

SECOND CONGRESSIONAL DISTRICT - NORTH CAROLINA

January 4, 2006

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
OFFICE OF GENERAL  
COUNSELL

2006 JAN 17 A 10:25

Jeff Jordan  
Supervisory Attorney  
Complaints Examination & Legal Administration  
Federal Election Commission  
999 E. Street, N.W.  
Washington DC 20463

Dear Mr. Jordan,

I received your copy of the complaint **MUR 5695** procedures and designation of counsel statement on January 3, 2006. I spoke to Kim Collins to indicate I received your information and to be reassured that we had until January 18, 2006 to complete our research. I indicated to Kim that this complaint was completely erroneous.

I am writing to demonstrate that no action should be taken against Bob Etheridge for Congress Committee in response to the complaint that alleges that Congressman Etheridge used campaign funds to pay personal federal and state income tax obligations. All claims of misuse of campaign funds are false. These campaign funds were used to pay Federal and State Income Taxes for interest earned on campaign savings accounts, Insurance for an event, and services rendered by Praigg and Praigg the campaign CPA. I will respond to each accusation in order and indicate the purpose of disbursement clearly identifying a correct use of campaign funds.

1. 2/26/01- \$250.00 disbursement to Praigg & Praigg for services rendered for preparation of fourth quarter 2000 and year end payroll tax returns. (A copy is attached.)  
1/30/01- \$75.00 disbursement to Praigg & Praigg for services rendered to calculate payroll and 941 payroll tax deposits for 2000. (A copy is attached.)
2. 3/15/01- \$7,194.00 disbursement to the Internal Revenue Service for Federal taxes form 1120.POL US Income Tax Return for Certain Political Organizations for 2000. This is tax paid on interest earned on savings accounts. (A copy is attached.)
3. 3/15/01-\$1,630.00 disbursement to the NC Department of Revenue for NC Income Tax for a C Corporation 2000 Tax Return. This is tax paid on interest earned on savings accounts. (A copy is attached )
4. 10/1/01- \$350.00 disbursement to Praigg & Praigg for services rendered for preparation of first quarter 2001 payroll tax returns and preparation of 2000 Federal and North Carolina Income Tax Returns. (A copy is attached.)

Post Office Box 28001 • Raleigh, North Carolina 27611 • [www.etheridgeforcongress.org](http://www.etheridgeforcongress.org)

Authorized and paid for by the Bob Etheridge for Congress Committee. Under federal law, contributions to political committees are not tax deductible on federal tax returns. FEC requires name, address, occupation and employer for each contribution in excess of \$200 in an election cycle. Corporate contributions are prohibited.

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5. 3/14/02- \$1,226.00 disbursement to Internal Revenue Service for Federal Income taxes paid for form 1120 POL US Income Tax Return for Certain Political Organizations for 2001. This is tax paid on interest earned on Savings Accounts. (A copy is attached.)
6. 6/6/02- \$600.00 disbursement to Hartsfield & Nash Insurance for Special Event Supplemental General Liability Insurance required by the NC State Fairgrounds for a one day event on 6/8/02. (A copy is attached.)
7. 8/8/02- \$560.00 disbursement to Praigg & Praigg for services rendered for preparation of a new, Congressionally-mandated 990 form for filing with the Internal Revenue Service. (A copy is attached.)
8. 3/17/03- \$2,877.00 disbursement to RBC Centura Bank for the Internal Revenue Service for Federal Income Taxes for form 1120 POL US Income Tax Return for Certain Political Organizations for 2002. This is tax paid on interest earned on Savings Accounts. (A copy is attached.)
9. 3/8/04 \$1,585.00 disbursement to RBC Centura Bank for the Internal Revenue Service for Federal Income Tax form 1120 POL US Income Tax Return for Certain Political Organizations for 2003. This is tax paid on interest earned on Savings Accounts. (A copy is attached.)
10. 8/12/04- \$1,330.00 disbursement to NC Department of Revenue for North Carolina Income Tax for a C Corporation 2002 Tax Return. This is a tax paid on interest earned on Savings Accounts. (A copy is attached.)
11. 8/12/04- \$736.00 disbursement to NC Department of Revenue for North Carolina Income Tax for a C Corporation 2003 Tax Return. This is a tax paid on interest earned on Savings Accounts. (A copy is attached.)
12. 10/21/04- \$571.00 disbursement to NC Department of Revenue for North Carolina Income Tax for a C Corporation 2001 Tax Return. This is tax paid on interest earned on Savings Accounts. (A copy is attached.)
13. 11/19/04- \$252.81 disbursement to NC Department of Revenue for penalty and interest for late filing of C Corporation 2002 and 2003 tax return. (A copy and a letter from Praigg and Praigg are attached.)
14. 1/18/05- \$305.12 disbursement NC Department of Revenue for penalty and interest for late filing of C Corporation 2001 tax return. (A copy is attached.)

26044140803

15. 3/8/05- \$614.00 disbursement NC Department of Revenue for North Carolina Income Tax for a C Corporation 2004 Tax Return. This is a tax paid on interest earned on Savings Accounts. (A copy is attached.)

16. 3/8/05- \$275.00 disbursement Praigg & Praigg for services rendered for preparation of 1120 POL US Income Tax Return for Certain Political Organizations for 2004. (A copy is attached.)

17. 3/8/05- \$1,287.00 disbursement Internal Revenue Service for Federal Income taxes paid for 1120 POL US Income Tax Return for Certain Political Organizations for 2004. This is tax paid on interest earned on Savings Accounts. (A copy is attached.)

All documentation should be included and submitted. Please do not hesitate to call if you have questions. I can be reached at 919/821-4948. I look forward to your correspondence indicating that this claim has been dismissed.

Sincerely,



Andrea Bell  
Assistant Treasurer  
Bob Etheridge for Congress Committee

Andrea Bell signed before me this  
5<sup>th</sup> day of January 2006.

My Commission expires Sept. 12, 2006.

Notary: Leslie M. Johnson

26044140804

To: Office of General Counsel  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

REC'D  
FEDERAL  
OFFICE

MUR # 5695

15-11-2005 2:17

**Complaint Regarding Possible Violation of Federal Election Campaign Laws**

**Respondents:**

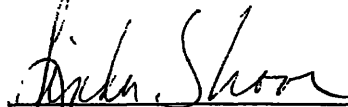
Congressman Bob Etheridge, U.S. House of Representatives  
Bob Etheridge for Congress Committee, Andrea Bell, Treasurer (Committee ID: C00311555)

This Complaint alleges a violation of the Federal Election Campaign Laws with regard to "personal use" of campaign funds in the amount of \$21,664. Specifically, it appears Congressman Etheridge is using campaign funds to pay personal federal and state income tax obligations either for himself or another individual. Under the general definition provided in FEC regulations, personal use means any use of funds in a campaign account of a present or former candidate to fulfill a commitment, obligation or expense of any person that would exist irrespective of the candidate's campaign. Personal federal and state income taxes are personal financial obligations and exist, irrespective of his campaign.

**The disbursements listed on the attached Schedule A support this Complaint.** IRS 527 campaign committees are exempt from federal income tax, and an explanation is needed regarding the disbursements detailed on the attached Schedules A and B as they relate to income tax payments and tax services related thereto. Also attached to support this Complaint are Schedule B Itemized Disbursement records obtained from Federal Election Committee filings. It is noted that during election years, the Respondent does have temporary employees and pays withholding and employer taxes. Employer deposits for the federal and state payroll tax liabilities are accounted for and are not related to the income tax disbursements on Schedule A. There is no confusion in this Complaint between employer payroll taxes and personal income taxes.

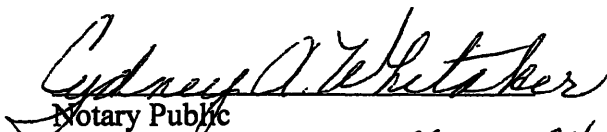
Dated this 13<sup>th</sup> day of December 2005.

**Complainant:**

  
\_\_\_\_\_  
Linda Shook

Sanford, NC 27332

Subscribed and sworn to before me this 19<sup>th</sup> day of December 2005.

  
\_\_\_\_\_  
Notary Public

My commission expires: Mar 24, 2007

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**Schedule A - Itemization of Personal Use of Campaign Contributions**

1. 2/26/01 – Disbursement in amount of \$250 made payable to Praigg & Praigg. Purpose of Disbursement: Tax Services. NOTE: There is also a disbursement dated 1/30/01 to Praigg & Praigg for \$75. The \$75 charge would be appropriate for filing year-end employer payroll reports. The \$250 charge does not appear appropriate considering the very minimal employer payroll responsibilities incurred by Congressman Etheridge's campaign.
2. 3/15/01 – Disbursement in amount of \$7,194 made payable to Internal Revenue Service. Purpose of Disbursement: Federal Income Tax.
3. 3/15/01 – Disbursement in amount of \$1,630 made payable to N.C. Department of Revenue. Purpose of Disbursement: NC Income Tax.
4. 10/1/01 – Disbursement in amount of \$350 made payable to Praigg & Praigg. Purpose of Disbursement: Tax Services. 2001 was an off election year and I found no salary expense for 2001 to justify a \$350 charge for payroll tax services.
5. 3/14/02 – Disbursement in amount of \$1,226 made payable to Internal Revenue Service. Purpose of Disbursement: Federal Income Tax.
6. 6/6/02 – Disbursement in amount of \$600 made payable to Hartsfield & Nash Insurance. Purpose of Disbursement: Insurance. I find this to be a high insurance premium for a political campaign.
7. 8/8/02 – Disbursement in amount of \$580 made payable to Praigg & Praigg. Purpose of disbursement: CPA services. I find this questionable, as Congressman Etheridge had no salary expense incurred in his political campaign until October 2002.
8. 3/17/03 – Disbursement in amount of \$2,877 made payable to RBC Centura (a federal depository for IRS). Purpose of Disbursement: Federal Income Tax.
9. 3/8/04 – Disbursement in amount of \$1,585 made payable to RBC Centura. Purpose of Disbursement: Federal Income Tax.
10. 8/12/04 – Disbursement in amount of \$1,330 made payable to N.C. Department of Revenue. Purpose of Disbursement: North Carolina Income Tax.
11. 8/12/04 – Disbursement in amount of \$738 made payable to N.C. Department of Revenue. Purpose of Disbursement: North Carolina Income Tax.
12. 10/21/04 – Disbursement in amount of \$571 made payable to N.C. Department of Revenue. Purpose of Disbursement: North Carolina Income Tax.
13. 11/19/04 – Disbursement in amount of \$252.81 made payable to N.C. Department of Revenue. Purpose of Disbursement: North Carolina Income Tax.
14. 1/18/05 – Disbursement in amount of \$305.12 made payable to N.C. Department of Revenue. Purpose of Disbursement: North Carolina Income Tax.
15. 3/8/05 – Disbursement in amount of \$614 made payable to N.C. Department of Revenue. Purpose of Disbursement: North Carolina Income Tax.
16. 3/8/05 – Disbursement in amount of \$275 made payable to Praigg & Praigg. Purpose of Disbursement: Tax Services.
17. 3/8/05 – Disbursement in amount of \$1,287 made payable to U.S. Treasury. Reason for Disbursement: Federal Income Taxes.

Total Disbursements: \$21,664
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26044140806



FEDERAL ELECTION COMMISSION  
WASHINGTON, D C 20463

DEC 20 2005

Andrea Bell, Treasurer  
Bob Etheridge for Congress Committee  
PO Bo 28001  
Raleigh, NC 27611

Re: MUR 5695

Dear Ms. Bell:

The Federal Election Commission received a complaint that indicates Bob Etheridge for Congress and you, as treasurer, may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). A copy of the complaint is enclosed. We have numbered this matter MUR 5695. Please refer to this number in all future correspondence.

Under the Act you have the opportunity to demonstrate in writing that no action should be taken against Bob Etheridge for Congress and you, as treasurer, in this matter. Please submit any factual or legal materials that you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

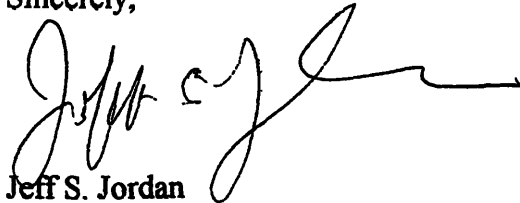
This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

Called Kim Collins 1/3/06 - Have until 1/18/06  
FAXed Ann Traigg 1/3/06

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If you have any questions, please contact Kim Collins at (202) 694-1650 or toll free at 1-800-424-9530. For your information, we have enclosed a brief description of the Commission's procedures for handling complaints.

Sincerely,



**Jeff S. Jordan**  
Supervisory Attorney  
Complaints Examination &  
Legal Administration

**Enclosures:**

1. Complaint
2. Procedures
3. Designation of Counsel Statement

cc: Bob Etheridge

Raleigh, NC 27611

26044140808

**PRAIGG & PRAIGG, P.A.**

PRAIGG & PRAIGG P. A.  
3622 LYCKAN PKWY SUITE 5008  
DURHAM, NC 27707

Phone. 919-403-9002 FAX. 919-489-9424

**Invoice Date:** January 31, 2001

**Invoice Number:** 00100255

**Client Number:** BOBETHER 001

**BOB ETHERIDGE FOR CONGRESS COMMITTEE**  
PO BOX 28001  
RALEIGH, NC 27611

*For professional services rendered for the period ending*

Prepare fourth quarter and year end payroll reports and 1099's

**Total Invoice Amount**

\$ 250.00

26044140809

**TERMS: DUE UPON RECEIPT**

**A LATE PAYMENT CHARGE OF 1.5% PER MONTH WILL BE ADDED TO OVERDUE AMOUNTS**



**PRAIGG & PRAIGG, P.A.**

PRAIGG & PRAIGG P. A.  
3622 LYCKAN PKWY SUITE 5008  
DURHAM, NC 27707

Phone: 919-403-9002 FAX 919-489-9424

Invoice Date: December 31, 2000

Invoice Number: 00100213

Client Number: BOBETHER 001

BOB ETHERIDGE FOR CONGRESS COMMITTEE  
PO BOX 28001  
RALEIGH, NC 27611

*For professional services rendered for the period ending:*

Calculate payroll checks and 941 deposits

**Total Invoice Amount**

\$ 75.00

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TERMS DUE UPON RECEIPT

A LATE PAYMENT CHARGE OF 1 5% PER MONTH WILL BE ADDED TO OVERDUE AMOUNTS

1120-POL

U.S. Income Tax Return for Certain Political Organizations

OMB No 1545-0129

2000

Form Department of the Treasury Internal Revenue Service

For calendar year 2000 or other tax year beginning 2000, and ending 20

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3)

Name of organization: Bob Etheridge For Congress
Employer identification number
Number, street, and room or suite no: PO Box 1059
City or town, state, and ZIP code: Lillington NC 27546

Check if: (1) Final return (2) Change of address (3) Amended return

Table with columns for Income, Deductions, and Tax. Rows include Dividends, Interest, Salaries and wages, Total deductions, Taxable income, and Tax due.

