

# COPY


## Statement of Organization - Candidate Committee

Amendment

 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
BOB PARKER CAMPAIGN		X6Y0W7	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
313 BEECHCLIFF CT W-S, N.C. 27104		2-14-08	
		e. Phone Number	
		(336)768-1832	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
ROBERT SPENCER PARKER		X6Y0W7	REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
313 BEECHCLIFF CT W-S, N.C. 27104		FORSYTH COUNTY COMMISSIONER	DIST B
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
ROBERT SPENCER PARKER			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
313 BEECHCLIFF CT W-S, N.C. 27104			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 768-1832	bparker@wpubmc.edu		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
<del>MARY BETH PARKER</del>		STATE EMPLOYEES CREDIT UNION	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
<del>313 BEECHCLIFF CT W-S, N.C. 27104</del>		CHECKING	
c. Phone Number	d. Email Address	c. Account Code	d. Type
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 non-disclosed funds. I further certify that this report is complete, true and correct.			
ROBERT S. PARKER			2-16-08
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina  
 State Board of Elections  
 506 N Harrington Street  
 Raleigh, NC 27603

Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: BOB PARKER CAMPAIGN  
 Treasurer Name: ROBERT SPENCER PARKER  
 Treasurer Address: 313 BEECHCLIFF CT.  
 (include city, state, & zip) WINSTON SALEM, N.C. 27104  
 Treasurer Phone: (336) 768-1832

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	STATE EMPLOYEES CREDIT UNION	W-S, N.C.	[REDACTED]	

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2-16-08  
 Date Signed

[Signature]  
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Candidate or Treasurer