

Disclosure Report Cover

COPY

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 BOB PARKER CAMPAIGN		c. ID Number X6Y0W7
b. Mailing Address (include City, State and Zip Code) 313 BEECHCLIFF CT W-S, N.C. 27104		d. Date Filed 07-06-04
		e. Phone Number 336-768-1832

2. Report Year 2004	3. Period Start Date (mm/dd/yyyy) 04-18-04	4. Period End Date (mm/dd/yyyy) 06-30-04	5. Treasurer Full Name 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	Municipal		
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First Plus	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose CHECKING FOR RECEIPTS & EXPENSES	c. Code 1	b. Purpose	c. Code
d. Period Begin Balance \$10,845.38		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. (BOB) PARKER *Robert S. (Bob) Parker* **7-6-04**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>7-6-04</u>	Employee: <u>Judy Speas</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
		<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

Detailed Summary

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
BOB PARKER CAMPAIGN	2004 SECOND QUARTER	X6Y0W17	
Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 10,845.38	\$ 1405.85
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 11313	\$ 11313
6) Contributions from Individuals (CRO-1210)		\$ 5350	\$ 5850
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$ 500. ⁰⁰	\$ 500. ⁰⁰
9) Loan Proceeds (CRO-1410)		\$	\$ 10,000. ⁰⁰
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)		\$ 1.91	\$ 2.94
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)		\$ 17164.91	\$ 27665.94
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 12,736.71	\$ 13,798.21
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
14c) Coordinated Party Expenditures (CRO-1310)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
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)		\$ 12,736.71	\$ 13,798.21
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 15,273.58	\$ 15,273.58
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 10,000. ⁰⁰	
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

Page _____ of _____

Amendment Yes No

1. Committee Full Name (and Fund if applicable) Bob Parker Campaign	2. ID Number X6Y0U7
--	--

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add		check		4-27-04	\$ 300.00
<input type="checkbox"/> Remove	+	check		4-27-04	\$ 200.00
<input type="checkbox"/> Add		check		4-28-04	\$ 500.00
<input type="checkbox"/> Remove	+	check		4-28-04	\$ 500.00
<input type="checkbox"/> Add	1	check		4-26-04	\$ 100.00
<input type="checkbox"/> Remove	1	11		4-29-04	\$ 100.00
<input type="checkbox"/> Add	1	11		4-28-04	\$ 50.00
<input type="checkbox"/> Remove	1	11		4-29-04	\$ 25
<input type="checkbox"/> Add	1	11		4-27-04	\$ 25
<input type="checkbox"/> Remove	1	11		4-29-04	\$ 100
<input type="checkbox"/> Add	1	11		4-28-04	\$ 100
<input type="checkbox"/> Remove	1	11		4-27-04	\$ 50
<input type="checkbox"/> Add	1	11		4-29-04	\$ 25
<input type="checkbox"/> Remove	1	11		4-28-04	\$ 75
<input type="checkbox"/> Add	1	11		4-28-04	\$ 100
<input type="checkbox"/> Remove	1	11		4-27-04	\$ 100
<input type="checkbox"/> Add	1	11		4-27-04	\$ 50
<input type="checkbox"/> Remove	1	11		4-27-04	\$ 100
<input type="checkbox"/> Add	1	11		4-29-04	\$ 100
<input type="checkbox"/> Remove	1	11		4-29-04	\$ 50
<input type="checkbox"/> Add	1	11		4-30-04	\$ 50
<input type="checkbox"/> Remove	1	11		4-30-04	\$ 50
<input type="checkbox"/> Add	1	11		4-30-04	\$ 50
<input type="checkbox"/> Remove	1	11		4-30-04	\$ 50

