Disclosure Report Cover		•	Yes No		
Please note that this cover sheet cannot be	used to amend	committee information	such as the committee add		
Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasure 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 Adden	dum form (CR	O-1010) if more entries	are needed.		
1. Committee Information		_			
a. Full Name			c. ID Number		
1502 PARKER	C A	MPAIG	V X6YOW7		
b. Mailing Address (include City, State and Zip Cod	c)		d. Date Filed		
313 BEECHCLI	FF C	T	4-26-04		
W-5, N.C. 2	7104		c. Phone Number		
2. Report Year 3. Period Start Date (mm/dd/yyy)	1) 4 Period F	nd Date (mm/dd/yyyy)	336768-1832		
	, teriou E	ad Date (minutaryyyy)	Treasurer Full Name		
200 4 04-06-2004 6. Type of Committee (Check one)	8. Type of Repor	17-04 /	OBERT S. (BOB) PARKER		
Candidate Campaign Party	Municipal	State/County	of report from one calegory)		
☐ Joint Fundraiser ☐ PAC	Organization		Referendum		
Referendum	Thirty-five d		aal Organizational ☐ Pre-referendum		
7. Type of Fund (if applicable, check one)	Pre-primary	First P	1		
Soft Money Account	Pre-election	Second	(<u> </u>		
Booster Fund"	Pre-runoff	Third I	C cabbicinetta t mar		
Building Fund	Semi-annual	Fourth	Special		
NC Political Party Financing Fund	Mid Yea	ır Semi-annual	- openia		
Presidential Election Year Candidates Fund	Year En	d Mid Yo	ar 9. Special Report Name		
NC Public Campaign Financing Fund	Final	Year E			
Other:	Special Special	Final	2		
10.		Special			
10. Account Information 2. Financial Institution Full Name		10. Account Informa			
4. Plandelit Institution Pail Name		a. Financial Institution Fu	Il Name 200		
FIRST CITIZENS B. Purpose C. Code	ANK				
o. Purpose c. Code		b. Purpose	c. Code < 🙄 😗		
CHECKENG-for 1			2: 2: E		
receipts L d. Period Begin	Balance		d. Period Begin Balance		
expenses 1511,2	29.35		S		
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are committeed with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
ROBERT S PARKER All (B) Pale 55 04 Printed Name of Signer Signature of Appointed Treasurer					
	Sign	ature of Appointed Treasure			
OR OFFICE USE ONLY					
Date Received: 4-29-04	Employe	ee: Judy Speas	Delivery Method Normal Mail		
Date Postmarked: 4-27-04	Employe	e: Judy Spe	Registered Mail Hand Delivered		
Date Scanned:	Employe	00 (☐ Hand Delivered ☐ Electronically Filed		

Disclosure Report Cover

Amendment

I. Committee Full Name (and Fund if applicable)	2. Type of F	leport	2. ID Number
Bob-Parker Campaign	2004	FTAKST	X6YOW7
Start of Election Cycle: January 1, 2004	Ł.	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$11,229.3	
RECEIPTS	-		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	s 500.°	\$ 500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	s	\$
9) Loan Proceeds	(CRO-1410)	\$.	\$ 1000000
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 103	. 8 1.07
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	Š
11c) Outside Sources of Income	(CRO-1250)	\$	s
12) "Goods and Services" Contributions	(CRO-1260)	\$	s
13) TOTAL RECEIPTS		s 501.93	\$ 10 501 03
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12) EXPENDITURES		301.	\$ 10,501.
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 885 %	
14b) Contributions to Candidates/Political Committees		7,4-	\$ 1061, 59
14c) Coordinated Party Expenditures	(CRO-1310)	\$	_ \$ \$
15) Loan Repayments	(CRO-1420)	s	- s
16) Refunds/Reimbursements From the Committee		\$	
17) In-Kind Contributions	(CRO-1519)	\$	\$
18) TOTAL EXPENDITURES	(1000		
(Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 8825.00	s 1061. Fe
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$10845 35	\$ 10 0/15 38
ADDITIONAL INFORMATION			10 843.
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	s 10.000 °C	2
22) Debts and Obligations owed By the Committee	(CRO-1610)	s	
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)	S	\$ /
27) 48-Hour Notice Reports Sum		\$	\$
CRO-1100 NC State Board	of Elections		March 2003

