

# 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.

<b>1. Committee Information</b>		c. ID Number
a. Full Name Tom Southern For NC House		
b. Mailing Address (include City, State and Zip Code) P.O. Box 573 Walkertown, NC 27051		d. Date Filed
		e. Phone Number 336-595-3291

2. Report Year 2004	3. Period Start Date (mm/dd/yyyy) July 23, 2003	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name Pamela B. Tuttle
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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 checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input checked="" type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input type="checkbox"/> NC Presidential Election Year Candidates Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Special	<input type="checkbox"/> Final
<input type="checkbox"/> Other:			<input type="checkbox"/> Special
		<b>9. Special Report Name</b>	

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name Lexington State Bank		a. Financial Institution Full Name Lexington State Bank	
b. Purpose All Campaign Expenses	c. Code 1	b. Purpose	c. Code
Checking - For receipts and expenses			
d. Period Begin Balance \$ 100.00		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.

Pamela B. Tuttle                      Pamela B. Tuttle                      07/23/2003  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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	
TOM SOUTHERN FOR NC HOUSE		ORGANIZATIONAL			
Start of Election Cycle: January 1, 2003		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 949.00		\$ 949.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 500.00		\$ 500.00	
6) Contributions from Individuals (CRO-1210)		\$ 449.00		\$ 449.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 1,745.12		\$ 1,745.12	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
<b>11) Other Receipt Sources (CRO-1250)</b>					
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)		\$ 2,694.12		\$	
<b>EXPENDITURES</b>					
<b>14) Disbursements (CRO-1310)</b>					
14a) Operating Expenditures (CRO-1310)		\$		\$	
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-1520)		\$		\$	
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)		\$ 3,643.12		\$	
<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)		\$ 1,745.12		\$	
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. Committee Full Name (and Fund if applicable) <b>Tom Southern For NC House</b>						2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John T. Stewart 336-996-4683 2008 Portia Lane Kernersville, NC 27284			Retired			
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ 199.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		8/26/03	\$ 199.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William H. Roberts 3116 Burkeshore Rd. 336-727-1372 Winston-Salem, NC 27106			Retired			
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/13/2003	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 449.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 449.00	

# Loan Proceeds

1. Committee Full Name (and Fund if applicable) <b>Tom Southern For NC House</b>				2. ID Number	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Tom Southern P.O. Box 573 Walkertown, NC 27051</b>			b. Job Title/Profession <b>Retired</b>		d. Comments
			c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy) <b>09/10/2003</b>
					f. End Date (mm/dd/yyyy) <b>12/21/2003</b>
g. Rate <b>0 %</b>	h. Security Pledged	i. Account Code	j. Form of Payment <b>check</b>		k. Amount <b>\$1,745.<sup>12</sup></b>
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage <b>%</b>		e. Amount <b>\$</b>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage <b>%</b>		e. Amount <b>\$</b>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage <b>%</b>		e. Amount <b>\$</b>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage <b>%</b>		e. Amount <b>\$</b>
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					<b>\$1,745.<sup>12</sup></b>