4. Total only this Page	\$ 350.00
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 350.00

1350

Aggregated Contributions from Individuals

Page _____ of _____

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable) Bob Parker Campaign	2. ID Number 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	1	Check		4-30-04	\$ 100	
<input type="checkbox"/> Remove	1			4-30-04	\$ 100	
<input type="checkbox"/> Add	1			4-28-04	\$ 50	
<input type="checkbox"/> Remove	1			4-28-04	\$ 30	
<input type="checkbox"/> Add	1			4-30-04	\$ 20	
<input type="checkbox"/> Remove	1			5-1-04	\$ 75	
<input type="checkbox"/> Add	1			4-27-04	\$ 150	
<input type="checkbox"/> Remove	1	 		4-28-04	\$ 250	
<input type="checkbox"/> Add	1	 		4-28-04	\$ 200	
<input type="checkbox"/> Remove	1	 		4-27-04	\$ 250	
<input type="checkbox"/> Add	1	 		4-27-04	\$ 200	
<input type="checkbox"/> Remove	1	 		4-22-04	\$ 250	
<input type="checkbox"/> Add	1	 		4-28-04	\$ 200	
<input type="checkbox"/> Remove	1	Check		5-1-04	\$ 100	
<input type="checkbox"/> Add	1			5-2-04	\$ 50	
<input type="checkbox"/> Remove	1			5-1-04	\$ 50	
<input type="checkbox"/> Add	1			5-3-04	\$ 10	
<input type="checkbox"/> Remove	1			5-2-04	\$ 50	
<input type="checkbox"/> Add	1			5-2-04	\$ 50	
<input type="checkbox"/> Remove	1			5-4-04	\$ 25	
<input type="checkbox"/> Add	1			5-3-04	\$ 25	
<input type="checkbox"/> Remove	1			5-2-04	\$ 50	
<input type="checkbox"/> Add	1			5-1-04	\$ 25	

4. Total only this Page	\$ 810. ⁰⁰
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 2160. ⁰⁰

CRO-1205

NC State Board of Elections

March 2003

735
75
810

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6YOW7
--	--

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	1	Check		5-1-04	\$ 99
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-1-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-2-04	\$ 30
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		4-30-04	\$ 150
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-5-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-3-04	\$ 40
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-2-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-1-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-1-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		4-30-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-2-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-3-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-2-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-2-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		4-30-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-3-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		4-30-04	\$ 20
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-1-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-5-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-3-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-5-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-5-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-4-04	\$ 50

4. Total only this Page	\$ 1564
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 3724

Aggregated Contributions from Individuals

Page _____ of _____

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)

BOB PARKER CAMPAIGN

2. ID Number

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	1	CHECK		5-5-04	\$ 50
<input type="checkbox"/> Remove	1	11		5-4-04	\$ 100
<input type="checkbox"/> Add	1	11		5-4-04	\$ 100
<input type="checkbox"/> Remove	1	11		5-4-04	\$ 100
<input type="checkbox"/> Add	1	11		5-4-04	\$ 100
<input type="checkbox"/> Remove	1	11		5-4-04	\$ 50
<input type="checkbox"/> Add	1	11		5-6-04	\$ 25
<input type="checkbox"/> Remove	1	11		5-4-04	\$ 50
<input type="checkbox"/> Add	1	11		5-1-04	\$ 25
<input type="checkbox"/> Remove	1	11		5-3-04	\$ 25
<input type="checkbox"/> Add	1	11		5-4-04	\$ 50
<input type="checkbox"/> Remove	1	11		5-3-04	\$ 100
<input type="checkbox"/> Add	1	11		5-1-04	\$ 100
<input type="checkbox"/> Remove	1	11		5-1-04	\$ 100
<input type="checkbox"/> Add	1	11		5-4-04	\$ 25
<input type="checkbox"/> Remove	1	11		5-4-04	\$ 25
<input type="checkbox"/> Add	1	11		5-5-04	\$ 100
<input type="checkbox"/> Remove	1	11		5-5-04	\$ 100
<input type="checkbox"/> Add	1	11		5-6-04	\$ 25
<input type="checkbox"/> Remove	1	11		5-7-04	\$ 50
<input type="checkbox"/> Add	1	11		5-7-04	\$ 100
<input type="checkbox"/> Remove	1	11		5-6-04	\$ 25
<input type="checkbox"/> Add	1	11		5-11-04	\$ 30
<input type="checkbox"/> Remove	1	11		5-10-04	\$ 50

