

10-16-04 \$ 5513.82

COPY

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms

Do not use this form to update information

1. Committee Information				
a. Full Name			c. ID Number	
BOB PARKER CAMPAIGN			X6Y0W7	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
313 BEECHCLIFF CT. W-S, N.C. 27104			4-30-08	
			e. Phone Number	
			336 768-1832	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2008	10-17-04	4-19-08	BOB PARKER	
6. Type of Committee (Check One)		9. 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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
11. Account Information				
a. Financial Institution Full Name				
STATE EMPLOYEES CREDIT UNION				
b. Purpose			c. Account Code	
CAMPAIGN FINANCES			1	
			d. Period Begin Balance	
			\$ 5513.82	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections				
BOB PARKER		Bob Parker		4-30-08
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	4-30-08	Employee:	Judy Spears	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
Please Note: This form 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 committee changes.				

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
BOB PARKER CAMPAIGN		X670W7	
Start of Election Cycle: January 1, 2005	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 5512.82	\$ 5512.82	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 181.22	\$ 181.22	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 181.22	\$ 181.22	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 362.44	\$ 362.44	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 181.22	\$ 181.22	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 500.00	\$ 500.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 362.44	\$ 362.44	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1043.66	\$ 1043.66	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4832.60	\$ 4832.60	
ADDITIONAL INFORMATION			
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 (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

add in

Contributions from Individuals

Pg ____ of ____ Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BOB PARKER CAMPAIGN						XG YOW 7	
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	
BOB PARKER 313 BEECHCROFT CT W-S, N.C. 27104				HEALTH ADM			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N.C. BAPT. HOSP ADMINISTRATION		\$ 181.22	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CHECK	FILED FEE	2-14-08	\$ 181.22		
<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 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"/>					\$		
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 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						\$ 181.22	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

Refunds/Reimbursements To the Committee

Pg ____ of ____ Amendment Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BOB PARKER CAMPAIGN					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FORSYTH COUNTY BOARD OF ELECTIONS 201 N. CHESTNUT ST. W-S, N.C. 27101			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		Filing FEE
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		2-14-08
					i. Original Expenditure Amt
					\$ 181.22
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$ 181.22	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
	CHECK	FILENG FEE	3-3-08	\$ 181.22	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1240 Pages				\$	
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
BOB PARKER CAMPAIGN		X670W7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BOB PARKER 317 BEECH CLIFF CT W-S, N.C. 27104		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 181.22
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE		2-14-08	\$ 181.22
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
FORSYTH COUNTY BOARD OF ELECTIONS 201 N. CHESTNUT ST. W-S, N.C. 27101		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	FILING FEE
			d. Election Sum to Date
			\$ 181.22
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE		3-3-08	\$ 181.22
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures

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) BOB PARKER 313 BEECH CLIFF COURT W-S, N.C. 27104				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 Sum to Date \$ 181.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	H	2-15-08	\$ 181.22	FILING FEE	
				\$		
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 Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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 Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X640W7
---	-------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)		
<input type="checkbox"/> Operating Expenses	<input checked="" 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) DAVID PLYLER CAMPAIGN KERNERSVILLE, N.C.	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 Sum to Date \$ 181,22

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CITECK	D	3-24-08	\$ 500.00	CONTRIBUTION
				\$	

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 Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

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 Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page	\$
-------------------------	----

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>	\$
---	----

7. Purpose Codes (List detailed expenditure code in (h) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (k)			