

7-12-04/ew

Amendment **DNP.**
 Yes No

Disclosure Report Cover

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.

1. Committee Information	
a. Full Name Doug Parrish Committee	c. ID Number 6VY9A4
b. Mailing Address (include City, State and Zip Code) P.O. Box 7 Jamestown, NC 27282	d. Date Filed 07/12/2004
	e. Phone Number 336-454-6598

2. Report Year 07/12/2004	3. Period Start Date (mm/dd/yyyy) 05/17/2004	4. Period End Date (mm/dd/yyyy) 06/30/2004	5. Treasurer Full Name Douglas Neal Parrish
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6. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		8. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input checked="" type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special 9. Special Report Name

10. Account Information		10. Account Information	
a. Financial Institution Full Name Wachovia	a. Financial Institution Full Name	b. Purpose Campaign Expenses	b. Purpose
c. Code DNP321	c. Code	d. Period Begin Balance \$ 100.00	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.

Douglas Neal Parrish Douglas Neal Parrish 7/17/04.
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Doug Parrish Committee		Second	6VY9A4	
Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 100.00	\$ 100.00	
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$	
6) Contributions from Individuals (CRO-1210)		\$ 3,200.00	\$ 3,300.00	
7) Contributions from Political Party Committees (CRO-1220)		\$	\$	
8) Contributions from Other Political Committees (CRO-1230)		\$	\$	
9) Loan Proceeds (CRO-1410)		\$ 831.97	\$ 978.97	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$	\$	
11) Other Receipt Sources (CRO-1250)				
11a) Interest on Bank Accounts (CRO-1250)		\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$	
11c) Outside Sources of Income (CRO-1250)		\$	\$	
12) "Goods and Services" Contributions (CRO-1260)		\$ 13,500.00	\$ 13,500.00	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 17,531.97	\$ 17,778.97	
EXPENDITURES				
14) Disbursements (CRO-1310)				
14a) Operating Expenditures (CRO-1310)		\$ 6,340.16	\$ 6,487.16	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$	\$	
15) Loan Repayments (CRO-1420)		\$ 831.97	\$ 831.97	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$	
17) In-Kind Contributions (CRO-1510)		\$	\$	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 7172.13	\$ 7,319.13	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 10,459.84	\$ 10,559.84	
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		\$	\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee						2. ID Number 6VY9A4	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dean Green P.O. Box 8789 Greensboro, NC 27419 336-274-3731				b. Job Title/Profession President		d. Comments	
				c. Employer's Name/Specific Field Greensboro Auto Auction		e. Election Cycle Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		05/17/2004	\$ 2,000.00		
<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) BJ Barnes 2709 Pleasant Ridge Rd. Summerfield, NC 27358 336-643-5972				b. Job Title/Profession Sheriff		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Guilford County		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		05/17/2004	\$ 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) Nancy B. Howard 1520 Burnetts Chapel Rd. Greensboro, NC 27407-9708 336-674-1152				b. Job Title/Profession Co-Owner		d. Comments 1 Contribution 10 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Greensboro Antiques		e. Election Cycle Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		05/20/2004	\$ 1,000.00		
<input type="checkbox"/>	DNP321	Check		06/20/2004	\$ 1,000.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 4,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee						2. ID Number 6VY9A4	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jim Swisher 232 W. Market St. Greensboro, Nc 27401-2504 336-294-1938				b. Job Title/Profession Attorney		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Cahoon & Swisher		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/09/2004	\$ 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) Gregory Lawson 107 Bridge St. Narrows, VA 24124 866-345-8370				b. Job Title/Profession Booth Service Tech		d. Comments 4 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Greensboro Auto Auction		e. Election Cycle Sum to Date \$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/21/2004	\$ 400.00		
<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) Phillips R. Wadsworth 5116 Alliance Church Rd. Pleasant Garden, NC 27313				b. Job Title/Profession Retired Highway Patrol		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/22/2004	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee						2. ID Number 6VY9A4	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Layne Miller 703 N. Timbergate Dr. Gibsonville, NC 27249 336-446-0190				b. Job Title/Profession Account Rep		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Glaxo Smith Klein		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/22/2004	\$ 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) Larry Lewis 615 Waycross Dr. Greensboro, NC 27410-6059 336-294-6666				b. Job Title/Profession Co-Owner		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Lewis Assoc		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/07/2004	\$ 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) Thomas D. Blanton 1204 Heathrow Dr. Greensboro, NC 27410=3720				b. Job Title/Profession Co-Owner		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Lewis Assoc		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/07/2004	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 600.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$		

