Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name
Parker for Council

c. ID Number
MHDN73

b. Mailing Address (include City, State and Zip Code)
601 West Rosemary St., 311
Chapel Hill, NC 27516

d. Date Filed
7/30/2015

e. Phone Number
919-240-5406

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	05/05/2015	06/30/2015	Michael A. Schaffer

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report
0

9. Type of Report *(check only one type of report from one category)*

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☒ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Bank of America

b. Purpose
Recipts and expenses

c. Account Code
1

d. Period Begin Balance
$ 1,000.00

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance
$

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 and that I have been trained by the NC State Board of Elections.

Michael A. Shaffer	Michael Schaffer	07/30/2015
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:		Employee:		Delivery Method
Date Postmarked:	7/31/15	Employee:		☒ Normal Mail
Date Scanned:	8/10/15	Employee:	BBJ	☐ Registered Mail
Date Data Entered:		Employee:		☐ Hand Delivered
				☐ Electronically Filed
				☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Parker for Council	Semi-Annual Mid-Year	MHDN73

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,000.00	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$ 1,746.00	$ 1,746.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$	$
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 1,000.00
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$	$
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$
11c) Outside Sources of Income	*(CRO-1250)*	$	$
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$	$
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 1,746.00	$ 2,746.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 128.66	$ 128.66
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$	$
13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$	$
15) Loan Repayments	*(CRO-1420)*	$	$
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$	$
17) In-Kind Contributions	*(CRO-1510)*	$	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$	$
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 128.66	$ 128.66
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 1,000.00	
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	*(CRO-2200)*	$	$
28) Contributions to be Refunded	*(CRO-1215)*	$	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Whit Rummel 201 Hillcrest Rd. Chapel Hill, NC 27514	Screenwriter	Self		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		05/25/15	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William Hopkins 710 Edwards Dr. Chapel Hill, NC 27517	Closing Coordinator	Governor's Club Realty		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/3/15	$ 10.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Olivier Lesueur 203 7th Ave., 2A Brooklyn, NY 11215	Consultant	Bionest Partners		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/8/15	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 160.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,746.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Frederick Black 206 Woodleaf Dr. Chapel Hill, NC 27516	Consultant	Blackstar Strategies		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/8/15	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kathe Reusing 601 West Rosemary St., Apt. 401 Chapel Hill, NC 27516	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/8/15	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Diane Race 601 West Rosemary St., Apt. 602 Chapel Hill, NC 27516	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/8/15	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 225.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,746.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Carroll 15 Whiting Rd. Wellesley, MA 02481	Financial Advisor	Boston Wealth Mgmt.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/14/15	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Isaac Dinner 601 West Rosemary St., Apt. 802 Chapel Hill, NC 27516	Asst. Professor	UNC-CH		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/12/15	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
George Cianciolo 601 West Rosemary St., Apt. 602 Chapel Hill, NC 27514	Assoc. Prof. Emer.	Duke Univ.		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		6/22/15	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,746.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert Mayer PO Box 1138 Southport, CT 06890	CFO	Tow of Fairfield, CT		$ 336.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/25/15	$ 336.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Amy Ryan 209 Adams Way Chapel Hill, NC 27516	Editor	Self		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		6/25/15	$ 200.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Christine Cianciolo 601 West Rosemary St., Apt. 602 Chapel Hill, NC 27514	Retired			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		6/22/15	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 836.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,746.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jared Simmons 1081-B Mills St. Raleigh, NC 27608	Student	Campbell Univ.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cred. Card		6/30/15	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

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

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,746.00

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Type of Disbursement ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NationBuilder 520 S. Grand Ave. Los Angeles, CA 90071		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 48.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	O	5/2/15	$19.00	Web Site
1	EFT	O	6/3/15	$29.00	Web Site

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VistaPrint 95 Hayden Ave. Lexington, MA 02421		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 50.22

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	B	6/22/15	$50.22	Note Cards
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PayPal 2211 N. 1st St. San Jose, CA 95131		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 30.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	O	6/3015	$30.44	Donation Processing
				$	

5. Total only this Page	$ 128.66
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 128.66

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (k)**

Outstanding Loans

Amendment ☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Parker for Council	MHDN73

3. Lender Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
Michael G. Parker 601 W. Rosemary St., Apt. 311 Chapel Hill, NC 27516	Consultant	BioAsset Advisors		4/17/2015	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	None	$ 1,000.00	$ 1,000.00

k. Full Name of Lending Institution	l. Loan Number
Michael G. Parker	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End 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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End 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	$ 1,000.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 1,000.00