Additional Information section containing questions 1-5 about foreign accounts, distributions, interest, and organization details.

Sign Here section with signature of officer, date (3/15/01), and title (Consultant).

Paid Preparer's Use Only section with preparer's signature, date (3-12-01), firm name (Prigg & Praigg, P.A.), and address (3622 Lyckan Pkwy Sw).

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MEMBER FDIC

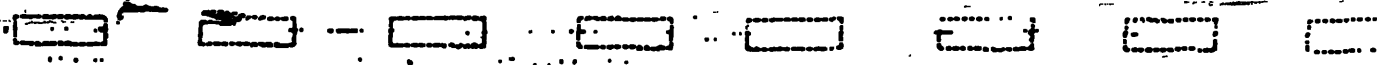
12-1994

Norming--If your Federal Identification number is shown on form and the form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-INT for each of the other owners showing the amount allocable to each. You must also furnish a Form 1099-INT to each of the other owners. File Form(s) of U.S. Information Return, with the Internal Revenue Service Center for your area. On each Form 1099-INT, list yourself as the "payer" and the other owners as "recipient." On form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

BOX 1. Shows interest paid to you during the calendar year by withdrawal of time savings. You may deduct this on your Federal income tax return on the specific line of Form 1040 under Adjustments to Income.  
 BOX 2. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be taxable. See Pub. 550, Investment Income and Expenses. His interest is exempt from state and local income taxes.  
 This interest is NOT included in Box 1.  
 BOX 4. Shows backup withholding. For example, persons not withholding their taxpayer identification number to the payer some subject to backup withholding at a 31% rate. See Form W-9, Request for Taxpayer Identification Number and

Instructions for Recipient

Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.



FORM 1099-INT, INTEREST INCOME  
 FOR TAX YEAR 2000  
 01/07/01

PAGE 1  
 OMB NO. 1545-0112

CENTRAL CAROLINA BANK & TRUST CO  
 P. O. BOX 931  
 DURHAM, NC 27702

PAYER'S FEDERAL EIN:

TELEPHONE:  
 1-800-422-2226

RECIPIENT:

BOB ETHERIDGE FOR CONGRESS COMMITTEE  
 PO BOX 2800  
 RALEIGH, NC 27611

RECIPIENT'S  
 IDENTIFYING NUMBER:

NOTE: THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

ACCOUNT TYPE	ACCOUNT NUMBER	BOX 1/ BOX 5	BOX 2/ BOX 6	BOX 3/	BOX 4/
CD	[REDACTED]	1664.53 0.00	0.00 0.00	0.00	470.68

TOTALS: (THE FOLLOWING TOTALS ARE BEING FURNISHED TO THE IRS.)

BOX 1 - INTEREST INCOME	\$	1,664.53
BOX 2 - EARLY WITHDRAWAL PENALTY	\$	0.00
BOX 3 - INTEREST ON U.S. SAVINGS BONDS AND TREASURY OBLIGATIONS	\$	0.00
BOX 4 - FEDERAL INCOME TAX WITHHELD	\$	470.68
BOX 5 - INVESTMENT EXPENSES	\$	0.00
BOX 6 - FOREIGN TAX PAID	\$	0.00
BOX 7 - FOREIGN COUNTRY OR U.S. POSSESSION	\$	0.00

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CD-405

Web  
12-00

# C Corporation Tax Return 2000

North Carolina Department of Revenue

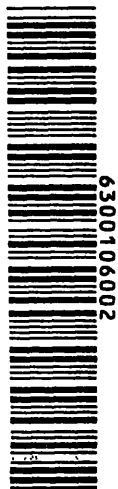
Submit forms in the following order: Annual Report, NC-478, NC-478 series, CD-405, followed by CD-425

For calendar year 2000, or other tax year beginning (MM-DD)

00 and ending (MM-DD-YY)

<b>Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)</b> Bob Etheridge For Congress		<b>Federal Employer ID Number</b> ▶	
<b>Address</b> PO Box 1059		<b>N.C. Secretary of State ID Number</b> ▶	
<b>City</b> Lillington	<b>State</b> NC	<b>Zip Code</b> 27546	<b>NAICS Code</b> ▶
▶ Do you want the Department to mail a CD-405 to you next year? Yes No		▶	
▶ Have federal tax returns for any prior year been examined by the IRS? Yes <input checked="" type="checkbox"/> No Latest year adjusted (Example 1997)		▶ <b>Fill in all applicable circles:</b>	
▶ Have all State returns been adjusted accordingly? Yes No Latest year adjusted (Example 1997)		<input type="checkbox"/> NC-478 is attached	<input type="checkbox"/> Has Escheatable Property
<b>Gross Receipts / Sales</b>		<b>Total Assets per Balance Sheet</b>	
▶ .00 ▶		▶ .00	
		<input type="checkbox"/> Initial Filer	<input type="checkbox"/> LLC
		<input type="checkbox"/> Amended Return	<input type="checkbox"/> Nonprofit
		<input type="checkbox"/> Final Return	

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### A Computation of Franchise Tax

1. Capital Stock, Surplus, and Undivided Profits (From Schedule C, Line 13)	▶ 1.	.00
2. Investment in Tangible Property in N.C. (From Schedule D, Line 8)	▶ 2.	.00
3. Appraised Valuation of Property in N.C. (From Schedule E, Line 2)	▶ 3.	EXEMPT .00
4. Taxable Amount Line 1, 2, or 3, whichever is greatest	▶ 4.	.00
5. Total Franchise Tax Due Multiply Line 4 by \$1.50 per \$1,000.00 (Minimum \$35.00)	▶ 5.	.00
6. a. Application for Extension (From CD-419, Line 1)	▶ 6a.	.00
b. Tax Credits (Complete Form CD-425 and enter amount from Part 4, Line 15)	▶ 6b.	.00
7. Franchise Tax Due - If Line 6a plus 6b is smaller than Line 5, enter the difference here and on Schedule B, Line 9a	▶ 7. \$	.00
8. Franchise Tax Overpaid - If Line 6a plus 6b is larger than Line 5, enter the difference here and on Schedule B, Line 9b	▶ 8.	.00

### B Tax Due or Refund

		Tax Due		Overpayment
9. Franchise Tax Due or Overpayment (From Schedule A, Line 7 or 8)	9a.	.00	9b.	.00
10. Income Tax Due or Overpayment (From Schedule F, Line 20 or 21)	10a.	.00	10b.	.00
11. Balance of Tax Due - Add (or subtract) Lines 9a, 9b, 10a, and 10b, enter result here, but not less than zero. If less than zero, enter amount on Line 15	11.	.00		
12. Interest (Due on all extended payments)	12.	.00		
13. Penalties (See instructions)	13.	.00		
14. Total Due - Add Lines 11, 12, and 13 (Pay to N.C. Dept. of Revenue in U.S. currency)	14.	.00		
15. Overpayment	15.			.00
16. Amount of Line 15 to be applied to 2001 Estimated Income Tax	▶ 16.			.00
17. Amount of Line 15 Contributed to N.C. Nongame and Endangered Wildlife Fund	▶ 17.			.00
18. Amount of Line 15 To Be Refunded	▶ 18.			.00

Legal Name (First 10 Characters)	Federal Employer ID Number
----------------------------------	----------------------------

**(C)**  
**Capital Stock, Surplus, and Undivided Profits**  
*Enter amounts from book balance sheet as of the end of the tax year.*

1. Total capital stock outstanding less cost of treasury stock	1.	.00
2. Paid-in or capital surplus	2.	.00
3. Retained earnings (earned surplus and undivided profits)	3.	.00
4. Other surplus	4.	.00
5. Deferred or unearned income	5.	.00
6. Allowance for bad debts	6.	.00
7. LIFO reserves	7.	.00
8. Other reserves that do not represent definite and accrued legal liabilities	8.	.00
9. Add Lines 1 through 8 and enter total	9.	.00
10. Affiliated indebtedness (See Instructions)	10.	.00
11. Line 9 plus (or minus) Line 10	11.	.00
12. Apportionment factor (From Schedule O, Part 1, Part 2 - Line 15, Part 3, or Part 4)	12.	%
<b>13. Capital Stock, Surplus, and Undivided Profits</b> Multiply Line 11 by factor on Line 12 and enter result here and on Schedule A, Line 1. If amount on Line 13 is less than zero, enter zero on Schedule A, Line 1	13.	.00

**(D)**  
**Investment in N.C. Tangible Property**  
*Enter amounts from book balance sheet as of the end of the tax year for all property located in N.C.*

Inventory valuation method: <i>LIFO Values are not permitted Inventories must be revalued using another method</i>	Fill in applicable circle	FIFO	Lower of Cost or Market	Other
1. Total value of inventories located in N.C.				1. .00
2. Total value of furniture, fixtures, and machinery and equipment located in N.C.				2. .00
3. Total value of land and buildings located in N.C.				3. .00
4. Total value of leasehold improvements and other tangible property located in N.C.				4. .00
5. Add Lines 1 through 4 and enter total				5. .00
6. Accumulated depreciation, depletion, and amortization				6. .00
7. Debts existing for the purchase or improvement of N.C. real estate				7. .00
8. Investment in Tangible Property in N.C. Line 5 minus Lines 6 and 7, enter amount here and on Schedule A, Line 2				8. .00

**(E)**  
**Appraised Property Value**

1. Total appraised value of all tangible N.C. property, including motor vehicles if tax year ends December 31, 2000 through September 30, 2001, enter the appraised county tax value of all real and tangible property located in N.C. as of January 1, 2000, including any motor vehicles assessed during the tax year. Otherwise, enter value as of January 1, 2001.	1.	.00
2. Appraised Valuation of Property in N.C. Multiply Line 1 by 55%, enter here and on Schedule A, Line 3	2.	.00

**Other Information**

1. a. State of incorporation	b. Date incorporated
2. Date Certificate of Authority was obtained from N.C. Secretary of State	
3. Regular or principal trade or business in N.C.	Everywhere
4. Principal place from which business is directed or managed	
5. Escheats and abandoned property - Does this corporation hold unclaimed property such as wages, accounts payable, and dividends that is subject to G.S. 116B?	Yes No
6. Is this corporation a shareholder of a foreign sales corporation (FSC) or a shareholder of a corporation that owns a FSC?	Yes No
7. Does this corporation finance or discount its receivables through a related or an affiliated company?	Yes No
8. Is this corporation submitting only a franchise tax return because its activities are limited to solicitation of sales inside this State and are therefore protected for income tax purposes under P.L. 86-272? (Attach explanation)	Yes No
9. Is this corporation related to another corporation as.	Parent Subsidiary Affiliate
(Attach a copy of the appropriate federal income tax schedule reflecting the relationship)	
10. Officers' names and addresses:	
President	
Vice-President	
Secretary	
Treasurer	

26044140814

6300206002



Legal Name (First 10 Characters) Federal Employer ID Number

(E) Computation of Income Tax

1. Total State Net Income (From Schedule H, Line 7)	▶ 1.	23629	.00
2. Nonbusiness Income (From Schedule N, Line 1)	▶ 2.		.00
3. Business Income Subject to Apportionment Line 1 minus Line 2	▶ 3.	23629	.00
4. Apportionment Factor - Enter to four decimal places (From Schedule O, Part 1, Part 2 - Line 15, Part 3, or Part 4)	▶ 4.		%
5. Business Income Apportioned to N.C. Multiply Line 3 by factor on Line 4	▶ 5.	23629	.00
6. Nonbusiness Income Allocated to N.C. (From Schedule N, Line 2)	▶ 6.		.00
7. Income Apportioned and Allocated to N.C. Add Lines 5 and 6	▶ 7.	23629	.00
8. Percentage Depletion over Cost Depletion on N.C. Property	▶ 8.		.00
9. Net Economic Loss (Attach Schedule)	▶ 9.		.00
10. Income to N.C. Before Contributions Line 7 minus Lines 8 and 9	▶ 10.	23629	.00
11. Contributions (From Schedule I, Line 4e or 5h)	▶ 11.		.00
12. Net Taxable Income Line 10 minus Line 11	▶ 12.	23629	.00
13. Income Tax Multiply Line 12 by 6.90%	▶ 13.	1630	.00
14. Tax Credits (Complete Form CD-425 and enter amount from Part 4, Line 10)	▶ 14.		.00
15. Net Tax Due Line 13 minus Line 14	▶ 15.	1630	.00
16. Annual Report Fee (\$20.00)	▶ 16.		.00
17. Add Lines 13 and 14	▶ 17.		.00
18. Tax Payments			
a. Application for Extension (From CD-419, Line 5)	▶ 18a.		.00
b. 2000 Estimated Tax (If filing an amended return, enter previous payments)	▶ 18b.		.00
c. Partnership (Attach Schedule)	▶ 18c.		.00
d. Nonresident Withholding (Attach Schedule)	▶ 18d.		.00
19. Add Lines 16a through 16d	▶ 19.		.00
20. Income Tax Due - If Line 17 is smaller than Line 15, enter the difference here and on Schedule B, Line 10a	▶ 20.	\$ 1630	.00
21. Income Tax Overpaid - If Line 17 is larger than Line 15, enter the difference here and on Schedule B, Line 10b	▶ 21.		.00

Fill in circle if the amount on Lines 1-3, 5-7, 10, or 12 is negative Example ●

26044140815



I certify that to the best of my knowledge, this return is accurate and complete.

