Statement of Organization - Candidate Committee

Amendment	ali ta afanagagara	1.
☐ Yes		io

1. Committee Infor	mation					
a. Full Name				c. ID Number		
BOB PARKER CAMPAIGN						
b. Mailing Address (inc	lude City, State and Zip Code)			d. Date Organi	ized	
313 BEECH CLIFF			02-04-2004			
W-5	W.C. 2710)4		e. Phone Number		
\sim \sim \sim				336) 76	8-1832	
2. Candidate Infor	mation	Candidate's Primary Committee				
a. Full Name		c. Candidate ID Number	r	d. Party Affilia	ition	
	5. (BOB) PARKER				NADI	
	lude City, State, and Žip Code)	e. Office Sought			f. Jurisdiction	
313 BE	ECHCLIFF CT.	COUNT	/		DISTRICT	
<	N.C. 27104	COMMISSIONER B				
W - 3,	1012. 21.01	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)				
3. Treasurer Inform	nation	4. Custodian of Boo				
a. Full Name						
	(BOB) PARKER	ROBERT S. (BOB) PARKER				
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)				
313 BEE	CHCLIFF CT	313 BEACHCLIFF CT				
W-S,	N.C. 27104	W-5, N.C. 27104				
	d. Email Address		d. Email Addr			
768-1832	boparker putub mc. edu	768-1832				
		6. Account Information (incl. CRO-3500)				
a. Fuil Name	☐ Remove	a. Financial Institution Full Name Remove				
NAF		FIRST CITIZENS BANK				
b. Mailing Address (inc	iude City, State, and Zip Code)	b. Purpose				
		CAMPAI	6N .	su ppo	PRT	
c. Phone Number	d. Email Address	c. Code	d. Type			
•						
CERTIFICATION	<u> </u>					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled						
with funds for a fe	deral or out-of-state PAC. I further say th	at this report is comp	lete, true an	d correct.		
ROBERT S. (BOB) PARKER Roberthal 4-5-04						
	3_3_	Printed Name of Signer Signature of Appointed Treasurer Date				

CRO-2100A

NC State Board of Elections

May 2003



tate Board of Election 506 N Hamington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:	040	000450	0 0 00 0	ATC
Committee Name:		MARNER	MINI	イナシス
Treasurer Name:	KOBERT	5. (BOB) PAKK	ER
Treasurer Address:	313 1	3 巨 ECH C	LTFF C	<u> </u>
(include city, state, & zip)	W-5	N.C.	271	04
	 	,	· · · · · · · · · · · · · · · · · · ·	
Treasurer Phone:	36)76	8-183	2	·-
I certify that the information for the above named Communication accounts, money market of Committee.	mittee. These account	numbers include all bank	accounts utilized, cr	edit card
The information provided The information provided a court of competent jurisc provide account informatic confidentiality of the acco	would only be used for liction. It will be neces on on required disclosu	the purposes of an audi sary to assign each account are reports. If an account	t or investigation or a unt number a "code"	s required by in order to
	nancial Institution	Address	Account Number	Code
CHECKING G	TRST TIZENS BANK	RALEIGH, N.C.		FC
By signing this statement, provided.	I authorize agents of th	ne State Board of Electio	ns to inspect all accou	unts
1 - 5 - 0 4 Date Signed		Role	Signature of Treasurer	<u></u>



506 N Harrington Street

Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

FILED BY:	
Candidate Name:	ROBERT S. (BOB) PARKER
Treasurer Name:	ROBERT S. (BOB) PARKER
Treasurer Address:	313 BEECHCLIFF QT
(include city, state, & zip)	W-5, N.C. 27104
Treasurer Phone:	336) 768-1832

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

4 -5 -0 4 Date Signed

Signature of Candidate