

Disclosure Report Cover

Amendment

☐ Yes

☒ No

COPY

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.

I. Committee Information

a. Full Name BOB PARKER CAMPAIGN	c. ID Number 3941
b. Mailing Address (include City, State and Zip Code) 313 BEECHCLIFF CT W-S, N.C. 27104	d. Date Filed 4-5-04
	e. Phone Number 336 768-1832

2. Report Year 2004	3. Period Start Date (mm/dd/yyyy) 02/06/2004	4. Period End Date (mm/dd/yyyy) 04/05/2004	5. Treasurer Full Name ROBERT S. PARKER
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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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	9. Special Report Name		
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			

10. Account Information		10. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose CHECKING FOR BOB PARKER CAMPAIGN	c. Code	b. Purpose	c. Code
d. Period Begin Balance \$ 1,405.85		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.

ROBERT S. PARKER *Robert S. Parker* **04/05/2004**
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>4-12-04</u>	Employee: <u>Judy Speas</u>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: <u>4-7-04</u>	Employee: <u>Judy Speas</u>	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		2. ID Number	
BOB PARKER CAMPAIGN		ORGANIZATIONAL		394	
Start of Election Cycle: January 1, 2004		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1405. ⁸⁵		\$ 1405. ⁸⁵	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$	
6) Contributions from Individuals (CRO-1210)		\$ 0		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$	
9) Loan Proceeds (CRO-1410)		\$ 10,000. ⁰⁰		\$ 10,000. ⁰⁰	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$ 0		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 10,000. ⁰⁰		\$ 10,000. ⁰⁰	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 176.50		\$ 176.50	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$	
15) Loan Repayments (CRO-1420)		\$ 0		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 176.50		\$ 176.50	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 11,229. ³⁵		\$ 11,229. ³⁵	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum		\$ 0		\$ 0	

Disbursements

Pg ____ of ____ Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN				2. ID Number 3941	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Forsyth Co. Bd of Elections 201 W. Chestnut St. W-S, N.C. 27101			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date \$ 26.50		
f. Account Code 1	g. Form of Payment Check	h. Purpose Voting Records	i. Date (mm/dd/yyyy) 3-19-04	j. Amount \$ 26.50	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) First Computer Services 2240 SUNDERLAND RD. 51 N W-S, N.C. 27103			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date \$ 150.00		
f. Account Code	g. Form of Payment Check	h. Purpose Voting Records Data Analysis	i. Date (mm/dd/yyyy) 4-2-04	j. Amount \$ 150.00	
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 \$	
				\$	
5. Total only this Page				\$ 176.50	
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>				\$ 176.50	

CRO-1310

NC State Board of Elections

March 2003

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

BOB PARKER CAMPAIGN

- Person lending money to committee (Lender):

ROBERT S. (BOB) PARKER

- Date of loan to committee: 2-6-2004

- Name of lending institution and account number (source): CHECKING
STATE EMPLOYEES CREDIT UNION 08605819744

- Amount of loan: \$10,000.⁰⁰

- Names of all parties responsible for payment of loan (guarantors):

ROBERT S. (BOB) PARKER

- Period of loan: NO SET PERIOD

- Rate of interest of loan: 0

- Security pledged for loan: NA

I, ROBERT S. PARKER, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Robert S. Parker

Signature of Lender

Robert S. Parker

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds

Amendment
Pg ____ of ____ ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN				2. ID Number 3941	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT S. PARKER 313 BEECHCLIFF CT. W-S, N.C. 27104 (336) 768-1832		b. Job Title/Profession VICE PRESIDENT		d. Comments	
		c. Employer's Name/Specific Field N.C. BAPTIST HOSP.		e. Start Date (mm/dd/yyyy) 2-6-04	
				f. End Date (mm/dd/yyyy)	
g. Rate 0%	h. Security Pledged NA	i. Account Code NA	j. Form of Payment NA	k. Amount \$10,000.00	
l. Full Name of Lending Institution ROBERT S. PARKER				m. Loan Number NA	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NA		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 10,000.00	