

# 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.

## I. Committee Information

a. Full Name	c. ID Number
BOB PARKER CAMPAIGN	X6YOW7
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
313 BEECH CLIFF CT. W-S, N.C. 27104	10-18-04
	e. Phone Number
	(336) 768-1832

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2004	07/01/04	10/16/04	ROBERT S. (BOB) PARKER

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"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third Plus	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> 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	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Code	b. Purpose	c. Code
CHECKING FOR RECEIPTS AND EXPENSES	FC		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 15,123.58		\$

**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. (BOB) PARKER *Robert S. (Bob) Parker* 10-18-04  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 10-21-04 Employee: *Judy J. Spens* Delivery Method  Normal Mail

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  Registered Mail

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  Hand Delivered

Electronically Filed

# Detailed Summary

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number	
BOB PARKER CAMPAIGN	2004 THIRD QUARTER	X6Y0W7	
Start of Election Cycle: January 1, 2004	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 15123.58	\$ 1405.85	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 625.00	\$ 11788.00	
6) Contributions from Individuals (CRO-1210)	\$ 850.00	\$ 6700.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ 10000.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 3.10	\$ 6.04 <sup>00</sup>	
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)	\$ 1478.10	\$ 28994.04	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 1087.86	\$ 14886.07	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$ 10,000.00	\$ 10,000.00	
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)	\$ 11087.86	\$ 24886.07	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 5513.82	\$ 5513.82	
<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)	\$		
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	\$	\$	

# Aggregated Contributions from Individuals

Amendment

 Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number
BOB PARKER CAMPAIGN						X6Y0W7
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		7-7-04	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	n	h		7-8-04	\$ 20	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		7-5-04	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		7-6-04	\$ 100	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	h	11		7-14-04	\$ 30	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		7-10-04	\$ 100	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		7-14-04	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		7-13-04	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		8-1-04	\$ 100	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		8-16-04	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	11	11		8-31-04	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 625. <sup>00</sup>	
5. Total of ALL CRO-1205 Pages					\$ 625. <sup>00</sup>	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment  
 Pg \_\_\_ of \_\_\_  Yes  No

1. Committee Full Name (and Fund if applicable) <b>BOB PARKER CAMPAIGN</b>						2. ID Number <b>X6Y0W7</b>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Yvonne L. Hanson 610 Ravenscroft W-S, N.C. 27104</b>				b. Job Title/Profession <b>EDUCATION</b>		d. Comments	
				c. Employer's Name/Specific Field <b>PROFESSOR EDUCATION TEACHING</b>		e. Election Cycle Sum to Date \$ <b>400.00</b>	
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		7-6-04	\$ <b>400.00</b>		
<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>DOUG MIYAZAKI 3962 HUDDINGTON CT. W-S, N.C. 27106</b>				b. Job Title/Profession <b>DOCTOR</b>		d. Comments	
				c. Employer's Name/Specific Field <b>HEALTH CARE DOCTOR'S OFFICE</b>		e. Election Cycle Sum to Date \$ <b>200.00</b>	
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		6-29-04	\$ <b>200.00</b>		
<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>Meg Malloy 1028 Amber Ct. Carrboro, N.C. 27510</b>				b. Job Title/Profession <b>Administrative</b>		d. Comments	
				c. Employer's Name/Specific Field <b>Health Care Prevention Center</b>		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"/>	1	CHECK		8-6-04	\$ <b>250.00</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ <b>850.00</b>		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <b>850.00</b>		

**Other Receipt Sources**

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
BOB PARKER CAMPAIGN						X6YOW7	
<b>3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)</b>							
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income							
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
FIRST CITIZENS BANK P.O. BOX 27131 RAHEIGH, N.C.				NA			
				<b>c. Outside Source Explanation</b>		<b>e. Election Cycle Sum to Date</b>	
				INTEREST ON CHECKING ACCOUNT		\$ 6.04	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>		<b>j. Amount</b>		
FC	DIRECT DEPOSIT OF INTEREST	NA	7-6-04 1.21		\$ 3.10		
			8-4-04 95				
			9-3-04 95				
			10-5-04 49				
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
				<b>c. Outside Source Explanation</b>		<b>e. Election Cycle Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>		<b>j. Amount</b>		
					\$		
					\$		
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
				<b>c. Outside Source Explanation</b>		<b>e. Election Cycle Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>		<b>j. Amount</b>		
					\$		
					\$		
<b>5. Total only this Page</b>						\$ 3.10	
<b>6. Total of ALL CRO-1250 Pages</b>						\$ 3.10	
(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) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)							

**Disbursements**

Page      of      Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
BOB PARKER CAMPAIGN				X6Y0W9	
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Jon Hoham 2967 Kedron Ct W-S, N.C. 27106					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 400.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	Distribute up-d signs	7-9-04	\$ 400.00	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Mary Beth Parker 313 Beechcliff Ct W-S, N.C. 27104					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 98.08
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	Invitation for her off	7-21-04	\$ 98.08	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
<del>Bob Parker 313 Beechcliff Ct. W-S, N.C.</del>					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
<del>1</del>	<del>CHECK</del>	<del>Payment</del>	<del>7-22-04</del>	<del>\$ 100.00</del>	
				\$	
<b>5. Total only this Page</b>				\$ 498.08	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 1087.86	
<small>(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)          (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BOB PARKER CAMPAIGN				X6Y0W7	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<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)			b. Coordinated Committee Name		d. Comments
Jon Holan 2967 Kedron Ct. W-S, N.C. 27106					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 600.00
c. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	CLEAN UP YARD/BOARD SIGNS		7-27-04	\$ 200.00
					\$
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
NCBH Medical Center Blvd W-S, N.C. 27157					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,025.00
c. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	4000 COPIES		8-4-04	\$ 100.00
					\$
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
Sun Printing Co. Inc. P.O. Box 10717 W-S, N.C. 27108					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,427.56
c. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	MAGNETS		8-9-04	\$ 289.78
					\$
5. Total only this Page					\$ 589.78
6. Total of ALL CRO-1310 Pages					\$ 1087.86
(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) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

# Loan Repayments

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BOB PARKER CAMPAIGN				X6Y0W7	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
BOB PARKER 313 BEECH CLIFF CT W-S, N.C. 27104					
				c. Original Loan Date	
				2-6-04	
				d. Original Loan Amount	
				\$ 10,000. <sup>00</sup>	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0	FC	CHECK	7-22-04	\$ 10,000. <sup>00</sup>	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 10,000	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 10,000	