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee						2. ID Number 6VY9A4	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Franklin 3710 Sagamore Dr. Greensboro, NC 27410 336-668-7324				b. Job Title/Profession Branch Manager		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field Bearing Distributors			
						e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/07/2004	\$ 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) Richard L. Powers, Sr. 2604 W. Woodlyn Way Greensboro, NC 27407 336-294-3622				b. Job Title/Profession		d. Comments 2 Tickets For Fundraiser	
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/21/2004	\$ 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) Bobby Green 2120 Chruchill Dr. Greensboro, NC 27410 336-282-3551				b. Job Title/Profession Manager		d. Comments 1.25 Tickets For Fundraiser	
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date \$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/16/2004	\$ 125.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 525.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee						2. ID Number 6VY9A4	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jimmy Hightower 6005 Siler Rd. Greensboro, NC 27406				b. Job Title/Profession		d. Comments 1.25 Tickets For Fundraiser	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	DNP321	Check		06/21/2004	\$ 125.00		
<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)				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 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 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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 125.00	
5. Total of ALL CRO-1210 Pages						\$ 6,250.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Goods and Services (including Fundraisers)

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Doug Parrish Committee						6VY9A4		
3. Event Information <input type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Attendance (approx. count)		d. Date(s) Held (mm/dd/yyyy)		
Doug Parrish Committee P.O. Box 7 Jamestown, NC 27282				70		FROM: 06/22/2004		
				c. Description		TO: 06/22/2004		
				Raffle at Riders In The Country		e. Total Event Amount		
						\$ 13,500.00		
4. Items (goods and/or services) Sold								
a. Cnt	b. Payment Breakdown			c. Item Description	d. Acct Code	e. Date (mm/dd/yyyy)	f. Amount per Item	g. Total Amount
	Check	Cash	Other					
135	60.5	74.5		Tickets	DNP321	06/22/2004	\$ 100.00	\$ 13,500.00
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
5. Total only this Page							\$ 13,500.00	
<i>(This should be the sum of all item '4g' from this page)</i>								
6. Total of ALL CRO-1260 Pages							\$ 13,500.00	
<i>(This line must be on line 12 of Detailed Summary Page CRO-1100)</i>								

Disbursements

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
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) Wooten Graphics, Inc. Drawer 819 Welcome, NC 27374 336-731-4650			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		\$ 749.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Check	Yard Sign	05/17/2004	\$ 749.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wire Products Corp 1319 W. Lee St. Greensboro, NC 336-275-0515			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		\$ 256.80
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Check	Wire For Yard Signs	05/18/2004	\$ 256.80	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples 4214 West Wendover Ave. Greensboro, NC 27407 336-856-9800			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		\$ 21.39
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Check	Badge	06/12/2004	\$ 21.39	
				\$	
5. Total only this Page				\$ 1,027.19	
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>				\$	

Disbursements

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
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) Southern Foods P.O. Box 26801 Greensboro, NC 27429-6801		b. Coordinated Committee Name		d. Comments Refused to take Check Talked with Amy	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 771.76	
f. Account Code DNP321	g. Form of Payment Cash	h. Purpose Food For Fundraiser	i. Date (mm/dd/yyyy) 06/18/2004	j. Amount \$ 771.76	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Riders In The Country 5701 Randleman Rd. Randleman, NC		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 250.00	
f. Account Code DNP321	g. Form of Payment Check	h. Purpose Staff For Fundraiser	i. Date (mm/dd/yyyy) 06/22/2004	j. Amount \$ 250.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jim Swisher 232 W. Market St. Greensboro, NC 27401-2504 336-294-1938		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 500.00	
f. Account Code DNP321	g. Form of Payment Check	h. Purpose Prize For Fundraiser	i. Date (mm/dd/yyyy) 06/22/2004	j. Amount \$ 500.00	
				\$	
5. Total only this Page				\$ 1,521.76	
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>				\$	

INVOICE

P.O. Box 26801
GREENSBORO, NC
27429-6801

* Southern Foods

TELEPHONE
336-545-3768
800-642-3768
e-mail:
sfoods@southernfoods.com

"Where great menus begin"

SHIP TO
DOUG PARRISH

BILL TO
DOUG PARRISH

INVOICE NUMBER 15095

305 YORKLEIGH ROAD
2175 JAMESTOWN NC 2-7282
PHONE #

305 YORKLEIGH ROAD
2175 JAMESTOWN NC 2-7282

DELIVERY DATE 5/18/04

PU 9:30
4758 CHIPPERY COOKIE DOUGH OATMEAL RAIS P/P 220/1.5 OZ \$49.19CS

TERMS
COLLECT CASH ONLY
00

PAGE

QUANTITY SHIPPED	QUANTITY ORDERED	ITEM NO.	BRAND	DESCRIPTION / PACKAGING DESCRIPTION	MANUFACTURER I.D.	WEIGHT	PORTION PRICE	UNIT PRICE	EXTENDED AMOUNT
8	8	1145	SOUTHERN FOODS	BEEF PRIME RIB PRECKE SELED 12#	N/A	83.0		8.69	721.27
					SUBTOTAL				1721.27
					TAX				50.49
					TOTAL				1771.76

919-715-0329
amy

DOUG PARRISH COMMITTEE
305 Yorkleigh Ln
Jamestown, NC 27282

5005

6-18-04 date

66-21/530
BRANCH 77596

Pay to the Order of Cash \$ 770.00

Seventy seven hundred and seventy ⁰⁰/₁₀₀ Dollars

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

4933926
06/18/04 20004 0419 # 387

For Fun Raiser Food Bank 11:56 AM

0530002191010092041309 5009 0000077000

Refused to take check at pick up. ASK TO pay IN CASH.
6/18/04
Doug Parrish
(I called amy @ NC State Board of Election)

RECEIVED BY
Doug Parrish
SIGNATURE

DELIVERY DATE

DELIVERED BY

SIGNATURE

TOTAL UNITS
DEL. CHARGE PER UNIT
EXTENDED DEL. CHARGE

PLEASE PAY THIS AMOUNT

IMPORTANT - WE ARE NOT RESPONSIBLE FOR SHORTAGES OR CLAIMS AFTER DRIVER OBTAINS A SIGNED RECEIPT FOR MERCHANDISE DELIVERED IN GOOD ORDER.