4. Total only this Page

\$ 1405

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 5129.⁰⁰

CRO-1205

NC State Board of Elections

March 2003

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6YOW7
---	-------------------------------

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	1	CHECK		5-10-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-10-04	\$ 20
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-1-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-7-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-12-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-11-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-10-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-8-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-7-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-10-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-11-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-13-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-11-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-10-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-10-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-7-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-15-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-17-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-14-04	\$ 75
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-17-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-17-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-16-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	11		5-20-04	\$ 50

4. Total only this Page	\$ 1495
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 6624

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number 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	1	CHECK		5-15-04	\$ 25-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-16-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-16-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-17-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-19-04	\$ 50-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-18-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-16-04	\$ 60-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	2	CASH		5-16-04	\$ 10-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	2	CASH		5-16-04	\$ 20-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CHECK		5-23-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	"	"		5-23-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	"	"		5-22-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	"	"		5-26-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	"	"		5-23-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-23-04	\$ 25
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-24-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-22-04	\$ 10-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-23-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-23-04	\$ 30-
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-25-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-25-04	\$ 50
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		5-22-04	\$ 100
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	"		6-01-04	\$ 50

1205

4. Total only this Page	\$ 1255. ⁰⁰
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 7879. ⁰⁰

Aggregated Contributions from Individuals

Page _____ of _____

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)

BOB PARKER CAMPAIGN

2. ID Number

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	1	CHECK		5-27-04	\$ 35
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-28-04	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-02-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-29-04	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-26-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-31-04	\$ 50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-28-04	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-3-04	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-31-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-1-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-28-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-24-04	\$ 50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-1-04	\$ 50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-28-04	\$ 99
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-28-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			5-24-04	\$ 50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-7-04	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-4-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-8-04	\$ 50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-7-04	\$ 50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-4-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1			6-5-04	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	CASH		6-10-04	\$ 20

4. Total only this Page

\$ 1479

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 9358

Aggregated Contributions from Individuals

Page ___ of ___

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6YOW7
---	-------------------------------

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	1	CHECK		6-8-04	\$ 50
<input type="checkbox"/> Remove	1	"		6-8-04	\$ 50
<input type="checkbox"/> Add	1	"		6-2-04	\$ 100
<input type="checkbox"/> Remove	1	"		6-3-04	\$ 100
<input type="checkbox"/> Add	1	"		?	\$ (100)
<input checked="" type="checkbox"/> Remove	①	①			
<input type="checkbox"/> Add	1	"		6-7-04	\$ 50
<input type="checkbox"/> Remove	1	"		6-15-04	\$ 100
<input type="checkbox"/> Add	1	"		6-10-04	\$ 100
<input type="checkbox"/> Remove	1	"		6-15-04	\$ 50
<input type="checkbox"/> Add	1	"		6-13-04	\$ 100
<input type="checkbox"/> Remove	1	"		6-7-04	\$ 30
<input type="checkbox"/> Add	1	"		6-5-04	\$ 25
<input type="checkbox"/> Remove	1	"		6-13-04	\$ 25
<input type="checkbox"/> Add	1	"		5-5-04	\$ 100
<input type="checkbox"/> Remove	1	"		6-16-04	\$ 100
<input type="checkbox"/> Add	1	"		6-22-04	\$ 50
<input type="checkbox"/> Remove	1	"		6-18-04	\$ 100
<input type="checkbox"/> Add	1	"		6-15-04	\$ 100
<input type="checkbox"/> Remove	1	"		6-21-04	\$ 50
<input type="checkbox"/> Add	1	"		6-21-04	\$ 25
<input type="checkbox"/> Remove	1	"		6-18-04	\$ 25
<input type="checkbox"/> Add	1	"		6-16-04	\$ 100
<input type="checkbox"/> Remove	1	"		6-20-04	\$ 50