Signature

Signature and Title of Officer: [Signature] Date: 3/15/01

Signature of Preparer other than Taxpayer: [Signature] Preparer's FEIN, SSN, or PTIN: 3/12/01

Legal Name (First 10 Characters)	Federal Employer ID Number
----------------------------------	----------------------------

<b>© Federal Taxable Income Before NOL and Special Deductions</b>	
<i>Complete this schedule if you do not attach a copy of your federal income tax return</i>	
1. a. Gross receipts or sales	.00
b. Returns and allowances	.00
c. Balance - Line 1a minus Line 1b	.00
2. Cost of goods sold (Attach Schedule)	.00
3. Gross Profit - Line 1c minus Line 2	.00
4. Dividends (Attach Schedule)	.00
5. a. Interest on obligations of the United States and its instrumentalities	.00
b. Other interest	.00
6. Gross rents	.00
7. Gross royalties	.00
8. Capital gain net income (Attach Schedule)	.00
9. Net gains (loss) (Attach Schedule)	.00
Other income (Attach Schedule)	.00
<b>11. Total Income</b> Add Lines 3 through 10	<b>.00</b>
12. Compensation of officers (Attach Schedule)	.00
13. Salaries and wages (Less employment credits)	.00
14. Repairs and maintenance	.00
15. Bad debts	.00
16. Rents	.00
17. Taxes and licenses	.00
18. Interest	.00
19. Charitable contributions	.00
20. Depreciation	.00
21. a. Depreciation included in cost of goods sold	.00
b. Balance (Line 20 minus 21a)	.00
22. Depletion	.00
23. Advertising	.00
24. Pension, profit-sharing, and similar plans	.00
25. Employee benefit programs	.00
26. Other deductions (Attach Schedule)	.00
<b>27. Total Deductions</b> Add the amounts in the far right column for Lines 12 - 26	<b>.00</b>
<b>28. Taxable Income per Federal Return Before NOL and Special Deductions</b> Line 11 minus Line 27, enter amount here and on Schedule H, Line 1	<b>.00</b>

<b>Ⓜ Computation of State Net Income</b>	
1. Taxable Income per Federal Return Before NOL and Special Deductions	21,899 .00
2. Additions	
a. Taxes based on net income	1,630 .00
b. Capital loss carry-over	.00
c. Contributions	.00
d. Percentage depletion in excess of cost depletion	.00
e. Other (Attach Schedule)	100 .00
3. Add Lines 1 through 2e and enter total	.00
4. Deductions	
a. US obligation interest (net expenses)	.00
b. Deductible dividends (Attach Schedule)	.00
c. Capital loss not deducted on federal return	.00
d. Adjustment to property basis	.00
e. Interest on deposits with FHLB (net expenses) (S&L's only)	.00
f. Other (Attach Schedule)	.00
5. Net Income Before Contributions Line 3 minus Lines 4a through 4f	23,629 .00
6. Contributions to Donees Outside N.C. (Enter amount from Schedule I, Line 5c)	.00
7. Total State Net Income - Line 5 minus Line 6, enter amount on Schedule F, Line 1	23,629 .00
<b>Ⓜ Contributions</b>	
1. Total Contributions to Donees outside N.C.	.00
2. Total Contributions to N.C., to any N.C. county or municipality or their institutions, instrumentalities, or agencies, or to qualified N.C. educational institutions	.00
3. Total Contributions to N.C. Donees other than those listed in Line 2	.00
<b>4. Amount Deductible for Income Not Apportioned Outside N.C.</b>	
a. Add Line 1 and Line 3	.00
b. Multiply Schedule F, Line 10 by 5%	.00
c. Enter the lesser of Line 4a or 4b	.00
d. Enter amount of Line 2	.00
e. Add Lines 4c and 4d, enter total here and on Schedule F, Line 11	.00
<b>5. Amount Deductible for Income Apportioned to N.C. and Other States</b>	
a. Enter amount of Line 1	.00
b. Multiply Schedule H, Line 5 by 5%	.00
c. Enter the lesser of Line 5a or 5b here and on Schedule H, Line 6	.00
d. Enter amount of Line 3	.00
e. Multiply Schedule F, Line 10 by 5%	.00
f. Enter the lesser of Line 5d or 5e	.00
g. Enter amount of Line 2	.00
h. Add Lines 5f and 5g, enter total here and on Schedule F, Line 11	.00

6310206002



Note Due to form redesign, the letters J and K are not used to designate schedules



**PRAIGG & PRAIGG, P.A.**

PRAIGG & PRAIGG P. A.  
3622 LYCKAN PKWY SUITE 5008  
DURHAM, NC 27707

Phone: 919-403-9002 FAX: 919-489-9424

Invoice Date: May 24, 2001

Invoice Number: 00100413

Client Number: BOBETHER 001

**BOB ETHERIDGE FOR CONGRESS COMMITTEE**  
PO BOX 28001  
RALEIGH, NC 27611

*For professional services rendered for the period ending.*

Prepare 2000 federal and state income tax return

Prepare 1st Quarter, 2001 payroll tax returns

**Total Invoice Amount**

\$ 350 00

26044140817

TERMS: DUE UPON RECEIPT

A LATE PAYMENT CHARGE OF 1.5% PER MONTH WILL BE ADDED TO OVERDUE AMOUNTS



For calendar year 2001 or other tax year beginning 2001, and ending 20

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3)

Please print or type	Name of organization <b>BOB ETHERIDGE FOR CONGRESS</b>	Employer identification number
	Number, street, and room or suite no (If a P O box, see page 5 of instructions.) <b>PO BOX 28001</b>	Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here <input checked="" type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2) <input type="checkbox"/>
	City or town, state, and ZIP code <b>RALEIGH, NC 27611</b>	

Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

Income	1 Dividends (attach schedule)	1	
	2 Interest	2	8276
	3 Gross rents	3	
	4 Gross royalties	4	
	5 Capital gain net income (attach Schedule D (Form 1120))	5	
	6 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	
	7 Other income and nonexempt function expenditures (see instructions)	7	
	8 Total income. Add lines 1 through 7.	8	8276
Deductions	9 Salaries and wages	9	
	10 Repairs and maintenance	10	
	11 Rents	11	
	12 Taxes and licenses	12	
	13 Interest	13	
	14 Depreciation (attach Form 4562)	14	
	15 Other deductions (attach schedule)	15	
	16 Total deductions. Add lines 9 through 15	16	0
	17 Taxable income before specific deduction of \$100 (see instructions) Section 501(c) organizations show:		
	a Amount of net investment income		
b Aggregate amount expended for an exempt function (attach schedule)	17c	8276	
18 Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18	100	
Tax	19 Taxable income. Subtract line 18 from line 17c (if line 19 is zero or less, see instructions.)	19	8176
	20 Income tax (see instructions)	20	1226
	21 Tax credits (Attach the applicable credit forms.) (see instructions)	21	
	22 Total tax Subtract line 21 from line 20	22	1226
	23 Payments: a Tax deposited with Form 7004	23a	
	b Credit for tax paid on undistributed capital gains (attach Form 2439)	23b	
	c Credit for Federal tax on fuels (attach Form 4136)	23c	
	d Total Add lines 23a through 23c	23d	0
24 Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment	24	1226	
25 Overpayment. Subtract line 22 from line 23d	25		

Additional Information	1 At any time during the 2001 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (See instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country
	2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," the organization may have to file Form 3520.
	3 Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$</u>
	4 Date organization formed <u>1995</u>
5a The books are in care of <u>ANDREA BELL</u>	b Enter name of candidate <u>BOB ETHERIDGE</u>
c The books are located at <u>RALEIGH, NC</u>	d Telephone No. <u>919-821-4948</u>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer _____ Date _____ Title _____	May the IRS discuss this return with the preparer shown below (see page 3)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Paid Preparer's Use Only	Preparer's signature <u>Ann Prayg CPA</u>	Date <u>3-14-02</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code <u>PRAIGG &amp; PRAIGG, P.A. 3622 LYCKAN PKWY #5008 DURHAM, NC 27707</u>	EIN _____	Phone no ( <u>919</u> ) <u>403-9002</u>	

26044140818

*SW7 CLAIM*  
**ACORD CERTIFICATE OF LIABILITY INSURANCE**

CSR TA  
 ETHER-1

DATE (MM/DD/YY)  
 06/06/02

PRODUCER  
 Hartsfield & Nash Agency, Inc.  
 Post Office Box 1109  
 10405-H Ligon Mill Road  
 Wake Forest NC 27588  
 Phone: 919-556-3698 Fax: 919-556-8758

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURED  
 Etheridge for Congress  
 Andrea Bell-Wright  
 PO Box 28001  
 Raleigh NC 27611

INSURER  
 Scottsdale Insurance Company  
 \_\_\_\_\_  
 INSURER  
 \_\_\_\_\_  
 INSURER  
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 INSURER  
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 INSURER  
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**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

THE POLICY PERIOD INDICATED NOTWITHSTANDING WHICH THIS CERTIFICATE MAY BE ISSUED OR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CLS0813133	06/08/02	06/08/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any, one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATE MANDATORY LIMITS \$
					E L EACH ACCIDENT \$
					E L DISEASE - EA EMPLOYEE \$
					E L DISEASE - POLICY LIMIT \$
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS AUDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY.

CERTIFICATE HOLDER  ADDITIONAL INSURED, INSURER LETTER: NCSTA-1 CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZE REPRESENTATIVE: *Theresa Ward Austin*

Don Stoud

Scottsdale Insurance 6/23/00

1:08: PAGE 2/2

Right

*Jeri*  
919.556-8758

POLICY#CLS0813133

SCOTTSDALE INSURANCE COMPANY®

P.O. Box 4110 • Scottsdale, Arizona 86261 • (602) 948-0503 • Fax (602) 483-8788

Special Event Supplemental General Liability Application

(Completes in addition to ACORD General Liability Application)

Name of Applicant: ETHSRIDGE FOR CONGRESS

1. Description of event (attach any flyers, brochures, etc.): RALLY

Maximum daily attendance: 1000 Total attendance: 500-1000 Sales: \$ 5000-10,000

Length of event: 1 DAY Estimated age group of audience: From 25 to 70

No. of Participants: 500-1000 Do participants sign waiver of liability agreements?  Yes  No

2. Applicant's experience in conducting events of this or similar nature: HAVE CONDUCTED SIMILAR RALLIES

3. Rides: Will rides be provided?  Yes  No If yes, type of rides: \_\_\_\_\_

Will ride operators hold applicant harmless?  Yes  No Rides inspected?  Yes  No N/A

Do rides have signs clearly marking age, height, and size limitations?  Yes  No N/A

4. Entertainment: Will live entertainment be provided?  Yes  No If yes, describe: CHARLIE ALBERSON BLUE GRASS SHOW

If a concert, type of music:  classical  jazz  rap  blue grass  country/western  gospel  
 R&B  alternative  hard rock  heavy metal  hip-hop  gothic  
 other (describe): \_\_\_\_\_

If fireworks are planned, is pyrotechnician licensed?  Yes  No

Distance between fireworks staging area and audience? N/A

Spectators allowed in fireworks staging area?  Yes  No

5. Security (indicate type and number of each):

Independent security co.  Off-duty police  Employed security

Chaperons \_\_\_\_\_ Is there a written emergency plan in the event of an accident?  Yes  No

Does independent security company provide a certificate of insurance?  Yes  No

6. Stadiums: Are bleachers or platforms to be used?  Yes  No If yes, type:  portable  permanent

Back and side railings provided?  Yes  No Construction:  Wood  Steel  Concrete

Height in feet: 4 Age of bleachers or platform: UNSURE

Are patrons protected from, and warned against, potential flying objects?  Yes  No

Are patrons allowed on the field, track or pit area?  Yes  No

Is public address system clearly audible in all parts of the facility?  Yes  No

Is there a backup electrical supply for lighting and the public address system?  Yes  No

7. Traffic Control: Who is responsible for crowd and traffic control? STAFF OF CONGRESSMAN

Are parking areas smooth with clearly marked parking areas and exit roads?  Yes  No

Is parade route able to handle size and height of floats and are cross streets barricaded?  Yes  No N/A

8. Liquor: Is liquor to be served by applicant?  Yes  No If yes, explain: \_\_\_\_\_

Does applicant want:  Host Liquor  Liquor Liability (available in selected states only) N/A

Is liquor to be served by others?  Yes  No If yes, do they have Liquor Liability coverage?  Yes  No N/A

9. First Aid: Will first aid facilities be provided at the event?  Yes  No If yes, describe: N/A

If yes, who will be in charge of the facilities?  Doctors  Nurses  Others: N/A

10. If applicant is the sponsor, does the operator have liability insurance?  Yes  No If yes, name of insurance carrier: \_\_\_\_\_ and policy limits of liability: \$ \_\_\_\_\_

11. Hold-harmless Agreements: Is applicant held harmless by others?  Yes  No

Does applicant agree to hold any third party harmless?  Yes  No If yes, who? NC STATE FAIR GROUND

APPLICANT'S SIGNATURE [Signature] Date 6/16/02

26044140820

2/9

**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

DATE  
06/06/02

PHONE (A/C, No, Ext) 919-556-3698  
 919-556-8758  
 Don Stroud & Nash Agency, Inc.  
 Office Box 1109  
 405-H Ligon Mill Road  
 Wake Forest NC 27588  
 Don Stroud

CARRIER NAIC CODE  
 Scottsdale Insurance Company  
 UNDERWRITER  
 SUZIE

POLICIES OR PROGRAM REQUESTED  
 CLS 0813133

CODE: SUB CODE:  
 AGENCY CUSTOMER ID

INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS
PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA
TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	

**STATUS OF SUBMISSION** **PACKAGE POLICY INFORMATION**

QUOTE <input checked="" type="checkbox"/>	ISSUE POLICY <input checked="" type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES				
BOUND (Give Date and/or Attach Copy)		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
DATE: 06/08/02	TIME: 12:01	06/08/02	06/08/03	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	ANNUAL	

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds)  
 Etheridge for Congress

FEIN OR SOC SEC # (of First Named Ins)  
 PHONE (A/C, No, Ext) 919-821-4948

MAILING ADDRESS INCL ZIP+4 (of First Named Insured)  
 Andrea Bell-Wright  
 PO Box 28001  
 Raleigh NC 27611

INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE   
 SUBCHAPTER S CORPORATION  LIMITED CORPORATION  NOT FOR PROFIT ORG  COMMITTEE  
 CREDIT BUREAU ID NUMBER (See page 3 for business type other description.)  
 YEAR BUS STARTED

INSPECTION CONTACT: Andrea Bell-Wright, PHONE (A/C, No, Ext) 919-821-4948  
 ACCOUNTING RECORDS CONTACT: Andrea Bell-Wright, PHONE (A/C, No Ext) 919-821-4948

**PREMISES INFORMATION**

LOT#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
260441	1	303 West Jones St., Ste 220 Raleigh NC 27603	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER <input checked="" type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

1 1 office  
 1 1  
 1 1

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1 IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7 ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>		8 DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input checked="" type="checkbox"/>		9 ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 ANY CATASTROPHE EXPOSURE?	<input checked="" type="checkbox"/>		10 ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input checked="" type="checkbox"/>				
6 ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO	<input checked="" type="checkbox"/>				