Disburse	ements		P	g of _	····-	Amendment	
1. Committee F	ull Name (and Fund if applica			2.1	D Number		
BOT	BARKE	1PAIGN 3941					
3. Type of Di		s for each type of D	isbursement)				
Operating E		butions to Candidates/Polit	-		ated F	arty Expenditures	
4. Payee Info				move	.,		
	ailing Address & Phone		b. Coordinated C	Committee Name	d. (Comments	
(include city,	Baptist cal Cert	Horse	_				
0	3000		c. Level Registere		-		
meel	icalled	en is live	Federal State	County: Municipality:	-	lection Cycle Sum to Date	
111-5	, N.C. 2	710-	J. State	State Municipality: e. Election C			
	1	115/			\$	555.00	
f. Account Code	g. Form of Payment	in. Purpose		i. Date (mm/dd/yy	yy)	j. Amount	
1	Check	STAMPS	-	4-7-0	f	\$ 555 00	
			· .			s	
4. Payee Infor	mation		Add Remove				
	iling Address & Phone		b. Coordinated Committee Name			d. Comments	
(include city, st	ate, & zip)						
nil	Li Kumla	ب ا					
	gues St.	and 4	c. Level Registered	County:	ł		
0 - 2000			State Municipality:		e. Election Cycle Sum to Date		
wright	wrightsville Beach, n.C.				\$		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy)	y)	j. Amount	
	Check	Stuff Emillo	مده	4-11-0	,	\$ 330,00	
			V			\$	
4. Payee Inform	nation		Add Remove				
	2. Full Name, Mailing Address & Phone			mmittee Name	d. Comments		
(include city, sta	te, & zip)						
						•	
·		c. Level Registered (Specify) Federal County:					
				State Municipality: e. Election Cycle Su			
					\$		
L Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyy	y)	j. Amount	
					-	\$	

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

\$

\$

	tributions i	from Individua	als		of -		Yes	L_ No
1. Com	mittee Full Name (2	nd Fund if applicable)				2. ID Nu	mber	
3	oh Pa	ber Ca	many	<u> </u>			39	41
1	ntributor Inform		' [move	·		
	Name, Mailing Addi ade city, state, & zip			b. Job Title/Profe	ssion	d. Comn	nents	
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DY	u.g. L.		28	c. Employer's Nat	me/Specific Field	ĺ		
7	601 R	egnold	WA.		* i	e. Electio	n Cycle S	ium to Date
l	U-S,	\mathcal{N} . C. α				\$	2	(X)
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	y) [c. A	mount	
		cleek			4-7-0	4 \$	-	800. do
						\$		
						\$	<u></u> -	
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1	de city, state, & zip)	-, 		FINA	NCE			
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2	538 Cou	سكتم ها	Lon.			٠		
	-5 1)	C. 57104	<u>.</u>	BB 2-	ł	e. Electio	n Cycle S	um to Date
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	1	Check	i. ia-kriid Descrip		4-12-C	1		
	1	Check	i. ia-kiid Descrip		4-12-C)4 s		
] tributor Informs	Check		Add Ren	4-12-C	\$ s	2	
3. Cont	tributor Informs	Check			4-12-C)4 s	ents	00.
3. Cont] tributor Informs	Check		Add Ren	4-12-C	\$ s	ents	00.
3. Cont	tributor Informs	Check		Add Ren	4-12-C	\$ \$ \$	ents	00.
3. Cont	tributor Informs	Check		Add Ren	4-12-C	4 S S S D C C C C C C C C C C C C C C C C	2004 APR	FORSY
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3. Cont	tributor Informs	check ation ass & Phone		Add Ren b. Job Title/Profes c. Employer's Nan	4-12-C	d. Comm	ents 2001	PORS was constituted as a second seco
3. Cont	tributor Informs ame, Mailing Addre le city, state, & zip)	check ation ass & Phone		Add Ren b. Job Title/Profes c. Employer's Nan	4-12-C	4 S S Comm	ents 7501 h	FORS Yum (FORte
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Other Rec	eipt Sources		Pg	of	{	Amendment Yes No
1. Committee Full	Name (and Fund if applicable	le)			2. ID	Number
Bol	Parkin	Campa	rign		Χ	6YOW7
3. Type of Rec	eipt Source (Please use so	eparate CRO-1230 forms	for each type of Rea	eipt Source.)		
Interest	Contribu	utions from Not-for-Profit			ource	of Income
4. Contributor	Information			nove		<u> </u>
a. Full Name, Mai	ling Address & Phone	299 6977	b. Not-for-Profit i	Federal ID#	d. Co	omments
(include city, sta	110, & zip) 1-888-3 - Cityens - 307 27 13	125-4152 Bank 31	c. Outside Source	exton		NA
			cena		e. Ele	ection Cycle Sum to Date
Rale	ugh, 11.	2.27611	accor	met !	\$	1.02
f. Account Code	g. Form of Payment	h. In-Kind Description	α	i. Date (mm/dd/yyy	y) .	j. Amount
1	Butterest	NA	4	4-5-0	4	\$ 1.03
						\$
4. Contributor	Information		Add Ren	nove		
	ling Address & Phone		b. Not-for-Profit I	Federal ID#	d. Co	mments
			c. Outside Source		e. Ele	ection Cycle Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description	<u> </u>	i. Date (mm/dd/yyy	ווע	i. Amount
I. Account Code	g. rorm or rayment	u. In-Rand Description		<i>a bate</i> (====,3,7,	"	\$
						\$.
4. Contributor	Information		Add Re	nove	•	
	ling Address & Phone		b. Not-for-Profit		đ. Co	mments
(include city, sta	ite, & zip)	<u> </u>				
			c. Outside Source	Explanation		
				• •	e. El	ection Cycle Sum to Date
			.]	-	\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	R	i. Date (mm/dd/yyy	y)	j. Amount
						\$
						\$