4. Total only this Page	\$ 1380
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 10738

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number 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	1	CHECK		6-26-04	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-28-04	\$ 100
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-24-04	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-30-04	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-20-04	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-27-04	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-30-04	\$ 100
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-28-04	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	11		6-29-04	\$ 100
<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					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input checked="" type="checkbox"/> Add					\$
<input checked="" type="checkbox"/> Remove					\$

4. Total only this Page	\$ 575.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 11313.00

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <i>Bob Parker Campaign</i>						2. ID Number <i>X6Y0W7</i>	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Thomas J. Pulliam 321 Banbury Rd. W-S, N.C. 27104</i>				b. Job Title/Profession <i>Physician</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Wale Forest University Health Sci.</i>		e. Election Cycle Sum to Date \$ <i>500.⁰⁰</i>	
<input type="checkbox"/>	g. Account Code <i>1</i>	h. Form of Payment <i>Check</i>	i. In-Kind Description	j. Date (mm/dd/yyyy) <i>4-20-04</i>	k. Amount \$ <i>500.⁰⁰</i>		
<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) <i>David H. [redacted] [redacted] [redacted], N.C. 28409</i>				b. Job Title/Profession <i>[redacted]</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Health Care</i>		e. Election Cycle Sum to Date \$ <i>100.⁰⁰</i>	
<input type="checkbox"/>	g. Account Code <i>1</i>	h. Form of Payment <i>Check</i>	i. In-Kind Description	j. Date (mm/dd/yyyy) <i>4-26-04</i>	k. Amount <i>\$ 100.⁰⁰</i>		
<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) <i>Francis Parker 2021 Northstar Pl Wilmington, N.C. 28405</i>				b. Job Title/Profession <i>Retired</i>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>250.⁰⁰</i>	
<input type="checkbox"/>	g. Account Code <i>1</i>	h. Form of Payment <i>Check</i>	i. In-Kind Description	j. Date (mm/dd/yyyy) <i>4-30-04</i>	k. Amount \$ <i>250.⁰⁰</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>750.⁰⁰</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <i>1,250.⁰⁰</i>	

750

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <i>Bob Parker Campaign</i>	2. ID Number <i>X6Y0W7</i>
---	-------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Marshall B. Bass 3726 Spaulding Dr. W-S, N.C. 27105</i>	b. Job Title/Profession <i>Retired</i>	d. Comments
	c. Employer's Name/Specific Field <i>Manufacturing Tobacco</i>	
		e. Election Cycle Sum to Date \$ <i>150.00</i>

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>Check</i>		<i>4-27-04</i>	\$ <i>150.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>John W. Bunness 380 Knollwood St. W-S, N.C. 27103</i>	b. Job Title/Profession <i>Retired</i>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <i>200.00</i>

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>Check</i>		<i>4-28-04</i>	\$ <i>200.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>J. Robert Edwards 4113 Madstonbury Rd. W-S, N.C. 27104</i>	b. Job Title/Profession <i>Self Employed</i>	d. Comments
	c. Employer's Name/Specific Field <i>Finance</i>	
		e. Election Cycle Sum to Date \$ <i>250.00</i>

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>Check</i>		<i>4-27-04</i>	\$ <i>250.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ *600.00*

5. Total of ALL CRO-1210 Pages \$ *1850.00*
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Bob Parker Campaign	2. ID Number X6Y0W7
---	-------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) B. Craig Sparks 290 Shady Brook Lane Lewisville, N.C. 27023	b. Job Title/Profession ADMINISTRATOR Health Care	d. Comments
c. Employer's Name/Specific Field Cavalry Medical Transport		e. Election Cycle Sum to Date \$ 200.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		4-27-04	\$ 200. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) D. Douglas Atkinson 1008 Marsman Rd. W-S, N.C. 27104	b. Job Title/Profession ADMINISTRATOR Health Care	d. Comments
c. Employer's Name/Specific Field Hospital		e. Election Cycle Sum to Date \$ 250.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		4-22-04	\$ 250. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John W Davis III 2815 Bartram Rd W-S, N.C. 27106	b. Job Title/Profession Finance	d. Comments
c. Employer's Name/Specific Field Investment Firm		e. Election Cycle Sum to Date \$ 200.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		4-28-04	\$ 200. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 650.⁰⁰