Disbursements

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
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) J.R. Atkinson 474 Hawthorne Dr. Danville, VA 24531 434-792-9770		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 500.00	
f. Account Code DNP321	g. Form of Payment Check	h. Purpose Prize For Fundraiser	i. Date (mm/dd/yyyy) 06/22/2004	j. Amount \$ 500.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) John D. Barnes 3631 Gramercy Rd. Greensboro, NC 27410		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 3,000.00	
f. Account Code DNP321	g. Form of Payment Check	h. Purpose Prize For Fundraiser	i. Date (mm/dd/yyyy) 06/22/2004	j. Amount \$ 3,000.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) George Rider 5701 Randleman Rd. Randleman, NC		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 200.00	
f. Account Code DNP321	g. Form of Payment Check	h. Purpose Food For Fundraiser	i. Date (mm/dd/yyyy) 06/29/2004	j. Amount \$ 200.00	
				\$	
5. Total only this Page				\$ 3,700.00	
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>				\$	

Disbursements

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
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) Wachovia 124 E. Main St. Jamestown, NC 27282			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 \$ 6.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Deduction	Check Printing	05/19/2004	\$ 6.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wachovia 124 E. Main St. Jamestown, NC 27282			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 \$ 2.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Deduction	Bank Charge For Check Copies	05/15/2004	\$ 2.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wachovia 124 E. Main St. Jamestown, NC 27282			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 \$ 2.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Deduction	Bank Charge For Check Copies	06/24/2004	\$ 2.00	
				\$	
5. Total only this Page				\$ 10.00	
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>				\$	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Doug Parrish Committee				6VY9A4	
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
Guilford County Governmental Center Park St. High Point, NC 27260			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
				\$ 1.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Cash	Parking	05/18/2004	\$ 1.00	
				\$	
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
Office Max 3121-A Garden Road Burlington, NC 27215			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
				\$ 5.88	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Cash	Business Cards	05/21/2004	\$ 5.88	
				\$	
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
Office Max 3121-A Garden Road Burlington, NC 27215			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
				\$ 11.74	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Cash	Business Cards	06/07/2004	\$ 11.74	
				\$	
5. Total only this Page				\$ 18.62	
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>					

Disbursements

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
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) Costco W. Wendover Ave. Greensboro, NC			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 \$ 59.32
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Cash	Candy For Parade	05/14/2004	\$ 59.32	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) US Postmaster Jamestown, NC 27282			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 \$ 3.27
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
DNP321	Check	Postage	05/17/2004	\$ 3.27	
				\$	
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 Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 62.59	
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>				\$ 6,340.16	

Loan Proceeds

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Doug Parrish 305 Yorkleigh Ln. Jamestown, NC 27282		b. Job Title/Profession President		d. Comments Wooten Graphics	
		c. Employer's Name/Specific Field DNS Enterprises, Inc.		e. Start Date (mm/dd/yyyy) 05/17/2004	
				f. End Date (mm/dd/yyyy) 05/17/2004	
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment Check	k. Amount \$ 749.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$	

Loan Proceeds

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sharon Parrish 305 Yorkleigh Ln. Jamestown, NC 27282		b. Job Title/Profession President		d. Comments Various Receipts	
		c. Employer's Name/Specific Field Software Specialties, Inc.		e. Start Date (mm/dd/yyyy) 06/30/2004	
				f. End Date (mm/dd/yyyy) 06/30/2004	
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment Various Receipts		k. Amount \$ 82.97
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 831.97	

Loan Repayments

1. Committee Full Name (and Fund if applicable) Doug Parrish Committee				2. ID Number 6VY9A4	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Doug Parrish 305 Yorkleigh Ln. Jamestown, NC 27282				b. Comments	
				c. Original Loan Date 05/17/2004	
				d. Original Loan Amount \$ 749.00	
e. Remaining Loan Balance \$ 0.00	f. Account Code DNP321	g. Form of Payment Check	h. Date (mm/dd/yyyy) 05/18/2004	i. Repayment Amount \$ 749.00	
\$				\$	
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				\$ 749.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$	

Loan Repayments

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Doug Parrish Committee				6VY9A4	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Sharon Parrish 305 Yorkleigh Ln. Jamestown, NC 27282					
				c. Original Loan Date	
				06/30/2004	
				d. Original Loan Amount	
				\$ 82.97	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	DNP321	Check	06/30/2004	\$ 82.97	
\$				\$	
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				\$ 82.97	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 831.97	