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE: *Andrea Bell-Wright*  
 PRODUCER'S SIGNATURE: Don Stroud

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CATEGORY		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
EFF-EXP DATE																	
GENERAL AGGREGATE																	
PRODUCTS COMP OP AGGREGATE																	
PERSONAL & ADV INJ																	
EACH OCCURRENCE																	
FIRE DAMAGE																	
MEDICAL EXPENSE																	
BODILY INJURY		OCCURRENCE		AGGREGATE													
PROPERTY DAMAGE		OCCURRENCE		AGGREGATE													
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
COMBINED SINGLE LIMIT																	
BODILY INJURY		EA PERSON		EA ACCIDENT													
PROPERTY DAMAGE																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING		AMT															
PERS PRCP		AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)  CHK HERE IF NONE  SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU SUCH AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST, CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US

**LOSS HISTORY/REMARKS**

**ETHER-1**

CLAIMS (REGARDLESS OF FAULT) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN NJ & NY)  CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

REFERENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

BUSINESS TYPE OTHER DESCRIPTION

political committee

26044140823

# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)  
06/06/02

CSR 1A

PHONE (A/C, No, Ext): 919-556-3698

FAX NO. (A/C, No, Ext):

Field & Nash Agency, Inc.  
Office Box 1109  
105-H Ligon Mill Road  
Forest NC 27588  
Jon Stroud

APPLICANT (First Named Insured)  
Etheridge for Congress

EFFECTIVE DATE 06/08/02	EXPIRATION DATE 06/08/03	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN ANNUAL	AUDIT
----------------------------	-----------------------------	---	------------------------	-------

FOR COMPANY USE ONLY

CODE: SUB CODE:

AGENCY CUSTOMER ID: ETHER-1

### COVERAGES

COMMERCIAL GENERAL LIABILITY  
 CLAIMS MADE  OCCURRENCE  
 OWNER'S & CONTRACTOR'S PROTECTIVE

### LIMITS

GENERAL AGGREGATE	\$ 2000000	PREMIUMS
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2000000	PREMISES/OPERATIONS
PERSONAL & ADVERTISING INJURY	\$ 1000000	
EACH OCCURRENCE	\$ 1000000	
FIRE DAMAGE (Any one fire)	\$ 50000	PRODUCTS
MEDICAL EXPENSE (Any one person)	\$ 5000	
EMPLOYEE BENEFITS	\$	OTHER

### DEDUCTIBLES

PROPERTY DAMAGE	\$	PER CLAIM
BODILY INJURY	\$	PER OCCURRENCE

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

TOTAL

### SCHEDULE OF HAZARDS

LOCATION	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
2604414082 11	Event Coverage for Political Rally							

### RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADVERTISEMENTS - PER 1,000/ADM (T) OTHER  
(P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT PER UNIT

### CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE:  
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV  
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED UNINJURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?  
4. WAS TAL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

### EMPLOYEE BENEFITS

1. DEDUCTIBLE PER CLAIM \$  
2. NUMBER OF EMPLOYEES  
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS  
4. RETROACTIVE DATE

REMARKS

REMARKS

6/6

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO
1 DO YOU HAVE ANY DRAWINGS, PLANS, DESIGNS OR SPECIFICATIONS?			4 DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		
2 DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			5 ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?		
3 DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, OR UNDERGROUND WORK OR EARTH MOVING?			6 DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		

MARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	# PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO
1 DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			6 PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
2 FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			7 PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
3 RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			8 PRODUCTS UNDER LABEL OF OTHERS?		
4 GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			9 VENDORS COVERAGE REQUIRED?		
5 PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			10 DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED		North Carolina State Fair  Elaine M. Kurtz 1025 Blue Ridge Rd. Raleigh NC 27607		NORTH-2	LOCATION: 1 BUILDING.
<input type="checkbox"/> LOSS PAYEE	VEHICLE				BOAT.
<input type="checkbox"/> MORTGAGEE	SCHEDULED ITEM NUMBER:				
<input type="checkbox"/> LIENHOLDER	OTHER				
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION: Lessor					

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO
1 ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			12 ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
2 ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			13 ANY DEMOLITION EXPOSURE CONTEMPLATED?		
3 DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g., andfills, wastes, fuel tanks, etc)			14 HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		
4 ANY OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN LAST 5 YEARS?			15 DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
5 MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			16 IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		
6 ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			17 ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
7 ANY PARKING FACILITIES OWNED/RENTED?			18 HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?		
8 IS A FEE CHARGED FOR PARKING?			19 IS THERE A FORMAL WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		
9 RECREATION FACILITIES PROVIDED?			20 DOES THE BUSINESSES PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?		
10 IS THERE A SWIMMING POOL ON THE PREMISES?					
11 SPORTING OR SOCIAL EVENTS SPONSORED?					

REMARKS  
(7) Parking is provided. (11) Coverage is for a political rally.



SCHEDULE OF HAZARDS ADDITIONAL COVERAGES

	COVERAGE CODE	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
BUILDING #: LOCATION #:					
BUILDING #: LOCATION #:					
BUILDING #: LOCATION #:					
BUILDING #: LOCATION #:					
BUILDING #: LOCATION #:					

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

OTHER COVERAGES/RESTRICTIONS/ENDORSEMENTS

#	STATE	COVERAGE CODE	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

CLS 08/3133

FORM F

APPLICATION TO THE COMMISSIONER OF INSURANCE OF NORTH CAROLINA TO PROCURE INSURANCE FROM AN INSURANCE COMPANY NOT LICENSED IN NORTH CAROLINA

I, the undersigned, have been unable to purchase insurance from any insurance company licensed to do business in North Carolina: therefore, application is made under Article 21 of Chapter 58 of the General Statutes of North Carolina to procure insurance through an insurance company that is not licensed in North Carolina.

I understand that risks in this State may be insured in insurance companies not licensed to do business in North Carolina only to the extent that such risk(s) cannot be insured in companies licensed to do business in North Carolina under any policy form filed with and approved by the Commissioner of Insurance.

I further understand that the insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision, and that in the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

X 6/6/02 Date

X [Signature] Signature of Applicant (Insured)

APPLICATION FROM PRODUCING BROKER TO SURPLUS LINES LICENSURE TO PLACE BUSINESS IN AN INSURANCE COMPANY NOT LICENSED IN NORTH CAROLINA

Application is made on behalf of ETHERIDGE FOR CONGRESS for insurance with an insurance company not licensed to do business in North Carolina, as the applicant has not been able to purchase insurance through a company that is licensed in North Carolina.

06/06/02 Date

X Theresa Ward Austin Signature of Producing Broker

PRODUCING BROKER PLEASE DO NOT COMPLETE BELOW THIS LINE

I, the undersigned, being duly licensed to procure policies of insurance on risks in this State from insurance companies not licensed to do business in North Carolina, hereby certify under oath that I have been unable, after a diligent search, to obtain from insurance companies authorized to do business in North Carolina the full amount or kind of insurance necessary to protect the risks. I, therefore, request that I be permitted to place the amount of insurance required to protect such risk(s) in insurance companies that are not licensed to do business in the State, pursuant to Article 21 of Chapter 58 of the General Statutes of North Carolina.

Surplus Lines Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

Address of Insured \_\_\_\_\_

Description of Risk \_\_\_\_\_

Location of Risk \_\_\_\_\_

Type of Insurance \_\_\_\_\_ Amount of Insurance \_\_\_\_\_

Premium Charged \$ \_\_\_\_\_ Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

X \_\_\_\_\_ Date

X \_\_\_\_\_ Signature of Surplus Lines Licensee

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_. Notarial Seal

26044140827

**PRAIGG & PRAIGG, P.A.**  
 PRAIGG & PRAIGG P. A.  
 3622 LYCKAN PKWY SUITE 5008  
 DURHAM, NC 27707  
 Phone: 919-403-9002 FAX: 919-489-9424

Invoice Date: August 31, 2002

Invoice Number: PP02514

Client Number: BOBETHER 001

BOB ETHERIDGE FOR CONGRESS COMMITTEE  
 PO BOX 28001  
 RALEIGH, NC 27611

*For professional services rendered for the period ending*

Prepare 990 for 2001

**Total Invoice Amount**

\$ 560 00

26044140828

TERMS DUE UPON RECEIPT

A LATE PAYMENT CHARGE OF 1 5% PER MONTH WILL BE ADDED TO OVERDUE AMOUNTS

1120-POL

Form Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for Certain Political Organizations

OMB No 1545-0129

2002

For calendar year 2002 or other tax year beginning 2002, and ending 20

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3)

Check if: Final return, Name change, Address change, Amended return. Name of organization: BOB ETHERIDGE FOR CONGRESS. Address: P O BOX 28001, RALEIGH, NC 27611. Candidates for U.S. Congress Only.

Table with columns for Income, Deductions, and Tax. Rows include Dividends, Interest, Gross rents, Salaries and wages, Total income, Taxable income, Income tax, and Tax due.

Additional Information section with questions 1-5 regarding foreign accounts, distributions, tax-exempt interest, and candidate information.

Sign Here section with signature of officer, date, title, and preparer information for PRAIGG & PRAIGG, P.A.

26044140829

COPY

May the IRS discuss this return with the preparer shown below (see page 3)? Yes No

Account No

Deposit

- Checking Account
- Savings Account
- IRA
- 

Payment

- Installment Loan
- Credit Line
- Credit Card
- 



RBC Centura

This is your receipt. All items are credited subject to payment. The account number, transaction number, date and amount of your deposit are shown below. Always obtain official receipt when making deposit.

BE

03/17/03 12:45:08 AM 9890  
 03/17/03 02103 019-DTK 2B  
 2,877.00

Form 1120-POL  
Department of the Treasury  
Internal Revenue Service

U.S. Income Tax Return  
for Certain Political Organizations

OMB No 1545-0128

2003

For calendar year 2003 or other tax year beginning 01/01, 2003, and ending 12/31, 20

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(b)(3)

Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return	Name of organization <b>BOB ETHERIDGE FOR CONGRESS</b>	Employer identification number
	Number, street, and room or suite no (if a P O box, see page 5 of instructions) <b>P O BOX 28001</b>	Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee check here <input checked="" type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee check here and attach a copy of designation (See instructions on page 2) <input type="checkbox"/>
	City or town, state, and ZIP code <b>RALEIGH, NC 27611</b>	

Income	1 Dividends (attach schedule)	1	
	2 Interest	2	10664
	3 Gross rents	3	
	4 Gross royalties	4	
	5 Capital gain net income (attach Schedule D (Form 1120))	5	
	6 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	
	7 Other income and nonexempt function expenditures (see instructions)	7	
	8 Total income. Add lines 1 through 7	8	10664
Deductions	9 Salaries and wages	9	
	10 Repairs and maintenance	10	
	11 Rents	11	
	12 Taxes and licenses	12	
	13 Interest	13	
	14 Depreciation (attach Form 4562)	14	
	15 Other deductions (attach schedule)	15	
	16 Total deductions. Add lines 9 through 15	16	0
	17 Taxable income before specific deduction of \$100 (see instructions) Section 501(c) organizations show:		
	a Amount of net investment income	17c	10664
b Aggregate amount expended for an exempt function (attach schedule)	17b		
18 Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(d))	18	100	
Tax	19 Taxable income. Subtract line 18 from line 17c (if line 19 is zero or less, see the instructions.)	19	10564
	20 Income tax (see instructions)	20	1585
	21 Tax credits (Attach the applicable credit forms) (see instructions)	21	
	22 Total tax Subtract line 21 from line 20	22	1585
	23 Payments: a Tax deposited with Form 7004	23a	
	b Credit for tax paid on undistributed capital gains (attach Form 2439)	23b	
	c Credit for Federal tax on fuels (attach Form 4136)	23c	
	d Total Add lines 23a through 23c	23d	
24 Tax due. Subtract line 23d from line 22 See instructions on page 4 for depository method of payment	24	1585	
25 Overpayment. Subtract line 22 from line 23d	25		

Additional Information

1 At any time during the 2003 calendar year did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions)  Yes  No  
If "Yes," enter the name of the foreign country

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520  Yes  No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

4 Date organization formed 1995

5a The books are in care of ANDREA BELL b Enter name of candidate BOB ETHERIDGE  
c The books are located at RALEIGH, NC d Telephone No. 919-921-4948

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see page 3)?  Yes  No

Paid Preparer's Use Only

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP code \_\_\_\_\_ EIN \_\_\_\_\_

Phone no \_\_\_\_\_ Preparer's SSN or PTIN \_\_\_\_\_

26044140831

CD-405 (39)  
9-3-03

# C Corporation Tax Return 2003

North Carolina Department of Revenue

For calendar year 2003, or other tax year beginning

and ending

Tax year less than 12 months **N**

**BOB ETHERIDGE FOR CONGRESS**  
PO BOX 28001  
RALEIGH NC 27611

Federal Employer ID Number  
NC Secretary of State ID Number  
NAICS Code

Amended Return  Initial Filer  Final Return  LLC  CD-479  NC-478  Nonprofit  Escheatable Property

FOR COMPUTER USE ONLY

BOB PO B 27611 561963141 NP N EP N

PP 561949838 AR N IF N FR N LLC N 479 Y 478 N

**BOB ETHERIDGE FOR CONGRESS**

PO BOX 28001 RALEIGH NC 27611

GR	0	07	0	20	0	31D	0
TA	0	08	0	21	0	33	736
01	0	09	10664	24	0	34	0
HCE	N	10	0	27	0	38	0
02	0	12	0	29	0	PE	
03	0	14	0	31A	0	42	0
05	0	16	100.0000	31B	0	43	0
06A	0	18	0	31C	0	44	0
06B	0	19	10664			TN	

Sch. A Computation of Franchise Tax		Sch. B Computation of Corporate Income Tax	
1. Capital Stock, Surplus, & Undivided Profits	0	9. Federal Taxable Income	10664
Holding Company Exception	N	10. Adjustments to Federal Taxable Income	0
2. Investment in N.C. Tangible Property	0	11. Net Income Before Contributions	10664
3. Appraised Value of N.C. Tangible Property	0	12. Contributions to Donees Outside N.C.	0
4. Taxable Amount	0	13. N.C. Taxable Income	10664
5. Total Franchise Tax Due	0	14. Nonapportionable Income	0
6. a. Application for Franchise Tax Extension	0	15. Apportionable Income	10664
b. Tax Credits	0	16. Apportionment Factor	100.0000
7. Franchise Tax Due	0	17. Income Apportioned to N.C.	10664
8. Franchise Tax Overpaid	0	18. Nonapportionable Income Allocated to N.C.	0

Sign Return Below  Refund Due   Payment Due 736

I certify that, to the best of my knowledge, this return is accurate and complete.