5. Total of ALL CRO-1210 Pages \$ 2500.⁰⁰
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Bob Parker Campaign	2. ID Number X6Y00W7
---	--------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Kerry Garrigon 8595 Asterford Village Ct. Clemmons, N.C. 27012	b. Job Title/Profession ADMINISTRATOR Health Care	d. Comments
c. Employer's Name/Specific Field Hospital		e. Election Cycle Sum to Date \$ 150.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		4-30-04	\$ 150. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) David Patterson 1240 Chester Rd. W-S, N.C. 27104	b. Job Title/Profession ADMINISTRATOR Health Care	d. Comments
c. Employer's Name/Specific Field Hospital		e. Election Cycle Sum to Date \$ 250.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		5-3-04	\$ 250. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Elizabeth O'Keeffe 413 Springdale Ave W-S, N.C. 27104	b. Job Title/Profession LAWYER Health Care	d. Comments
c. Employer's Name/Specific Field Hospital		e. Election Cycle Sum to Date \$ 500.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		4-30-04	\$ 500. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 900.⁰⁰
--------------------------------	-----------------------------

5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 3400.⁰⁰
---	------------------------------

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6YOW7
---	-------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. G. M. Ernest 1653 Marshfield Rd Clemmons, N.C. 27012	b. Job Title/Profession DOCTOR	d. Comments
	c. Employer's Name/Specific Field Health Care Hospital	
		e. Election Cycle Sum to Date \$ 250.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		5-3-04	\$ 250. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael Clements 2684 Glen Forest Dr. W-S, N.C. 27103	b. Job Title/Profession Administrator	d. Comments
	c. Employer's Name/Specific Field Health Care Hospital	
		e. Election Cycle Sum to Date \$ 200.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		5-5-04	\$ 200. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles G. Miller 430 Sherwood Forest Rd. W-S, N.C. 27104	b. Job Title/Profession Business Owner	d. Comments
	c. Employer's Name/Specific Field Real Estate Management	
		e. Election Cycle Sum to Date \$ 250.⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		4-27-04	\$ 250. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 700.⁰⁰

5. Total of ALL CRO-1210 Pages \$ 4100.⁰⁰
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6Y0W7
---	-------------------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGE FLEETWOOD 224 Brook Landing Dr. W-S, N.C. 27106	b. Job Title/Profession Administrator	d. Comments			
c. Employer's Name/Specific Field Education Administration		e. Election Cycle Sum to Date \$ 200.⁰⁰			
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 4-29-04	k. Amount \$ 200.⁰⁰
<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) Lucian Neal P.O. Box 20725 W-S, N.C. 27120	b. Job Title/Profession SALES	d. Comments			
c. Employer's Name/Specific Field RETAIL AUTO		e. Election Cycle Sum to Date \$ 150.⁰⁰			
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 5-10-04	k. Amount \$ 150.⁰⁰
<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) Henry A. Williamson Jr. 4909 Knob View Ct. W-S, N.C. 27104	b. Job Title/Profession Administrator	d. Comments			
c. Employer's Name/Specific Field FINANCE BANK		e. Election Cycle Sum to Date \$ 150.⁰⁰			
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 5-10-04	k. Amount \$ 150.⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 500.⁰⁰
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 4600.⁰⁰

