

Disclosure Report Cover



| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input 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 |
| Tom Phillips Campaign | L2YL08 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 3008 Greensboro Dr. Greensboro NC 27408 | 4/26/04 |
| | e. Phone Number |
| | 336-288-9160 |

| | | | |
|----------------|-----------------------------------|---------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) | 5. Treasurer Full Name |
| 2004 | 1/1/2004 | 4/17/2004 | Thomas M. Phillips |

| | | | | |
|---|--------------------------------|---|---|---|
| 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 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 | 1st QTR |
| <input type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Special 1st QTR | <input type="checkbox"/> Final | RSPONT |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Special | |

| | | | |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| 10. Account Information | | 10. Account Information | |
| a. Financial Institution Full Name | b. Purpose | a. Financial Institution Full Name | b. Purpose |
| WALDOVIA | CHECKING | | |
| c. Code | d. Period Begin Balance | c. Code | d. Period Begin Balance |
| 0320 | \$ 5271.61 | | \$ |

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

Thomas M. Phillips
 Signature of Appointed Treasurer

4/26/04
 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 type="checkbox"/> No |

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|---|-----------------------------|---------------------------|--|
| Tom PHILLIPS CAMPAIGN | YEAR END | L24208 | |
| Start of Election Cycle: January 1, 2004 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 5271.61 | \$ 5271.61 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 0 | \$ 0 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 0 | \$ 0 | |
| 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) | \$ 0 | \$ 0 | |
| EXPENDITURES | | | |
| 14) Disbursements (CRO-1310) | | | |
| 14a) Operating Expenditures (CRO-1310) | \$ 250.00 | \$ 250.00 | |
| 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) | \$ | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18) | \$ 5021.61 | \$ 5021.61 | |
| 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 | \$ | \$ | |

Disbursements

Amendment
 Yes No

| | | | | | |
|---|--------------------|---|---|---|--|
| 1. Committee Full Name (and Fund if applicable) Tom PHILLIPS CAMPAIGN | | | | 2. ID Number L2Y208 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) GREENSBORO'S BRASS BRONZE STATUE 40 GREENSBORO FIRE DEPT | | | b. Coordinated Committee Name | | d. Comments DONATION |
| | | | 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 \$ 250.⁰⁰ |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| 0320 | CHECK | DONATION | 3/30/2004 | \$ 250.⁰⁰ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | 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. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | 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. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 250.⁰⁰ | |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | \$ 250.⁰⁰ | |