Signature and Title of Officer

Corporate Telephone Number

Date

Signature of Paid Preparer

(919) 403-9002

Preparer's Telephone Number

Preparer's FEIN, SSN or PTIN



26044140832



CD-405 2003 Page 2 (39)

Legal Name (First 10 Characters) **BOB ETHERI**

Federal Employer ID Number

**CD-405 Line-by-Line Information**

Sch B Computation of Corporate Income Tax		Sch D Investment in N C Tangible Property		
19	Income Subject to N C Tax	10664	Inventory valuation method	
20	% Depletion over Cost - N C Property	0	1 Total inventories located in N C	
21	Net Economic Loss (Attach schedule)	0	2 Total furniture fixtures, and M & E located in N C	
22	Income Before Contributions to N.C. Donees	10664	3 Total land and buildings located in N C.	
23	Enter amount from Line 22	10664	4 Total leasehold improvements and other N C tangible property	
24	Contributions to N C Donees	0	5 Add Lines 1 through 4	
25	Net Taxable Income	10664	6 Acc depreciation depletion, and amortization	
26	N C Net Income Tax	736	7 Debts existing for N C real estate	
27	Tax Credits	0	8 Investment in N C Tangible Property	
28	Net Tax Due	736		
29	Annual Report Fee	0	Sch E Appraised Value of N C Tangible Property	
30	Add Lines 28 and 29	736	1	County tax value of N.C tangible property
31	Payments		2	Appraised value of N.C tangible property
a	Application for Income Tax Extension	0	Sch G Federal Taxable Income Before NOL Deduction	
b	2003 Estimated Tax (previous payments if amended)	0	1 a	Gross receipts or sales
c	Partnership (include Form D-403, NC K-1)	0	b	Returns and allowances
d	Nonresident Withholding (include 1099 or W-2)	-0	c	Balance - Line 1a minus 1b
32	Add Lines 31a through 31d	0	2	Cost of goods sold (Att sch)
33	Income Tax Due	736	3	Gross Profit
34	Income Tax Overpaid	0	4	Dividends (Att sch)
Tax Due or Refund			5 a	Interest on obligations of U.S. and its instrumentalities
35	Franchise Tax Due or Overpayment	0	b	Other interest
36	Income Tax Due or Overpayment	736	6	Gross rents
37	Balance of Tax Due or Overpayment	736	7	Gross royalties
38	Penalty for Underpayment of ES Income Tax	0	8	Capital gain net income (Attach schedule)
PE	Penalty Exception		9	Net gains (loss) (Attach schedule)
39	Other Penalties and Interest	0	10	Other income (Attach schedule)
40	Total Due	736	11	Total Income
41	Overpayment	0	12	Compensation of officers (Att sch)
42	2004 Estimated Income Tax	0	13	Salaries and wages (less employment credits)
43	N.C. Nongame and Endangered Wildlife Fund	0	14	Repairs and maintenance
44	Amount to be Refunded	0	15	Bad debts
Sch. C Capital Stock, Surplus, and Undivided Profits			16	Rents
1	Total capital stock outstanding less cost of treasury stock	0	17	Taxes and licenses
2	Paid-in or capital surplus	0	18	Interest
3	Retained earnings	0	19	Charitable contributions
4	Other surplus	0	20	Depreciation
5	Deferred or unearned income	0	21 a	Depreciation included in cost of goods sold
6	Allowance for bad debts	0	b	Balance - Line 20 minus 21a
7	LIFO reserves	0	22	Depletion
8	Other reserves that do not represent definite and accrued legal liabilities	0	23	Advertising
9	Add Lines 1 through 8	0	24	Pension, profit-sharing, and similar plans
10	Affiliated indebtedness	0	25	Employee benefit programs
11	Line 9 plus (or minus) Line 10	0	26	Other deductions (Att sch)
12	Apportionment factor	100.0000	27	Total Deductions
13	Capital Stock, Surplus, and Undivided Profits	0	28	Taxable Income Per Federal Return Before NOL and Special Deductions
			29	Special Deductions
			30	Federal Taxable Income

This page must be filed with this form.

26044140833



CO-405 2003 Page 3 (39)

Legal Name (First 10 Characters) **BOB ETHERI**

Federal Employer ID Number

Sch M Adjustments to Federal Taxable Income

1	Additions		
	a. Taxes based on net income	1a	0
	b. Capital loss carry-over	1b.	0
	c. Contributions	1c	0
	d. Royalties paid to related members	1d.	0
	e. Expenses attributable to income not taxed	1e	0
	f. Additional first-year depreciation	1f	0
	g. Other (Attach schedule)	1g	0
2	Total Additions	2	0
3	Deductions		
	a. U.S. obligation interest (net of expenses)	3a	0
	b. Other deductible dividends	3b	0
	c. Capital loss not deducted on federal return	3c	0
	d. Royalties received from related members	3d.	0
	e. Interest on deposits with FHLB (net of expenses) S&L's only	3e	0
	f. Other (Attach schedule)	3f	0
4.	Total Deductions	4.	0
5.	Adjustments to Federal Taxable Income	5.	0

Sch I Contributions

1	Contributions to Donees Outside N C		
	a. Total contributions to donees outside N C	1a	0
	b. Multiply Schedule B, Line 11 by 5%	1b.	533
	c. Amount Deductible	1c.	0
2	Contributions to N.C. Donees		
	a. Total contributions to N.C. donees other than those listed in Line 2d	2a	0
	b. Multiply Sch. B, Line 22 by 5%	2b	533
	c. Enter the lesser of Line 2a or 2b	2c.	0
	d. Total contributions to the State of N.C. and its political subdivisions	2d	0
	e. Amount Deductible	2e.	0

Other Information - All Taxpayers Must Complete this Schedule

1	a. State of incorporation	7	Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	N
	b. Date incorporated			
2	Date of N.C. Certificate of Authority			
3	a. Reg or principal trade or bus in N.C.		8	Is this corporation related to another corporation as:
	b. Reg or principal trade or bus everywhere			
4	Principal place bus is directed or managed	POLITICAL ORGA POLITICAL ORGA - RALEIGH, NC 2	9	Officers' names and addresses
5	a. What was the last year the IRS redetermined the corporation's federal taxable income?			President
	b. Were adjustments reported to N.C.?	N		Vice-President
6	Does this corporation finance or discount its receivables through a related or an affiliated company?	N		Secretary
				Treasurer

Explanation of Changes for Amended Return:

This page must be filed with this form.



26044140834

< Staple Annual Report Here

For calendar year 2002, or other tax year beginning

**COPY** and ending

Tax year less than 12 months **N**

**BOB ETHERIDGE FOR CONGRESS**  
PO BOX 28001  
RALEIGH NC 27611

Federal Employer ID Number  
N C Secretary of State ID Number  
NAICS Code

Amended Return  Initial Filer  Final Return  LLC  CD-479  NC-478  Nonprofit  Escheatable Property

**FOR COMPUTER USE ONLY**

BOB PO B 27611 561963141 NP N EP N  
PP 561949838 AR N IF N FR N LLC N 479 Y 478 N

**BOB ETHERIDGE FOR CONGRESS**

PO BOX 28001 RALEIGH NC 27611

GR	0	07	0	20	0	31D	0
TA	0	08	0	21	0	33	1330
01	0	09	19280	24	0	34	0
HCE	N	10	0	27	0	38	0
02	0	12	0	29	0	PE	
03	0	14	0	31A	0	42	0
05	0	16	100.0000	31B	0	43	0
06A	0	18	0	31C	0	44	0
06B	0	19	19280				

26044140835



Sch. A Computation of Franchise Tax		Sch. B Computation of Corporate Income Tax	
1. Capital Stock, Surplus, & Undivided Profits	0	9 Federal Taxable Income	19280
Holding Company Exception	N	10. Adjustments to Federal Taxable Income	0
2. Investment in N C Tangible Property	0	11. Net Income Before Contributions	19280
3. Appraised Value of N C Tangible Property	0	12 Contributions to Donees Outside N C.	0
4. Taxable Amount	0	13. N.C. Taxable Income	19280
5. Total Franchise Tax Due	0	14. Nonapportionable Income	0
6. a. Application for Franchise Tax Extension	0	15. Apportionable Income	19280
b. Tax Credits	0	16. Apportionment Factor	100.0000
7. Franchise Tax Due	0	17. Income Apportioned to N.C.	19280
8 Franchise Tax Overpaid	0	18. Nonapportionable Income Allocated to N C	0

Sign Return Below  Refund Due 0  Payment Due 1330

I certify that, to the best of my knowledge, this return is accurate and complete

**COPY**

Signature of Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer other than Taxpayer \_\_\_\_\_ Preparer's Telephone Number (919) 403-9002 Preparer's FEIN, SSN, or PTIN \_\_\_\_\_

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500  
Returns are due by the 15th day of the third month after the end of the income year.



**CD-405 Line-by-Line Information**

Sch. B	Computation of Corporate Income Tax	Sch. D	Investment in N.C. Tangible Property
19	Income Subject to N C Tax		Inventory valuation method
	19280		
20	% Depletion over Cost - N C Property	1	Total inventories located in N.C.
	0		0
21	Net Economic Loss (Attach schedule)	2	Total furniture, fixtures, and M & E located in N C
	0		0
22	Income Before Contributions to N C Donees	3	Total land and buildings located in N C
	19280		0
23	Enter amount from Line 22	4	Total leasehold improvements and other N C. tangible property
	19280		0
24	Contributions to N C Donees	5	Add Lines 1 through 4
	0		0
25	Net Taxable Income	6	Acc depreciation, depletion, and amortization
	19280		0
26	N C Net Income Tax	7	Debts existing for N C real estate
	1330		0
27	Tax Credits	8	Investment in N C Tangible Property
	0		0
28	Net Tax Due	<b>Sch. E Appraised Value of N.C Tangible Property</b>	
	1330	1	County tax value of N C tangible property
29	Annual Report Fee		0
	0	2	Appraised value of N C tangible property
30	Add Lines 28 and 29		0
	1330	<b>Sch. G Federal Taxable Income Before NOL Deduction</b>	
31	Payments	1	a Gross receipts or sales
			0
a	Application for Income Tax Extension	b	Returns and allowances
	0		0
b	2002 Estimated Tax (previous payments if amended)	c	Balance - Line 1a minus 1b
	0		0
c	Partnership (include Form D-403, NC K-1)	2.	Cost of goods sold (Att sch )
	0		0
d	Nonresident Withholding (include 1099 or W-2)	3	Gross Profit
	0		0
32.	Add Lines 31a through 31d	4	Dividends (Att sch.)
	0		0
33	Income Tax Due	5	a Interest on obligations of U S and its instrumentalities
	1330		0
34	Income Tax Overpaid	b.	Other interest
	0		0
<b>Tax Due or Refund</b>		6	Gross rents
35	Franchise Tax Due or Overpayment		0
	0	7.	Gross royalties
36	Income Tax Due or Overpayment		0
	1330	8.	Capital gain net income (Attach schedule)
37	Balance of Tax Due or Overpayment		0
	1330	9.	Net gains (loss) (Attach schedule)
38.	Penalty for Underpayment of ES Income Tax		0
	0	10	Other income (Attach schedule)
PE	Penalty Exception		0
		11	Total Income
39	Other Penalties and Interest		0
	0	12.	Compensation of officers (Att sch.)
40	Total Due		0
	1330	13.	Salaries and wages (less employment credits)
41	Overpayment		0
	0	14.	Repairs and maintenance
42	2003 Estimated Income Tax		0
	0	15	Bad debts
43	N C Nongame and Endangered Wildlife Fund		0
	0	16	Rents
44	Amount to be Refunded		0
	0	17	Taxes and licenses
<b>Sch. C Capital Stock, Surplus, and Undivided Profits</b>			0
1.	Total capital stock outstanding less cost of treasury stock	18	Interest
	0		0
2.	Paid-in or capital surplus	19	Charitable contributions
	0		0
3	Retained earnings	20.	Depreciation
	0		0
4.	Other surplus	21.	a. Depreciation included in cost of goods sold
	0		0
5	Deferred or unearned income	b.	Balance - Line 20 minus 21a
	0		0
6.	Allowance for bad debts	22	Depletion
	0		0
7.	LIFO reserves	23	Advertising
	0		0
8	Other reserves that do not represent definite and accrued legal liabilities	24	Pension, profit-sharing, and similar plans
	0		0
9.	Add Lines 1 through 8	25.	Employee benefit programs
	0		0
10.	Affiliated indebtedness	26.	Other deductions (Att sch.)
	0		0
11	Line 9 plus (or minus) Line 10	27.	Total Deductions
	0		0
12	Apportionment factor	28.	Taxable Income Per Federal Return Before NOL and Special Deductions
	100.0000		0
13.	Capital Stock, Surplus, and Undivided Profits	29	Special Deductions
	0		0
		30	Federal Taxable Income
			0

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This page must be filed with this form.



Sch. H Adjustments to Federal Taxable Income

1	Additions		
	a. Taxes based on net income	1a	0
	b. Capital loss carry-over	1b	0
	c. Contributions	1c	0
	d. Royalties paid to related members	1d	0
	e. Expenses attributable to income not taxed	1e	0
	f. 30% additional first-year depreciation	1f	0
	g. Other (Attach schedule)	1g	0
2	Total Additions	2	0
3	Deductions		
	a. U.S. obligation interest (net of expenses)	3a	0
	b. Other deductible dividends	3b.	0
	c. Capital loss not deducted on federal return	3c	0
	d. Royalties received from related members	3d	0
	e. Interest on deposits with FHLB (net of expenses) S&L's only	3e	0
	f. Other (Attach schedule)	3f	0
4	Total Deductions	4	0
5	Adjustments to Federal Taxable Income	5.	0

Sch. I Contributions

1.	Contributions to Donees Outside N.C.		
	a. Total contributions to donees outside N C	1a	0
	b. Multiply Schedule B, Line 11 by 5%	1b	964
	c. Amount Deductible	1c	0
2	Contributions to N.C. Donees		
	a. Total contributions to N C. donees other than those listed in Line 2d	2a	0
	b. Multiply Sch. B, Line 22 by 5%	2b	964
	c. Enter the lesser of Line 2a or 2b	2c	0
	d. Total contributions to the State of N C and its political subdivisions	2d	0
	e. Amount Deductible	2e	0

Other Information - All Taxpayers Must Complete this Schedule

1	a. State of incorporation		8	Is this corporation subject to franchise tax but not N C income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	N
	b. Date incorporated				
2	Date of N C. Certificate of Authority		9	Is this corporation related to another corporation as	
3	a. Reg or principal trade or bus in N C. POLITICAL ORGA		10	Officers' names and addresses	
	b. Reg or principal trade or bus everywhere POLITICAL ORGA			President	
4.	Principal place bus is directed or managed RALEIGH, NC 2			Vice-President	
5.	a. What was the last year the IRS redetermined the corporation's federal taxable income?			Secretary	
	b. Were adjustments reported to N.C.? N			Treasurer	
6	Is this corporation a shareholder of a FSC or a shareholder of a corporation that owns a FSC? N				
7	Does this corporation finance or discount its receivables through a related or an affiliated company? N				

Explanation of Changes for Amended Return:

This page must be filed with this form.