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN						2. ID Number X6Y0W7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) John T. Eagon P.O. Box 2516 W-S, N.C. 27114				b. Job Title/Profession Administrator		d. Comments	
				c. Employer's Name/Specific Field Finance Investment Firm		e. Election Cycle Sum to Date \$ 200.⁰⁰	
<input type="checkbox"/>	g. Account Code 1	h. Form of Payment check	i. In-Kind Description	j. Date (mm/dd/yyyy) 5-14-04	k. Amount \$ 200.⁰⁰		
<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) Randy A. Peters MD 1457 Ridgemore Lane W-S, N.C. 27106				b. Job Title/Profession PHYSICIAN		d. Comments	
				c. Employer's Name/Specific Field HEALTH CARE DOCTOR'S OFFICE		e. Election Cycle Sum to Date \$ 200.⁰⁰	
<input type="checkbox"/>	g. Account Code 1	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 5-26-04	k. Amount \$ 200.⁰⁰		
<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) SHERY THOMAS 2304 DREYFUS COURT GARNER, N.C. 27529				b. Job Title/Profession Administrator		d. Comments	
				c. Employer's Name/Specific Field HEALTH CARE Professional Assoc. HOME CARE		e. Election Cycle Sum to Date \$ 350.⁰⁰	
<input type="checkbox"/>	g. Account Code 1	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 5-24-04	k. Amount \$ 350.⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 750.⁰⁰	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5350.⁰⁰	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6Y0W7
---	-------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Margaret Elliott 2800 Hall Lane W-S, N.C. 27127	b. Job Title/Profession Administrator	d. Comments
	c. Employer's Name/Specific Field Non Profit Crisis Control	e. Election Cycle Sum to Date \$ 200

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		6-2-04	\$ 200
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Tom Hughes 100 S. WESTVIEW DR. W-S, N.C. 27104	b. Job Title/Profession DOCTOR	d. Comments
	c. Employer's Name/Specific Field HEALTH CARE Doctors Office	e. Election Cycle Sum to Date \$ (300)

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		6-4-04	\$ 200
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add 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 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 checked="" type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ **500**

5. Total of ALL CRO-1210 Pages \$ **5850.⁰⁰**
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Other Political Committees Pg ____ of ____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN				2. ID Number X6Y0W7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Piedmont Stone Center Political Action Committee P.O. Box 25866 W-S, N.C. 27114			b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date \$ 500.⁰⁰		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK		5-3-04	\$ 500.⁰⁰	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 500.⁰⁰	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 500.⁰⁰	

Other Receipt Sources

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6Y0W7
---	-------------------------------

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*
 Interest Contributions from Not-for-Profit Organizations Outside Sources of Income

4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) FIRST CITIZENS BANK P.O. BOX 27131 RALEIGH, N.C.	b. Not-for-Profit Federal ID # NA	c. Outside Source Explanation Interest on checking account	d. Comments
e. Election Cycle Sum to Date			\$ 2.94

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Direct deposit of interest	NA	5-5-04 0.22 6-3-04 1.09	\$ 1.91
				\$

4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments
e. Election Cycle Sum to Date			\$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$

4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments
e. Election Cycle Sum to Date			\$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$

5. Total only this Page \$ **1.91**

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)
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)
 \$ **2.94**

Disbursements

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 type="checkbox"/> Add <input type="checkbox"/> Remove	
---	--

a. Full Name, Mailing Address & Phone (include city, state, & zip) N.C. Baptist Hosp Medical Center Blvd W-S, N.C. 27157	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Cycle Sum to Date \$ 555.00
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	STAMPS	4-7-04	\$ 555.00
				\$

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
---	--

a. Full Name, Mailing Address & Phone (include city, state, & zip) Nikki Kumbal 8 Seagull St. apt. 4 Wrightsville Beach, N.C. 28480	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Cycle Sum to Date \$ 330.00
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	stuff envelopes	4-11-04	\$ 330.00
				\$

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)		e. Election Cycle Sum to Date \$
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		

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

5. Total only this Page	\$ 885.00
-------------------------	-----------

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>	\$ 1061.50
---	------------

