

# COPY

## Statement of Organization - Candidate Committee

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

<b>1. Committee Information</b>			
a. Full Name Robert Barr For School Board		c. ID Number 8CQWQU	
b. Mailing Address (include City, State and Zip Code) 1966 Waterford Village Drive Clemmons, NC 27012		d. Date Organized 02/25/2014	
		e. Phone Number 336-399-6374	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Robert Lee Barr Jr		e. Candidate ID Number 8CQWQU	
b. Mailing Address (include City, State, and Zip Code) 1966 Waterford Village Dr. Clemmons, NC 27012		f. Party Affiliation Republican (Indicate Non-partisan if applicable)	
c. Phone Number 336-399-6374		g. Office Sought Board of Election At Large	
d. Email Address		h. Next Election Year 2014	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction Forsyth County	
<b>3. Treasurer Information</b>			
a. Full Name Donna B Parsons		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 8025 Lasater Road Clemmons, NC 27012		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336-602-7526		c. Phone Number	
d. Email Address dparsons12@triad.rr.com		d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name		a. Financial Institution Full Name State Employees Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign deposits and expenses	
c. Phone Number		c. Account Code 1980HS	
d. Email Address		d. Type Checking	
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
Donna B Parsons		03/06/14	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

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

2014 MAR 10 PM 3:56

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Kim Westbrook Strach  
Executive Director

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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name: Robert Lee Barr Jr

Treasurer Name: Donna B Parsons

Treasurer Address: 8025 Lasater Road

(include city, state, & zip) Clemmons, NC 27012


Treasurer Phone: 336-602-7526

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3/6/14

Date Signed

  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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**Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Robert Lee Barr Jr

Committee Name: Robert Barr for School Board

Treasurer Name: Donna B Parsons

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: 8CQWQU

Level Registered: [State] [County] If county, specify: Forsyth

I, Robert Lee Barr Jr, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>IMPACT UNIVERSITY</u>	<u>SCHOLARSHIP FUND 100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 3/6/14

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.