

# Disclosure Report Cover

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.

## 1. Committee Information

a. Full Name

SUSAN PARRY FOR SCHOOL BOARD

e. ID Number

b. Mailing Address (include City, State and Zip Code)

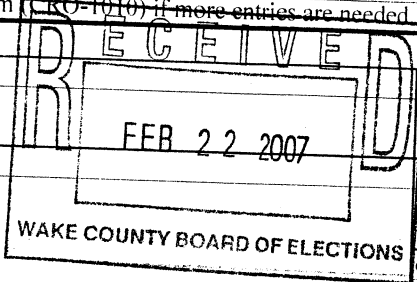
711 MCCULLOCH ST  
 RALEIGH NC 27603

d. Date Filed

2/20/2007

c. Phone Number

919-755-0585



2. Report Year

2005

3. Period Start Date (mm/dd/yyyy)

01/01/2005

4. Period End Date (mm/dd/yyyy)

12/31/2005

5. Treasurer Full Name

SUSAN K PARRY

6. Type of Committee (Check one)

- Candidate Campaign  Party  
 Joint Fundraiser  PAC  
 Referendum

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

- | Municipal                                    | State/County                            | Referendum                                  |
|--|---|---|
| <input type="checkbox"/> Organizational      | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Thirty-five day     | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Pre-primary         | <input type="checkbox"/> First Plus     | <input type="checkbox"/> Final              |
| <input type="checkbox"/> Pre-election        | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Pre-runoff          | <input type="checkbox"/> Third Plus     | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Semi-annual         | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Mid Year            | <input type="checkbox"/> Semi-annual    |   |
| <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year       |   |
| <input type="checkbox"/> Final               | <input type="checkbox"/> Year End       |   |
| <input type="checkbox"/> Special             | <input type="checkbox"/> Final          |   |
|  | <input type="checkbox"/> Special        |   |

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

- Soft Money Account  
 "Booster Fund"  
 Building Fund  
 NC Political Party Financing Fund  
 Presidential Election Year Candidates Fund  
 NC Public Campaign Financing Fund  
 Other:

9. Special Report Name

## 10. Account Information

a. Financial Institution Full Name

FIRST CITIZENS BANK

b. Purpose

FOR THE RECEIPT &  
 EXPENDITURE OF  
 CAMPAIGN FUNDS

c. Code

SKP

d. Period Begin Balance

\$ 1,561.69

## 10. Account Information

a. Financial Institution Full Name

b. Purpose

c. Code

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.

SUSAN K. PARRY

Printed Name of Signer

Signature of Appointed Treasurer

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

Delivery Method

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Normal Mail

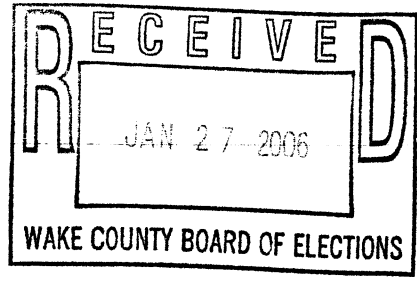
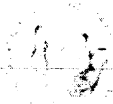
Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Registered Mail

Hand Delivered

Electronically Filed



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

Kimberly Westbrook  
 Deputy Director - Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

### Certification of Inactive Status

**FILED BY:**

Committee Name: SUSAN PARRY FOR SCHOOL BOARD

Treasurer Name: 711 MCCULLOCH ST

Treasurer Address: RALEIGH NC 27603  
 (include city, state, & zip)

Treasurer Phone: 919-755-0585

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

01/27/2006  
 Date Signed

Signature

# Disclosure Report Cover

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.