2604140837

**C Corporation Tax Return 2003**  
North Carolina Department of Revenue

For calendar year 2003, or other tax year beginning

**COPY**

and ending

Tax year less than 12 months **N**

BOB ETHERIDGE FOR CONGRESS  
PO BOX 28001  
RALEIGH NC 27611

Federal Employer ID Number  
N C Secretary of State ID Number  
NAICS Code

Amended Return  Initial Filer  Final Return  LLC  CD-479  NC-478  Nonprofit  Escheatable Property

FOR COMPUTER USE ONLY

BOB PO B 27611 561963141 NP N EP N

PP 561949838 AR N IF N FR N LLC N 479 Y 478 N

BOB ETHERIDGE FOR CONGRESS

PO BOX 28001 RALEIGH NC 27611

GR	0	07	0	20	0	31D	0
TA	0	08	0	21	0	33	736
01	0	09	10664	24	0	34	0
HCE	N	10	0	27	0	38	0
02	0	12	0	29	0	PE	
03	0	14	0	31A	0	42	0
05	0	16	100.0000	31B	0	43	0
06A	0	18	0	31C	0	44	0
06B	0	19	10664			TN	

26044140838



Sch. A Computation of Franchise Tax		Sch. B Computation of Corporate Income Tax	
1. Capital Stock, Surplus, & Undivided Profits	0	9. Federal Taxable Income	10664
Holding Company Exception	N	10. Adjustments to Federal Taxable Income	0
2. Investment in N C Tangible Property	0	11. Net Income Before Contributions	10664
3. Appraised Value of N C Tangible Property	0	12. Contributions to Donees Outside N C.	0
4. Taxable Amount	0	13. N C. Taxable Income	10664
5. Total Franchise Tax Due	0	14. Nonapportionable income	0
6. a. Application for Franchise Tax Extension	0	15. Apportionable Income	10664
b Tax Credits	0	16. Apportionment Factor	100.0000
7. Franchise Tax Due	0	17. Income Apportioned to N.C.	10664
8. Franchise Tax Overpaid	0	18. Nonapportionable Income Allocated to N C	0

Sign Return Below  Refund Due 0  Payment Due 736

I certify that, to the best of my knowledge, this return is accurate and complete

**COPY**

Signature and Title of Officer \_\_\_\_\_ Corporate Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Signature of Paid Preparer \_\_\_\_\_ Preparer's Telephone Number (919) 403-9002 Preparer's FEIN, SSN, or PTIN \_\_\_\_\_



CD-405 Line-by-Line Information

Computation of Corporate Income Tax

Income Subject to N C Tax	10664
20 % Depletion over Cost - N C. Property	0
21 Net Economic Loss (Attach schedule)	0
22. Income Before Contributions to N.C. Donees	10664
23 Enter amount from Line 22	10664
24 Contributions to N.C. Donees	0
25 Net Taxable Income	10664
26 N.C. Net Income Tax	736
27. Tax Credits	0
28. Net Tax Due	736
29. Annual Report Fee	0
30. Add Lines 28 and 29	736
31. Payments	
a. Application for Income Tax Extension	0
b. 2003 Estimated Tax (previous payments if amended)	0
c. Partnership (include Form D-403, NC K-1)	0
d. Nonresident Withholding (include 1099 or W-2)	0
32. Add Lines 31a through 31d	0
33. Income Tax Due	736
34. Income Tax Overpaid	0

Tax Due or Refund

35 Franchise Tax Due or Overpayment	0
36 Income Tax Due or Overpayment	736
37 Balance of Tax Due or Overpayment	736
38. Penalty for Underpayment of ES Income Tax	0
PE. Penalty Exception	
39. Other Penalties and Interest	0
40. Total Due	736
41 Overpayment	0
42. 2004 Estimated Income Tax	0
43. N.C. Nongame and Endangered Wildlife Fund	0
44 Amount to be Refunded	0

Sch. C Capital Stock, Surplus, and Undivided Profits

1 Total capital stock outstanding less cost of treasury stock	0
2. Paid-in or capital surplus	0
3. Retained earnings	0
4 Other surplus	0
5. Deferred or unearned income	0
6 Allowance for bad debts	0
7. LIFO reserves	0
8. Other reserves that do not represent definite and accrued legal liabilities	0
9 Add Lines 1 through 8	0
10. Affiliated indebtedness	0
11 Line 9 plus (or minus) Line 10	0
12. Apportionment factor	100.0000
13. Capital Stock, Surplus, and Undivided Profits	0

Sch. D Investment in N.C. Tangible Property

Inventory valuation method	
1 Total inventories located in N C	0
2 Total furniture, fixtures, and M & E located in N C	0
3 Total land and buildings located in N.C	0
4 Total leasehold improvements and other N.C. tangible property	0
5 Add Lines 1 through 4	0
6 Acc. depreciation, depletion, and amortization	0
7 Debts existing for N C. real estate	0
8 Investment in N.C. Tangible Property	0

Sch. E Appraised Value of N.C. Tangible Property

1. County tax value of N.C tangible property	0
2 Appraised value of N.C tangible property	0

Sch. G Federal Taxable Income Before NOL Deduction

1 a Gross receipts or sales	0
b. Returns and allowances	0
c. Balance - Line 1a minus 1b	0
2 Cost of goods sold (Att sch.)	0
3 Gross Profit	0
4 Dividends (Att. sch )	0
5 a Interest on obligations of US and its instrumentalities	0
b Other interest	0
6 Gross rents	0
7 Gross royalties	0
8 Capital gain net income (Attach schedule)	0
9. Net gains (loss) (Attach schedule)	0
10 Other income (Attach schedule)	0
11. Total Income	0
12. Compensation of officers (Att sch.)	0
13 Salaries and wages (less employment credits)	0
14 Repairs and maintenance	0
15 Bad debts	0
16. Rents	0
17 Taxes and licenses	0
18. Interest	0
19 Charitable contributions	0
20. Depreciation	0
21. a. Depreciation included in cost of goods sold	0
b. Balance - Line 20 minus 21a	0
22. Depletion	0
23. Advertising	0
24. Pension, profit-sharing, and similar plans	0
25. Employee benefit programs	0
26 Other deductons (Att. sch.)	0
27. Total Deductions	0
28. Taxable Income Per Federal Return Before NOL and Special Deductions	0
29 Special Deductions	0
30. Federal Taxable Income	0

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Adjustments to Federal Taxable Income

Additions		
a Taxes based on net income	1a	0
b Capital loss carry-over	1b	0
c Contributions	1c	0
d Royalties paid to related members	1d	0
e Expenses attributable to income not taxed	1e	0
f Additional first-year depreciation	1f	0
g Other (Attach schedule)	1g	0
<b>2 Total Additions</b>	<b>2</b>	<b>0</b>
Deductions		
a U S obligation interest (net of expenses)	3a	0
b Other deductible dividends	3b	0
c Capital loss not deducted on federal return	3c	0
d Royalties received from related members	3d	0
e Interest on deposits with FHLB (net of expenses) S&L's only	3e	0
f Other (Attach schedule)	3f	0
<b>4 Total Deductions</b>	<b>4</b>	<b>0</b>
<b>5 Adjustments to Federal Taxable Income</b>	<b>5</b>	<b>0</b>

Sch. I Contributions

<b>1 Contributions to Donees Outside N C.</b>		
a Total contributions to donees outside N C	1a	0
b Multiply Schedule B, Line 11 by 5%	1b	533
c Amount Deductible	1c	0
<b>2 Contributions to N C Donees</b>		
a Total contributions to N C. donees other than those listed in Line 2d	2a	0
b Multiply Sch. B, Line 22 by 5%	2b	533
c Enter the lesser of Line 2a or 2b	2c	0
d Total contributions to the State of N C and its political subdivisions	2d	0
e Amount Deductible	2e	0

Other Information - All Taxpayers Must Complete this Schedule

1 a State of incorporation	7 Is this corporation subject to franchise tax but not N C income tax because the corporation's income tax activities are protected under P L 86-272? (If yes, attach explanation)	N
b Date incorporated	8 Is this corporation related to another corporation as	
2 Date of N C Certificate of Authority	9 Officers' names and addresses	
3 a Reg or principal trade or bus in N.C. POLITICAL ORGA	President	
b Reg or principal trade or bus everywhere POLITICAL ORGA	Vice-President	
4 Principal place bus is directed or managed - RALEIGH, NC 2	Secretary	
5. a. What was the last year the IRS redetermined the corporation's federal taxable income?	Treasurer	
b Were adjustments reported to N.C.? N		
6 Does this corporation finance or discount its receivables through a related or an affiliated company? N		

Explanation of Changes for Amended Return:

This page must be filed with this form.



2604140840

**Corporation Tax Return 2001**  
North Carolina Department of Revenue

< Staple Annual Report Here

For calendar year 2001, or other tax year beginning **COPY** and ending Tax year less than 12 months **N**

**BOB ETHERIDGE FOR CONGRESS** Federal Employer ID Number  
**PO BOX 28001** N C Secretary of State ID Number  
**RALEIGH NC 27611** Primary NAICS Code

Amended Return  Initial Filer  Final Return  LLC  CD-479  NC-478  Nonprofit  Escheatable Property

**FOR COMPUTER USE ONLY**

**BOB PO B 27611 561963141 NP N EP N**  
**PP 561949838 AR N IF Y FR N LLC N 479 Y 478 N**

**BOB ETHERIDGE FOR CONGRESS**

<b>PO BOX 28001</b>				<b>RALEIGH</b>			<b>NC 27611</b>	
<b>GR</b>	<b>0</b>	<b>07</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>31D</b>	<b>0</b>	
<b>TA</b>	<b>0</b>	<b>08</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>33</b>	<b>571</b>	
<b>01</b>	<b>8276</b>	<b>09</b>	<b>8276</b>	<b>24</b>	<b>0</b>	<b>34</b>	<b>0</b>	
<b>HCE</b>	<b>N</b>	<b>10</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>38</b>	<b>0</b>	
<b>02</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>PE</b>		
<b>03</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>31A</b>	<b>0</b>	<b>42</b>	<b>0</b>	
<b>05</b>	<b>0</b>	<b>16</b>	<b>100.0000</b>	<b>31B</b>	<b>0</b>	<b>43</b>	<b>0</b>	
<b>06A</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>31C</b>	<b>0</b>	<b>44</b>	<b>0</b>	
<b>06B</b>	<b>0</b>	<b>19</b>	<b>8276</b>					



**CD-405 Line-by-Line Information**

Sch. A Computation of Franchise Tax		Sch. B Computation of Corporate Income Tax	
1 Capital Stock, Surplus, & Undivided Profits	8276	9 Federal Taxable Income	8276
Holding Company Exception		10 Adjustments to Federal Taxable Income	0
2 Investment in Tangible Property in N C	0	11 Net Income Before Contributions	8276
3 Appraised Valuation of Property in N C	0	12 Contributions to Donees Outside N C	0
4 Taxable Amount	8276	13 Total State Net Income	8276
5 Total Franchise Tax Due	0	14 Nonbusiness Income	0
6 a Application for Franchise Tax Extension	0	15 Business Income Subject to Apportionment	8276
b Tax Credits	0	16 Apportionment Factor	100%
7 Franchise Tax Due	0	17 Business Income Apportioned to N C	8276
8 Franchise Tax Overpaid	0	18 Nonbusiness Income Allocated to N C.	0

**Sign Return Below**  Refund Due **0**  Payment Due **571**

I certify that, to the best of my knowledge, this return is accurate and complete.

Signature and Title of Officer \_\_\_\_\_ Date \_\_\_\_\_



Signature of Preparer other than Taxpayer \_\_\_\_\_ (919) 403-9002 \_\_\_\_\_  
Preparer's Telephone Number Preparer's FEIN, SSN, or PTIN

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500  
 Returns are due by the 15th day of the third month after the end of the income year.