Disbursements

1. Committee Full Name (and Fund if applicable) <i>Bob Parker Campaign</i>				2. ID Number <i>3941</i>	
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
<i>Sam Printing Co. Inc. P.O. Box 10717 W-S, N.C. 27108</i>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>1</i>	<i>Check</i>	<i>Printing</i>	<i>4-18-04</i>	<i>\$ 2,137.⁷⁸</i>	
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
<i>Advertising & supply 7630 Cass St. Omaha, NE 68114</i>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>1</i>	<i>Check to First Citizens</i>	<i>Signs & Stakes</i>		<i>\$ 2,681.03</i>	
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
<i>Forsyth Co. Bd of Election W-S, N.C.</i>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>1</i>	<i>Check</i>	<i>Filing</i>	<i>4-26-04</i>	<i>\$ 172.³⁸</i>	
5. Total only this Page				<i>\$ 4991.19</i>	
6. Total of ALL CRO-1310 Pages <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>				<i>\$ 6052.69</i>	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BOB PARKER CAMPAIGN				X6YOW7	
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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
N.C. Bapt. Hosp. Medical Center Blvd. W-5, N.C. 27157					
			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 \$ 740. ⁰⁰
c. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	STAMPS	5-10-04	\$ 185. 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
Advertising & supply 7630 Cass St. OMAHA, NE 68114					
			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 \$ 2891.03
c. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check to First City			\$ 210. ⁰⁰	
	VISA			\$	
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
W-5 Journal 418 N. Marshall St. W-5, N.C. 27101					
			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 \$ 4205.60
c. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	Adm Paper	5-14-04	\$ 4205.60	
				\$	
5. Total only this Page				\$ 4600.60	
6. Total of ALL CRO-1310 Pages				\$ 10,653.29	
<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>					

Disbursements

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN	2. ID Number X6YOW7
---	-------------------------------

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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WSTS RADIO 875 W Fifth 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 \$ 2,240. ⁰⁰

c. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
I	CHECK	RADIO ADS	5-17-04	\$ 2,240. ⁰⁰
				\$

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Bapt. Hosp Medical Center Blvd W-S, N.C. 27157	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 \$ 925. ⁰⁰

c. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
I	CHECK	STAMPS	5-24-04	\$ 185. ⁰⁰
				\$

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Jon Hoban 2967 Kedron Ct. W-S, N.C. 27106	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 \$ 100. ⁰⁰

c. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
I	CHECK	CAMPAIGN WORK	5-26-04	\$ 100. ⁰⁰
				\$

5. Total only this Page \$ 2,525.⁰⁰

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)
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 13,178.²⁹

Disbursements

1. Committee Full Name (and Fund if applicable) BOB PARKER CAMPAIGN						2. ID Number 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	
American Signs 950 Peters Creek Park W-S, N.C. 27103				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:			
c. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1		CHECK		2 SIGNS		5-27-04	\$ 59.92
							\$
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	
WSJS RADIO 875 W. 5th ST. W-S, N.C. 27101				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:			
c. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1		CHECK		RADIO ADS		6-11-04	\$ 560. 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)				e. Election Cycle Sum to Date		\$	
c. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
							\$
							\$
5. Total only this Page						\$ 619.92	
6. Total of ALL CRO-1310 Pages						\$ 13,798.21	
<small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							

CRO-1310

Outstanding Loans

1. Committee Full Name (and Fund if applicable)			2. ID Number	
BOB PARKER CAMPAIGN			XGYOW7	
3. Lender 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	
ROBERT S. (BOB) PARKER 313 BEECHCLIFF CT. W-S, N.C. 27104		HEALTH CARE		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		HOSPITAL	2-6-04	
		ADM.	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
0%	NA	\$ 10,000	\$ 10,000	
k. Full Name of Lending Institution			l. Loan Number	
ROBERT S. (BOB) PARKER			NA	
3. Lender 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. Start Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$	\$	
k. Full Name of Lending Institution			l. Loan Number	
3. Lender 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. Start Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$	\$	
k. Full Name of Lending Institution			l. Loan Number	
4. Total only this Page			\$ 10,000	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 10,000	