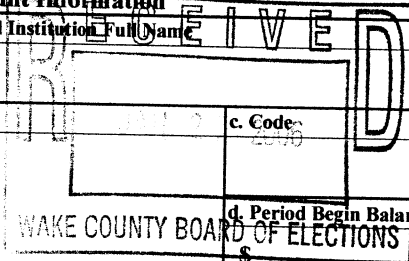
## 1. Committee Information

a. Full Name <b>Susan Parry for School Board</b>		c. ID Number 1
b. Mailing Address (include City, State and Zip Code) <b>711 McCulloch St. Raleigh, NC 27603</b>		d. Date Filed <b>1/27/2006</b>
		e. Phone Number <b>919-755-0545</b>

2. Report Year <b>2005</b>	3. Period Start Date (mm/dd/yyyy) <b>07/01/2005</b>	4. Period End Date (mm/dd/yyyy) <b>12/31/2005</b>	5. Treasurer Full Name <b>Susan K. Parry</b>
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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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name <b>First Citizens Bank</b>	b. Purpose <b>Receipt + Expenditures of Campaign Funds</b>	a. Financial Institution Full Name	b. Purpose
c. Code <b>SKP</b>	d. Period Begin Balance <b>\$ 1,561.69</b>	c. Code	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.

Susan K Parry Printed Name of Signer      [Signature] Signature of Appointed Treasurer      1/27/06 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
Susan Parry for School Board		OS YESA	
Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1561.69	\$ 2044.69
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$	\$
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) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 0	\$ 0
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$	\$ 483
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 500	\$ 500
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)		\$ 500	\$ 983
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1,061.69	\$ 1,061.69
<b>ADDITIONAL INFORMATION</b>			
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		\$	\$

# Disbursements

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Susan Parry for School Board					
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Comm. Acc to Elect Eleanor Goethe 1424 Debra Dr. Cary, NC 25711					
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b> \$ 500.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
SRP	check #1081	Campaign Contribution	10/25/05	\$ 500.00	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b> \$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b> \$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 500.00	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 500.00	
<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>					

Wake



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

NOV 18 2005

ELECTIONS

Kimberly Westbrook  
Deputy Director - Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### Certification to Return to Active Status

**FILED BY:**

Committee Name:

Susan Perry for School Board

Treasurer Name:

Susan Perry

Treasurer Address:

711 McCulloch St., Raleigh NC

(include city, state, & zip)

27603

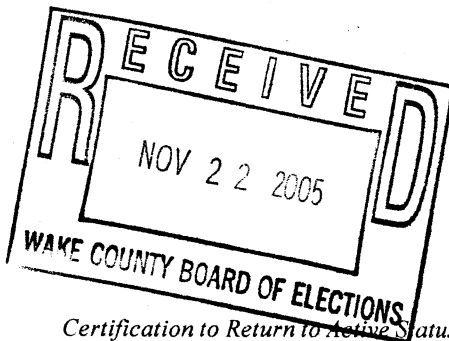
Treasurer Phone:

919 255 0585

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100) must accompany this form.

10/24/05  
Date Signed

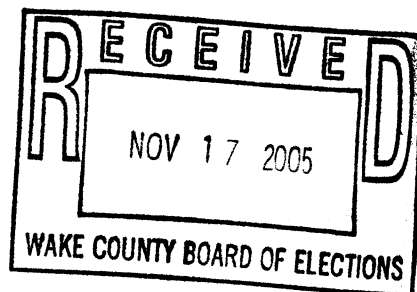
[Signature]  
Signature



Walce



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



Kimberly Westbrook  
Deputy Director - Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### Certification to Return to Active Status

**FILED BY:**

Committee Name: Susan Perry for School Board

Treasurer Name: Susan Perry

Treasurer Address: 211 McCulloch St.  
(include city, state, & zip) Raleigh, NC 27603

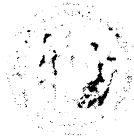
Treasurer Phone: 919 755 0585

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100) must accompany this form.