CD-405 Line-by-Line Information

26044140842

Sch. B Computation of Corporate Income Tax		Sch. D Investment in N.C. Tangible Property		
19	Income Apportioned and Allocated to N C	8276		
20	% Depletion over Cost - N C Property	0	Inventory valuation method	
21	Net Economic Loss (attach schedule)	0	1 Total inventories located in N C	
22	Income Before Contributions to N C Donees	8276	2 Total furniture, fixtures, and M & E located in N C	
23	Enter amount from Line 22	8276	3 Total land and buildings located in N C	
24	Contributions to N C Donees	0	4 Total leasehold improvements and other tangible property located in N C	
25	Net Taxable Income	8276	5 Add Lines 1 through 4	
26	N C Net Income Tax	571	6 Acc depreciation, depletion, and amortization	
27	Tax Credits	0	7 Debts existing for N C real estate	
28	Net Tax Due	571	8 Investment in Tangible Property N C	
29	Annual Report Fee	0	Sch. E Appraised Property Value	
30	Add Lines 28 and 29	571	1	County tax value of tangible property in N C
31	Payments		2	Appraised Valuation of Property in N C.
a.	Application for Income Tax Extension	0	Sch. G Federal Taxable Income Before NOL Deduction	
b.	2001 Estimated Tax (previous payments if amended)	0	1 a	Gross receipts or sales
c.	Partnership (include Form D-403, NC K-1)	0	b	Returns and allowances
d.	Nonresident Withholding (include 1099 or W-2)	0	c	Balance - Line 1a minus 1b
32	Add Lines 31a through 31d	0	2	Cost of goods sold (att sch)
33	Income Tax Due	571	3	Gross Profit
34	Income Tax Overpaid	0	4	Dividends (att sch)
Tax Due or Refund			5 a	Interest on obligations of U S and its instrumentalities
35	Franchise Tax Due or Overpayment	0	b	Other interest
36	Income Tax Due or Overpayment	571	6	Gross rents
37	Balance of Tax Due or Overpayment	571	7	Gross royalties
38	Penalty for Underpayment of ES Income Tax	0	8	Capital gain net income (attach schedule)
PE	Penalty Exception		9	Net gains (loss) (attach schedule)
39	Other Penalties and Interest	0	10	Other income (attach schedule)
40	Total Due	571	11	Total Income
41	Overpayment	0	12	Compensation of officers (att sch.)
42	2002 Estimated Income Tax	0	13	Salaries and wages (less employment credits)
43	N C Nongame and Endangered Wildlife Fund	0	14	Repairs and maintenance
44	Amount to be Refunded	0	15	Bad debts
Sch. C Capital Stock, Surplus, and Undivided Profits			16	Rents
1.	Total capital stock outstanding less cost of treasury stock	0	17	Taxes and licenses
2.	Paid-in or capital surplus	0	18	Interest
3	Retained earnings	8276	19	Charitable contributions
4	Other surplus	0	20	Depreciation
5.	Deferred or unearned income	0	21 a	Depreciation included in cost of goods sold
6.	Allowance for bad debts	0	b.	Balance - Line 20 minus 21a
7	LIFO reserves	0	22	Depletion
8.	Other reserves that do not represent definite and accrued legal liabilities	0	23	Advertising
9	Add Lines 1 through 8	8276	24	Pension, profit-sharing, and similar plans
10.	Affiliated indebtedness	0	25	Employee benefit programs
11	Line 9 plus (or minus) Line 10	8276	26	Other deductions (att sch)
12	Apportionment factor	100%	27	Total Deductions
13	Capital Stock, Surplus, and Undivided Profits	8276	28	Taxable Income Per Federal Return Before NOL and Special Deductions
			29.	Special Deductions
			30	Federal Taxable Income

6 3 0 0 2 3 9 0 0 3



Sch. H Adjustments to Federal Taxable Income

1	Additions		
	a. Taxes based on net income	1a	0
	b. Capital loss carry-over	1b	0
	c. Contributions	1c	0
	d. Royalties paid to related members	1d	0
	e. Expenses attributable to tax exempt income	1e	0
	f. Other (attach schedule)	1f	0
2	Total Additions	2.	0
3	Deductions		
	a. U.S. obligation interest (net expenses)	3a	0
	b. Other deductible dividends	3b.	0
	c. Capital loss not deducted on federal return	3c	0
	d. Royalties received from related members	3d.	0
	e. Interest on deposits with FHLB (net expenses) S&L's only	3e	0
	f. Other (attach schedule)	3f.	0
4.	Total Deductions	4.	0
5	Adjustments to Federal Taxable Income	5.	0

Sch. I Contributions

1.	Contributions to Donees Outside N C		
	a. Total contributions to donees outside N C	1a.	0
	b. Multiply Schedule B, Line 11 by 5%	1b.	414
	c. Amount Deductible	1c	0
2	Contributions to N C Donees		
	a. Total contributions to N C donees other than those listed in Line 2d	2a	0
	b. Multiply Sch B, Line 22 by 5%	2b	414
	c. Enter the lesser of Line 2a or 2b	2c	0
	d. Total contributions to the State of N C and its political subdivisions	2d.	0
	e. Amount Deductible	2e	0

Other Information - All Taxpayers Must Complete this Schedule

1 a. State of incorporation		8 Is this corporation subject to franchise tax but not N C income tax because the corporation's income tax activities are protected under P L 86-272? (If yes, attach explanation)	N
b. Date incorporated			
2 Date of N C. Certificate of Authority		9 Is this corporation related to another corporation as	
3 a. Reg or principal trade or bus in N C. POLITICAL ORGA		10 Officers' names and addresses	
b. Reg or principal trade or bus everywhere POLITICAL ORGA		President	
4 Principal place bus is directed or managed RALEIGH, NC 2		Vice-President	
5 a. What was the last year the IRS redetermined the corporation's federal taxable income?		Secretary	
b. Were adjustments reported to N C ?	N	Treasurer	
6 Is this corporation a shareholder of a FSC or a shareholder of a corporation that owns a FSC?	N		
7 Does this corporation finance or discount its receivables through a related or an affiliated company?	N		

Explanation of Changes for Amended Return:

This page must be filed with this form.



26044140843



North Carolina Department of Revenue

Michael F. Easley  
Governor

E. Norris Tolson  
Secretary

November 4, 2004

BOB ETHERIDGE FOR CONGRESS COMMITTEE  
BOB ETHERIDGE  
PO BOX 28001  
RALEIGH NC 27611

RE: Taxpayer's Name: Bob Etheridge  
SSN/FID #:  
Year/Period: 01/01/03-12/31/03  
Tax Type: Corporate  
Notice #: 3772323040917

We have received your penalty waiver request for the above year/period. Based on your filing and payment history, you will be eligible for a 50% reduction of the penalty when all of the tax and/or interest has been paid.

Please attach a payment of \$154.42, which includes tax and/or interest and 50% of the penalty(s), to the enclosed copy of this letter and return it within 10 days. Upon receipt of the payment, we will review your account to determine if you still qualify for a 50% reduction of the penalties. However, if we do not receive your payment of the above amount, your penalty waiver request will be denied.

North Carolina Department of Revenue  
P.O. Box 25000  
Raleigh, North Carolina 27640-0001

If you have questions regarding this matter, please direct your correspondence to the address shown at the bottom of this letter.

Sincerely,

*Rahshan R. Nelson*

Rahshan R. Nelson  
Correspondence Unit  
919-733-2532

cu/rm

11/19  
pdck # 3716



North Carolina Department of Revenue

Michael F. Easley  
Governor

E. Norris Tolson  
Secretary

November 4, 2004

BOB ETHERIDGE FOR CONGRESS COMMITTEE  
BOB ETHERIDGE  
PO BOX 28001  
RALEIGH NC 27611

RE: Taxpayer's Name: Bob Etheridge  
SSN/FID#:  
Tax Type:: Corporate  
Account #: n/a  
Year/Period: 01/01/02-12/31/02  
Notice #: 3772322040917

We have received your correspondence requesting a penalty waiver for 01/01/02-12/31/02. In order to qualify for penalty waiver consideration under the Department of Revenue Penalty Policy, one of the criteria that must be met is that all tax and interest must be paid. Based on your filing record, you qualify for a 100% penalty waiver, except for the fact that not all of the tax and/or interest has been paid.

Please attach your payment of \$98.39 to the enclosed copy of this letter and return it within ten (10) business days to P.O. Box 25000, Raleigh, N.C. 27640-0001. Upon receipt of full payment we will review your account to determine if you still qualify for a 100% penalty waiver. However, if we do not receive full payment of tax and/or interest, your penalty waiver request will be denied.

If you have additional questions concerning this matter, please direct your correspondence to the address shown at the bottom of this letter.

Sincerely,

*Rahshan R. Nelson*

Rahshan R. Nelson  
Correspondence Unit  
919-733-2532

cu/rm

11/19  
# 3716

26044140845

**PRAIGG & PRAIGG, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS  
3622 LYCKAN PKWY., SUITE 5008  
DURHAM, NC 27707

January 4, 2006

Andrea Bell Wright, Treasurer  
Bob Etheridge for Congress Committee  
308 East Jones St  
2<sup>nd</sup> Floor  
Raleigh, NC 27601

Dear Andrea,

This letter is to confirm that Praigg & Praigg, P A. prepared the 2001 through 2003 North Carolina Income Tax Returns for the Committee in late 2004. The late filing was a misunderstanding on our part and the returns were prepared as soon as we realized that we had not previously included them with the copies of the Federal 1120-POL for the same periods.

We regret any problems that this may have caused and hope that you accept our apologies.

Sincerely,



Ann Praigg, CPA

26044140846

NORTH CAROLINA DEPARTMENT OF REVENUE

NOTICE OF TAX ASSESSMENT  
CORPORATE INCOME

NAME	TAXPAYER ID	ACCOUNT ID	NOTICE NUMBER
BOB ETHERIDGE FOR CONGRESS COMMITTEE BOB ETHERIDGE			3284 232 041 204

**ACTION REQUIRED WITHIN 30 DAYS.**

When responding, provide Taxpayer ID (SSN/FID) and Notice Number.

- > > Pay by credit debit card or bank draft at [www.dor.state.nc.us](http://www.dor.state.nc.us). Click Electronic Services
- > > Pay by credit debit card or bank draft or obtain more information toll-free at 1-877-252-3252. Please have a copy of your return available if you call for further explanation
- > > Pay by mail - Send check or money order with the lower portion of this notice to P. O. Box 25000, Raleigh, NC 27640-0002. Or. write Correspondence Unit, P. O. Box 1168, Raleigh, NC 27602. Include a copy of this notice with your letter and enter the notice number on the memo line of your check or money order.

PERIOD	TAX	PENALTY	INTEREST	TOTAL	LESS PAID	BALANCE DUE
01 01 01 - 12.31.01	571.00	222.47	82.65	876.12	571.00	305.12
<b>PAY THIS AMOUNT:</b>						<b>\$305.12</b>

**EXPLANATION:**

- \$82.65 Interest on the tax has been computed at the applicable rate from the original due date of the return to the date of each payment.
- \$22.62 A penalty has been assessed for the underpayment of estimated income tax. If you qualify as a farmer or fisherman, you may be entitled to relief from the penalty in certain circumstances. Please contact the Department at the telephone number listed on this notice.
- \$57.10 A penalty of 10% of the tax shown due on the return or report but not paid (minimum \$5.00) has been assessed as required under G.S. 105-236(4) for failure to pay the tax when due.
- \$142.75 A late filing penalty has been assessed at the rate of 5% per month (minimum \$5.00, maximum 25%) for each month or fraction thereof the return was late (G.S. 105-236(3)).

CK# 3746  
1.18.05

26044140847

If you disagree with the proposed assessment, you may request a hearing. (See the Taxpayers' Bill of Rights on the back of this notice.)  
You must take action within 30 days.

Detach here and return lower portion with your payment to the address shown below.



**Corporation Tax Return 2004**  
North Carolina Department of Revenue

For calendar year 2004, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_ Tax year less than 12 months **N**

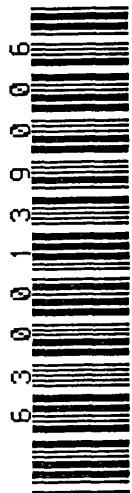
**BOB ETHERIDGE FOR CONGRESS COMMITTEE** Federal Employer ID Number  
**PO BOX 28001** N C Secretary of State ID Number  
**RALEIGH NC 27611** NAICS Code

Amended Return  Initial Filer  Final Return  LLC  CD-479  NC-478  Nonprofit  Escheatable Property  
 REIT  Fed Schedule M-3 is attached

**FOR COMPUTER USE ONLY**

BOB	PO B	27611	561963141						NP	N	EP	N	
PP	561949838	AR	N	IF	N	FR	N	LLC	N	479	Y	478	N
BOB ETHERIDGE FOR CONGRESS COMMITTEE										RE	N	M3	N
PO BOX 28001											NC	27611	
GR			0	07			0	20		0	31D		0
TA			0	08			0	21		0	33		599
01	46902		09			8682	24			0	34		0
HCE			N	10			0	27		0	38		15
02			0	12			0	29		0	PE		
03			0	14			0	31A		0	42		0
05			0	16	100.0000		31B			0	43		0
06A			0	18			31C			0	44		0
06B			0	19		8682					TN		

26044140848



Sch. A Computation of Franchise Tax			Sch. B Computation of Corporate Income Tax		
1	Cap Stock, Surplus, & Undivided Profits	46902	9	Federal Taxable Income	8682
	Holding Company Exception	N	10	Adjustments to Federal Taxable Income	0
2.	Investment in N C Tangible Property	0	11	Net Income Before Contributions	8682
3.	Appraised Value of N C. Tangible Prop	0	12	Contributions to Donees Outside N C	0
4	Taxable Amount	46902	13	N C Taxable Income	8682
5	Total Franchise Tax Due	0	14	Nonapportionable Income	0
6	a Application for Franchise Tax Extension	0	15	Apportionable Income	8682
	b Tax Credits	0	16	Apportionment Factor	100.0000
7.	Franchise Tax Due	0	17	Income Apportioned to N.C.	8682
8	Franchise Tax Overpaid	0	18	Nonapportionable Inc Allocated to N C	0

**Sign Return Below**  Refund Due **0**  **Payment Due** **614**

I certify that, to the best of my knowledge, this return is accurate and complete

Signature and Title of Officer \_\_\_\_\_ Corporate Telephone Number \_\_\_\_\_ Date \_\_\_\_\_  
*Ann Pruey, CPA* 3-5-05 (919) 403-9002  
 Signature of Paid Preparer \_\_\_\_\_ Preparer's Telephone Number \_\_\_\_\_ Preparer's FEIN, SSN, or PTIN \_\_\_\_\_



