (CRO-1210)	\$ 250.00	\$ 8,800.00	
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)	\$ 1,430.00	\$ 22,119.00	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 2,387.49	\$ 7,931.99	
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)	\$ 2,387.49	\$ 7,931.99	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 18,867.86	\$ 18,867.86	
<b>ADDITIONAL INFORMATION</b>			
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**

1. Name of Committee or Fund				2. ID Number			
Florence Gatter Campaign				XVY 5HS			
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
	David K. Barger 618 Woodland Dr. Greensboro, NC 27408 336-271-8422	Ex.	Check	10/10/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Ernst & Young		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 250.00			
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:		k. Election Cycle Sum to Date			
		<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
					<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:		k. Election Cycle Sum to Date			
		<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
					<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:		k. Election Cycle Sum to Date			
		<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
					<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:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 250.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 250.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from POLITICAL PARTY COMMITTEES

1. Name of Committee or Fund				2. ID Number		
<i>Florence Gatten Campaign</i>				<i>XVY 545</i>		
3. Contributor	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>	b. Account Number/Code	c. Form of Payment	d. Date <small>(mm/dd/yyyy)</small>	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 <small>(include city, state, and zip)</small>	b. Account Number/Code	c. Form of Payment	d. Date <small>(mm/dd/yyyy)</small>	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 <small>(include city, state, and zip)</small>	b. Account Number/Code	c. Form of Payment	d. Date <small>(mm/dd/yyyy)</small>	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 <small>(include city, state, and zip)</small>	b. Account Number/Code	c. Form of Payment	d. Date <small>(mm/dd/yyyy)</small>	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 <small>(include city, state, and zip)</small>	b. Account Number/Code	c. Form of Payment	d. Date <small>(mm/dd/yyyy)</small>	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 <small>(include city, state, and zip)</small>	b. Account Number/Code	c. Form of Payment	d. Date <small>(mm/dd/yyyy)</small>	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 <small>(only show on last page)</small>						\$ 0
<small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>						

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

1. Committee Full Name (and Fund if applicable) <i>Florence Gatten Campaign</i>	2. ID Number <i>XVY 545</i>
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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 \$
				\$
				\$

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	\$ <u>0</u>
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5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>	\$ <u>0</u>
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**Refunds & Reimbursements TO Committee**

1. Name of Committee or Fund		2. ID Number	
Florence Gatten Campaign		XVY 545	
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			\$
5. Total of ALL CRO-1240 Pages (only show on last page)			\$
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>			

**Other Receipt Sources**

<b>1. Name of Committee or Fund</b> <i>Florence Gatten Campaign</i>				<b>2. ID Number</b> <i>XVY 5HS</i>	
<b>3. Type of Receipt Source</b> <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	
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> <i>(mm/dd/yyyy)</i>	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> <i>(mm/dd/yyyy)</i>	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> <i>(mm/dd/yyyy)</i>	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> <i>(mm/dd/yyyy)</i>	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> <i>(mm/dd/yyyy)</i>	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>5. Total only this Page</b>				\$	
<b>6. Total of ALL CRO-1250 Related Pages</b> <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>					

**Disbursements**

<b>1. Name of Committee or Fund</b> <i>Florence Gatter Campaign</i>						<b>2. ID Number</b> <i>XVY 545</i>		
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1330 forms for each type of Disbursement.)</i>								
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> <i>(mm/dd/yyyy)</i>	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> <i>(mm/dd/yyyy)</i>	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> <i>(mm/dd/yyyy)</i>	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> <i>(mm/dd/yyyy)</i>	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, and zip)</i>			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> <i>(mm/dd/yyyy)</i>	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>5. Total only this Page</b>							\$	
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>							\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							<b>\$2,387.49</b>	
<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-3

Florence Gatten Campaign - - Disbursements (CRO-1310):					Page 1 of 2
<b>Line 4 - Payee</b>					
<b>a. Name, Address &amp; Phone</b>	<b>d. Purpose</b>	<b>e. Acct Code</b>	<b>f. Form</b>	<b>g. Date</b>	<b>h. Amount</b>
<b>Keystone Screen Printing, Inc.</b>					
9050 B1 W. Market St. Greensboro, NC 27235 (none)	signs	Ex.	Check	09/26/03	\$449.40
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j. Election Cycle Sum To Date</b>		
			\$449.40		
<b>a. Name, Address &amp; Phone</b>	<b>d. Purpose</b>	<b>e. Acct Code</b>	<b>f. Form</b>	<b>g. Date</b>	<b>h. Amount</b>
<b>Conference Resources Inc.</b>					
405 Battleground Ave., Suite 204 Greensboro, NC 27401 336-379-0603	campaign database	Ex.	Check	09/29/03	\$460.10
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j. Election Cycle Sum To Date</b>		
			\$774.10		
<b>a. Name, Address &amp; Phone</b>	<b>d. Purpose</b>	<b>e. Acct Code</b>	<b>f. Form</b>	<b>g. Date</b>	<b>h. Amount</b>
<b>Gate City Motors</b>					
300 N. Church St. Greensboro, NC 27401 336-274-0195	supplies (stapleguns, etc.)	Ex.	Check	10/01/03	\$229.87
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j. Election Cycle Sum To Date</b>		
			\$229.87		
<b>a. Name, Address &amp; Phone</b>	<b>d. Purpose</b>	<b>e. Acct Code</b>	<b>f. Form</b>	<b>g. Date</b>	<b>h. Amount</b>
<b>Marty Designs</b>					
P.O. Box 36 Climax, NC 27233 336-674-9399	host website(11/03-1/04)	Ex.	Check	10/12/03	\$105.00
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j. Election Cycle Sum To Date</b>		
			\$945.00		
<b>Line 5 Total This Page</b>					\$1,244.37

Disbursements-3

<b>Florence Gatten Campaign - - Disbursements (CRO-1310):</b>					Page 2 of 2
<b>Line 4 - Payee</b>					
<u>a. Name, Address &amp; Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
<b>Florence Gatten</b>					
3507 Smoketree Dr.	postage; supplies	Ex.	Check	10/12/03	\$643.12
Greensboro, NC 27410					
336-288-7820					
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j.Election Cycle Sum To Date</b>		
				\$1,606.63	
<u>a. Name, Address &amp; Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
<b>Hamburger Square Post</b>					
PO Box 9335	advertising	Ex.	Check	10/12/03	\$275.00
Greensboro, NC 27429					
336-275-3969					
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j.Election Cycle Sum To Date</b>		
				\$825.00	
<u>a. Name, Address &amp; Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
<b>Greensboro Times</b>					
21 Loney Circle	advertising	Ex.	Check	10/20/03	\$225.00
Greensboro, NC 27406					
336-273-0051					
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j.Election Cycle Sum To Date</b>		
				\$225.00	
<u>a. Name, Address &amp; Phone</u>	<u>d. Purpose</u>	<u>e. Acct Code</u>	<u>f. Form</u>	<u>g. Date</u>	<u>h. Amount</u>
		Ex.	Check		
<b>b. NA</b>	<b>c. NA</b>	<b>i. NA</b>	<b>j.Election Cycle Sum To Date</b>		
<b>Line 5 Total This Page</b>					<b>\$1,143.12</b>