10/24/05  
Date Signed

[Signature]  
Signature

NOV 14 2005



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Inactive Status**

**FILED BY:**

Committee Name:

Susan Parry for School Board

Treasurer Name:

Susan K. Parry

Treasurer Address:

711 McCulloch St.

(include city, state, & zip)

Raleigh, NC 27603

Treasurer Phone:

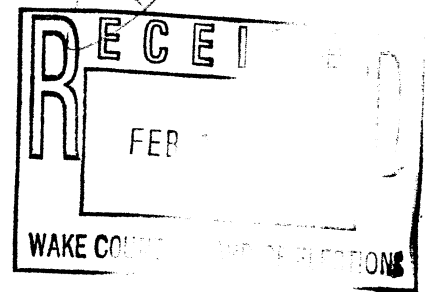
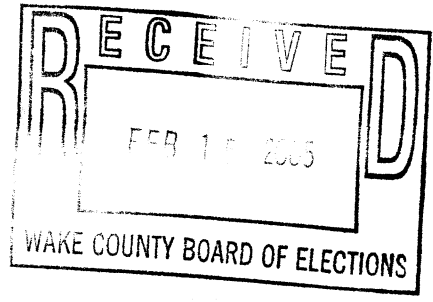
919 255 0585

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

2/4/05  
Date Signed

[Signature]  
Signature



# Disclosure Report Cover

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.

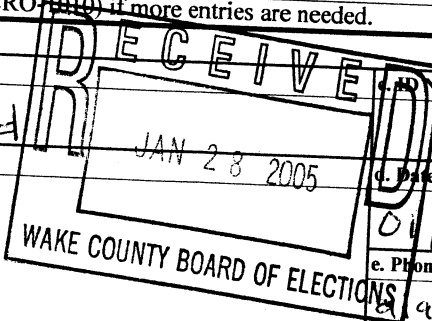
## 1. Committee Information

a. Full Name

Susan Parry for School Board

b. Mailing Address (include City, State and Zip Code)

711 McCulloch St.  
 Raleigh, NC 27603



d. Date Filed

01/28/2005

e. Phone Number

919 755 0585

2. Report Year

2004

3. Period Start Date (mm/dd/yyyy)

07/01/2004

4. Period End Date (mm/dd/yyyy)

12/31/2004

5. Treasurer Full Name

Susan K. Parry

6. Type of Committee (Check one)

- Candidate Campaign  
 Joint Fundraiser  
 Referendum  
 Party  
 PAC

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

- Soft Money Account  
 "Booster Fund"  
 Building Fund  
 NC Political Party Financing Fund  
 Presidential Election Year Candidates Fund  
 NC Public Campaign Financing Fund  
 Other:

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

- | Municipal                                    | State/County                                 | Referendum                                  |
|--|--|---|
| <input type="checkbox"/> Organizational      | <input type="checkbox"/> Organizational      | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Thirty-five day     | <input type="checkbox"/> Quarterly           | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Pre-primary         | <input type="checkbox"/> First Plus          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> Pre-election        | <input type="checkbox"/> Second              | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Pre-runoff          | <input type="checkbox"/> Third Plus          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Semi-annual         | <input type="checkbox"/> Fourth              | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Mid Year            | <input type="checkbox"/> Semi-annual         |   |
| <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year            |   |
| <input type="checkbox"/> Final               | <input checked="" type="checkbox"/> Year End |   |
| <input type="checkbox"/> Special             | <input type="checkbox"/> Final               |   |
|  | <input type="checkbox"/> Special             |   |

9. Special Report Name

## 10. Account Information

a. Financial Institution Full Name

First Citizens Bank

b. Purpose

Receipt + Expenditure  
 of Campaign  
 Funds

c. Code

SKP

d. Period Begin Balance

\$1561.69

## 10. Account Information

a. Financial Institution Full Name

b. Purpose

c. Code

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.

Susan K. Parry  
 Printed Name of Signer

[Signature]  
 Signature of Appointed Treasurer

1/28/05  
 Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

- Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

# Detailed Summary

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Start of Election Cycle: January 1, 2004		
4) Cash on Hand at Start	Total this Reporting Period	Total this Election Cycle
	\$ 1561.69	\$ 2044.69
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
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) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ 0	\$ 0
<b>EXPENDITURES</b>		
14) Disbursements (CRO-1310)		
14a) Operating Expenditures (CRO-1310)	\$	\$ 483
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 <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ 0	\$ 483
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ 1561.69	\$ 1561.69
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	\$	\$

CRO-1100