CD-405 Line-by-Line Information

Sch. B Computation of Corporate Income Tax		Sch. D Investment in N C Tangible Property		
19	Income Subject to N C Tax	8682		
20	% Depletion over Cost - N C Property	0	Inventory valuation method	
21	Net Economic Loss (Attach schedule)	0	1 Total inventories located in N C	
22	Income Before Contributions to N C Donees	8682	2 Total furniture, fixtures, and M & E located in N C	
23	Enter amount from Line 22	8682	3 Total land and buildings located in N C	
24	Contributions to N.C. Donees	0	4 Total leasehold improvements and other N C tangible property	
25	Net Taxable Income	8682	5 Add Lines 1 through 4	
26	N.C. Net Income Tax	599	6 Acc depreciation, depletion, and amortization	
27	Tax Credits	0	7 Debts existing for N C real estate	
28	Net Tax Due	599	8 Investment in N C Tangible Property	
29	Annual Report Fee	0	Sch. E Appraised Value of N C Tangible Property	
30	Add Lines 28 and 29	599	1	County tax value of N C tangible property
31	Payments		2	Appraised value of N C tangible property
a	Application for Income Tax Extension	0	Sch. G Federal Taxable Income Before NOL Deduction	
b	2004 Estimated Tax (previous payments if amended)	0	1 a.	Gross receipts or sales
c	Partnership (include Form D-403, NC K-1)	0	b	Returns and allowances
d	Nonresident Withholding (include 1099 or W-2)	0	c	Balance - Line 1a minus 1b
32	Add Lines 31a through 31d	0	2	Cost of goods sold (Att. sch.)
33	Income Tax Due	599	3	Gross Profit
34	Income Tax Overpaid	0	4	Dividends (Att sch )
Tax Due or Refund			5 a.	Interest on obligations of U S and its instrumentalities
35	Franchise Tax Due or Overpayment	0	b	Other interest
36	Income Tax Due or Overpayment	599	6	Gross rents
37	Balance of Tax Due or Overpayment	599	7	Gross royalties
38	Penalty for Underpayment of ES Income Tax	15	8	Capital gain net income (Attach schedule)
PE	Penalty Exception		9	Net gains (loss) (Attach schedule)
39	Other Penalties and Interest	0	10	Other income (Attach schedule)
40	Total Due	614	11	Total Income
41	Overpayment	0	12	Compensation of officers (Att sch )
42	2005 Estimated Income Tax	0	13	Salaries and wages (less employment credits)
43	N C Nongame and Endangered Wildlife Fund	0	14	Repairs and maintenance
44	Amount to be Refunded	0	15	Bad debts
Sch. C Capital Stock, Surplus, and Undivided Profits			16	Rents
1	Total capital stock outstanding less cost of treasury stock	0	17	Taxes and licenses
2	Paid-in or capital surplus	0	18	Interest
3	Retained earnings	46902	19	Charitable contributions
4	Other surplus	0	20	Depreciation
5	Deferred or unearned income	0	21 a	Depreciation included in cost of goods sold
6	Allowance for bad debts	0	b	Balance - Line 20 minus 21a
7	LIFO reserves	0	22	Depletion
8	Other reserves that do not represent definite and accrued legal liabilities	0	23	Advertising
9	Add Lines 1 through 8	46902	24	Pension, profit-sharing, and similar plans
10	Affiliated indebtedness	0	25	Employee benefit programs
11	Line 9 plus (or minus) Line 10	46902	26	Other deductions (Att sch.)
12	Apportionment factor	100.0000%	27	Total Deductions
13	Capital Stock, Surplus, and Undivided Profits	46902	28	Taxable Income Per Federal Return Before NOL and Special Deductions
			29	Special Deductions
			30	Federal Taxable Income

This page must be filed with this form.

26044140849



Legal Name (First 10 Characters)

BOB ETHERI

Federal Employer ID Number

**Sch. H Adjustments to Federal Taxable Income**

<b>1</b>	<b>Additions</b>		
a	Taxes based on net income	1a	0
b	Capital loss carry-over	1b	0
c	Contributions	1c	0
d	Royalties paid to related members	1d	0
e	Expenses attributable to income not taxed	1e	0
f	Additional first-year depreciation	1f	0
g	Other (Attach schedule)	1g	0
<b>2.</b>	<b>Total Additions</b>	<b>2</b>	<b>0</b>
<b>3</b>	<b>Deductions</b>		
a.	U.S. obligation interest (net of expenses)	3a	0
b	Other deductible dividends	3b	0
c	Capital loss not deducted on federal return	3c	0
d	Royalties received from related members	3d	0
e	Interest on deposits with FHLB (net of expenses) S&L's only	3e	0
f	Other (Attach schedule)	3f	0
<b>4</b>	<b>Total Deductions</b>	<b>4</b>	<b>0</b>
<b>5</b>	<b>Adjustments to Federal Taxable Income</b>	<b>5.</b>	<b>0</b>

**Sch. I Contributions**

<b>1</b>	<b>Contributions to Donees Outside N C</b>		
a	Total contributions to donees outside N C	1a	0
b	Multiply Schedule B, Line 11 by 5%	1b	434
c	Amount Deductible	1c	0
<b>2</b>	<b>Contributions to N C Donees</b>		
a	Total contributions to N C donees other than those listed in Line 2d	2a	0
b	Multiply Sch. B, Line 22 by 5%	2b	434
c	Enter the lesser of Line 2a or 2b	2c	0
d	Total contributions to the State of N C and its political subdivisions	2d	0
e	Amount Deductible	2e	0

**Other Information - All Taxpayers Must Complete this Schedule**

<p>1 a State of incorporation</p> <p>b. Date incorporated</p> <p>2 Date of N C Certificate of Authority</p> <p>3 a Reg or principal trade or bus in N C. <b>POLITICAL ORGA</b></p> <p>b Reg or principal trade or bus everywhere <b>POLITICAL ORGA</b></p> <p>4 Principal place bus is directed or managed <b>RALEIGH, NC 2</b></p> <p>5 a. What was the last year the IRS redetermined the corporation's federal taxable income?</p> <p>b Were adjustments reported to N C ? <b>N</b></p> <p>6 Does this corporation finance or discount its receivables through a related or an affiliated company? <b>N</b></p>	<p>7 Is this corporation subject to franchise tax but not N C income tax because the corporation's income tax activities are protected under P L 86-272? (If yes, attach explanation) <b>N</b></p> <p>8 Is this corporation related to another corporation as</p> <p>9 Officers' names and addresses</p> <p>President</p> <p>Vice-President</p> <p>Secretary</p> <p>Treasurer</p>
--	---

**Explanation of Changes for Amended Return:**

This page must be filed with this form.



26044140850

Sch L Balance Sheet per Books

Assets	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
1. Cash		0		0
2 a. Trade notes and accounts receivable	0		0	
b Less allowance for bad debts ( )	0)		0)	
3 Inventories		0		0
4 a. U.S. government obligations		0		0
b State and other obligations		0		0
5 Tax-exempt securities		0		0
6 Other current assets (Attach schedule)		0		0
7 Loans to shareholders		0		0
8 Mortgage and real estate loans		0		0
9 Other investments (Attach schedule)		0		0
10 a Buildings and other depreciable assets	0		0	
b Less accumulated depreciation ( )	0)		0)	
11 a Depletable assets	0		0	
b Less accumulated depletion ( )	0)		0)	
12 Land (net of any amortization)		0		0
13 a Intangible assets (amortizable only)	0		0	
b Less accumulated amortization ( )	0)		0)	
14 Other assets (Attach schedule)		0		0
15 Total Assets		0		0
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable		0		0
17 Mortgages, notes, and bonds payable in less than 1 year		0		0
18 Other current liabilities (Attach schedule)		0		0
19 Loans from shareholders		0		0
20 Mortgages, notes, and bonds payable in 1 year or more		0		0
21 Other liabilities (Attach schedule)		0		0
22 Capital stock a Preferred Stock	0		0	
b Common Stock	0		0	
23 Additional paid-in capital		0		0
24 Retained earnings - Appropriated (Attach schedule)		0		0
25 Retained earnings - Unappropriated		38220		46902
26 Adjustments to shareholders' equity (Attach schedule)		0		0
27 Less cost of treasury stock ( )		0)		0)
28 Total Liabilities and Shareholders' Equity		38220		46902

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books	8682	7	Income recorded on books this year	
2. Federal income tax	0		not included on this return.	
3. Excess of capital losses over capital gains	0		Tax-exempt interest \$	0
4. Income subject to tax not recorded on books this year:	0			0
5. Expenses recorded on books this year not deducted on this return			8 Deductions on this return not charged against book income this year	
a Depreciation \$	0		a Depreciation \$	0
b Contributions carryover \$	0		b Contributions carryover \$	0
c Travel and entertainment \$	0			0
		0		
			9 Add Lines 7 and 8	0
6 Add Lines 1 through 5	8682	10	Income	8682

This page must be filed with this form.



26044140851

Legal Name (First 10 Characters)

BOB ETHERI

Federal Employer ID Number

Sch. M-2 Retained Earnings Analysis

1	Balance at beginning of year	38220	5	Distributions	a	Cash	0
2	Net income (loss) per books	8682			b	Stock	0
3	Other increases	0			c	Property	0
			6	Other decreases			0
			7	Add Lines 5 and 6			0
4	Add Lines 1, 2, and 3	46902	8	End of Year Balance			46902

Sch. N Nonapportionable Income

Nonapportionable Income	Gross Amount	Related Expenses	Net Amounts	Net Amounts Allocated Directly to N C
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
1	Nonapportionable Income		0	
2	Nonapportionable Income Allocated to N C			0

Explanation of why income listed is nonapportionable income rather than apportionable income.

Sch. O Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C. 100.0000%

Part 2. Corporations Apportioning Franchise or Income to N C and to Other States

	1 Within North Carolina		2 Total Everywhere		Factor
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period	
1	Land	0	0	0	
2	Buildings	0	0	0	
3	Inventories	0	0	0	
4	Other property	0	0	0	
5	Total	0	0	0	
6	Average value of property		0		
7	Rented Property		0		
8	Property Factor		0		.0000%
9	Gross Payroll		0		
10	Compensation of general executive officers		0		
11	Payroll Factor		0		.0000%
12	Sales Factor		0		.0000%
13	Sales Factor				.0000%
14	Total of Factors				.0000%
15	N C Apportionment Factor				.0000%

Part 3. Excluded Corporations and Public Service Corporations, Other than Those Listed in Part 4 .0000%

Part 4. Telephone Companies and Motor Carriers .0000%

This page must be filed with this form.

26044140852



**Underpayment of Estimated Tax  
by C Corporations**  
North Carolina Department of Revenue

**2004**

For calendar year 2004, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Legal Name  <b>BOB ETHERIDGE FOR CONGRESS COMMITTEE</b>	Federal Employer ID Number
---	----------------------------

**Part 1. Computation of Underpayment**

1 2004 net income tax. (From 2004 Form CD-405, Schedule B, Line 26)	1	599.00
2 2004 tax credits. (From 2004 Form CD-405, Schedule B, Line 27)	2.	
3 2004 net tax due. Line 1 minus Line 2	3	599.00
4 Multiply Line 3 by 90%. If less than \$500, do not complete this form, the corporation does not owe the penalty.	4	539.00
5 2003 net tax due. (From 2003 Form CD-405, Schedule B, Line 28) If corporation is a "large corporation" as defined in IRC Section 6655, enter the amount from Line 4 on Line 5	5	736.00
6 Enter the smaller of Line 4 or Line 5	6	539.00

	(a)	(b)	(c)	(d)
7 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year. (If any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday ) .	04/15/2004	06/15/2004	09/15/2004	12/15/2004
8 Required installments. Enter 25% of Line 6 above in each column. If corporation is using the annualized income installment method, enter the computed installment amounts on Line 8, Columns (a) - (d) and attach schedule showing computations	134.	135.	135.	135.
9 Estimated tax paid or credited for each period				
10 Overpayment of previous installment. Enter amount from Line 13 of the preceding column. For Lines 10 - 13, complete one column before going to the next				
11 Add Lines 9 and 10				
12 Underpayment. If Line 11 is less than or equal to Line 8, subtract Line 11 from Line 8; otherwise, go to Line 13	134.	135.	135.	135.
13 Overpayment. If Line 8 is less than Line 11, subtract Line 8 from Line 11				

**Part 2. Computation of Underpayment Penalty (See instructions for interest rate.)**

14 Enter the installment dates from Line 7	14	04/15/2004	06/15/2004	09/15/2004	12/15/2004
15 Enter the amount of underpayment from Line 12	15	134.	135.	135.	135.
16 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier	16				
17 Number of days from due date of installment to the date shown on Line 16	17				
18 <u>Days on Line 17(a) x interest rate x amount on Line 15(a)</u> Days in the tax year	18	\$			
19 <u>Days on Line 17(b) x interest rate x amount on Line 15(b)</u> Days in the tax year	19		\$		
20 <u>Days on Line 17(c) x interest rate x amount on Line 15(c)</u> Days in the tax year	20			\$	
21 <u>Days on Line 17(d) x interest rate x amount on Line 15(d)</u> Days in the tax year	21				\$
22 Underpayment penalty. Add Lines 18 - 21 and enter amount here and on Form CD-405, Schedule B, Line 38	22	\$	15.00		

SEE STATEMENT 1

26044140853

Worksheet to Figure Required Installments Using  
The Annualized Income or Adjusted Seasonal  
Installment Methods Under Section 6655(e)

BOB ETHERIDGE FOR CONGRESS COMMITTEE

Part I Annualized Income Installment Method

26044140854

	(a)	(b)	(c)	(d)
		First 3 Months	First 6 Months	First 9 Months
1 Taxable income				
2 Annualization amounts		4	2	1 33333
3 Multiply line 1 by line 2				
	First 3 Months	First 5 Months	First 8 Months	First 11 Months
4 Taxable income				
5 Annualization amounts	4	24	15	1 09091
6 Multiply line 4 by line 5				
7 Annualized taxable income Enter the lesser of the amounts in each column on line 3 or 6				
8 Tax on line 7				
9 Other taxes for each period				
10 Total tax Add lines 8 and 9				
11 Credits as allowed				
12 Total tax after credits				
13 Applicable percentage	225	45	675	90
14 Line 12 * line 13				
15 Add the amounts in all preceding columns of line 16				
16 Annualized income installment line 14 minus line 15				

EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A	Q	134.	04/15/2004 12/31/2004	260	5.0000	5.
	L	134.	12/31/2004 03/15/2005	74	5.0000	1.
B	Q	135.	06/15/2004 12/31/2004	199	5.0000	4.
	L	135.	12/31/2004 03/15/2005	74	5.0000	1.
C	Q	135.	09/15/2004 12/31/2004	107	5.0000	2.
	L	135.	12/31/2004 03/15/2005	74	5.0000	1.
D	Q	135.	12/15/2004 12/31/2004	16	5.0000	0.
	L	135.	12/31/2004 03/15/2005	74	5.0000	1.
TOTAL TO FORM CD-429B LINE 22						15.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE  
 P = PAYMENT  
 R = INTEREST RATE CHANGE  
 L = LEAP YEAR CHANGE  
 O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

2604414035

**PRAIGG & PRAIGG, P.A.**

PRAIGG & PRAIGG P. A.  
3622 LYCKAN PKWY SUITE 5008  
DURHAM, NC 27707

Phone. 919-403-9002 FAX. 919-489-9424

Invoice Date: March 18, 2005

Invoice Number: PP04029

Client Number: BOBETHER 001

BOB ETHERIDGE FOR CONGRESS COMMITTEE  
PO BOX 28001  
RALEIGH, NC 27611

*For professional services rendered for the period ending.*

Prepare Federal and state income tax returns

**Total Invoice Amount**

\$ 275 00

26044140856

TERMS DUE UPON RECEIPT

A LATE PAYMENT CHARGE OF 1.5% PER MONTH WILL BE ADDED TO OVERDUE AMOUNTS