5. Total only this Page

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

\$

\$

Outstanding Loans Pg of Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number
BOT	3 PARKER CAMI	P	47	-6N	XGYOW7
3. Lender I	nformation [Ade	d .	Remove	
a. Fuli Name,	Mailing Address & Phone	b. J	ob Ti	tle/Profession	d. Comments
(include city	y, state, & zip)	_	Ht	EALTH .	
ROBE	RTS. (BOB) PARKER PEECHCLIFF UT.			ARE	e. Start Date (mm/dd/yyyy)
W 122	OFFICE	c. E	mploy	er's Name/Specific Field	
13/3	, DECHELLE CI,	1	40	SPITAL	2-6-04
	S, N.C. 27104	۱ ،	, –	/ T · ·	f. End Date (mm/dd/yyyy)
W-	3, N.C. 5/107	<i> </i>	71) M-	
g. Rate	h. Security Pledged	<u> </u>	i. Or	iginal Loan Amount	j. Remaining Loan Balance
0 %	NA		\$	10,000	\$ 10,000
k. Fuli Name (of Lending Institution				l. Loan Number
ROBE	AT S. (BOB) PARKE	2			NA
3. Lender I		Add	j į	Remove	
	Mailing Address & Phone	b. Jo	ob Tit	le/Profession	d. Comments
(include city	y, state, & zip)				
		1			e. Start Date (mm/dd/yyyy)
		c. Eı	mploy	er's Name/Specific Field	C. Start Date (mind day);;;)
					f. End Date (mm/dd/yyyy)
		ļ			
g. Rate	h. Security Pledged		i. Or	iginal Loan Amount	j. Remaining Loan Balance
%			s		\$
k. Full Name o	of Lending Institution			,	l. Loan Number
3. Lender I	nformation	Add	i [Remove	
	Mailing Address & Phone	b. Jo	d Tit	le/Profession	d. Comments
(include city	, state, & zip)	1		•	
		1			e. Start Date (mm/dd/yyyy)
		c. Eı	mploy	er's Name/Specific Field	
					f. End Date (mm/dd/yyyy)
		L_,	Y		
g. Rate	h. Security Pledged		i, Or	iginal Loan Amount	j. Remaining Loan Balance
%			\$		\$
k. Full Name o	of Lending Institution				I. Loan Number
4. Total o	nly this Page	\$			
5. Total of ALL CRO-1430 Pages				6	
(This line must be on line 21 of Detailed Summary Page CRO-1100)					\$