

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

1. Committee Information	
a. Full Name	c. ID Number
Robert Barr for School Board	8CQWQU
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1966 Waterford Village Drive Clemmons, NC 27012	02/25/2014
	e. Phone Number
	336-399-6374

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	07/01/2014	10/18/2014	Donna B Parsons

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
State Employees Credit Union			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Deposits and Expenses	1980HS		
	d. Period Begin Balance		d. Period Begin Balance
	\$0		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Donna B Parsons

Printed Name of Signer

Donna B Parsons

Signature of Appointed Treasurer

10/27/2014

Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

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

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

Detailed Summary

Amendment

☐ Yes

☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Robert Barr For School Board		3rd Quarter Accounting	8CQWQU
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$1,800	\$0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$670.00	\$670.00
6) Contributions from Individuals (CRO-1210)		\$6260.95	\$8060.95
7) Contributions from Political Party Committees (CRO-1220)		\$250.00	\$250.00
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$2.96	\$2.96
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$.08	\$.08
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$7183.99	\$8983.99
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$227.11	\$227.11
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$227.11	\$227.11
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$8756.88	\$8756.88
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Aggregated Contributions from Individuals

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Robert Barr for school Board 1966 Waterford Village Drive, Clemmons, NC 27012				8CQWQU	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1980HS	Check		08/25/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/25/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/26/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/26/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/26/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/30/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/28/2014	\$ 30
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		08/31/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	PayPal		09/01/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		09/07/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		09/14/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		09/16/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Cash		09/21/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Cash		09/27/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Cash		09/29/2014	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		09/29/2014	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		09/29/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Cash		10/04/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1980HS	Check		10/14/2014	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page				\$ 670	
5. Total of ALL CRO-1205 Pages				\$ 670	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Amendment
Pg 1 of 7 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Robert Barr For School Board				8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Rev Aaron P. Harris 658 Clemson Circle Winston Salem, NC 27107 336-771-3075 (home)			b. Job Title/Profession <div style="text-align: center; padding: 5px;">Retired Minister</div>		d. Comments
			c. Employer's Name/Specific Field 		e. Election Sum to Date <div style="text-align: center; padding: 5px;">\$3,000</div>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1980HS	Money Order		07/22/2014	\$200
<input type="checkbox"/>	1980HS	Money Order		08/21/2014	\$500
<input type="checkbox"/>	1980HS	Money Order		09/17/2014	\$500
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> J. Murray Kartanson 8167 Dull Road Clemmons, NC 27012 336-479-1822			b. Job Title/Profession <div style="text-align: center; padding: 5px;">Executive Admin</div>		d. Comments
			c. Employer's Name/Specific Field <div style="text-align: center; padding: 5px;">Agape Faith Church</div>		e. Election Sum to Date <div style="text-align: center; padding: 5px;">\$1,000</div>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1980HS	Check		07/22/2014	\$500
<input type="checkbox"/>	1980HS	Check		09/22/2014	\$500
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Dr. Dale Rader 199 Howard Pond Loop Statesville, NC 28625 704-437-1882			b. Job Title/Profession <div style="text-align: center; padding: 5px;">Orthopedic Surgeon</div>		d. Comments
			c. Employer's Name/Specific Field <div style="text-align: center; padding: 5px;">HMA Medical Group</div>		e. Election Sum to Date <div style="text-align: center; padding: 5px;">\$100.00</div>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1980HS	Check		08/27/2014	\$100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$2,300
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$

Contributions from Individuals

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Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr For School Board					8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Hayes 3910 Pomroy Drive Winston Salem, NC 27105 336-767-2172				b. Job Title/Profession		d. Comments
				Retired School Teacher		
				c. Employer's Name/Specific Field		
				N/A		
						e. Election Sum to Date
						\$250
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/05/2014	\$250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bobbie MacDonald 363 Palace Drive Winston Salem, NC 27107 336-764-8835				b. Job Title/Profession		d. Comments
				Registered Nurse		
				c. Employer's Name/Specific Field		
				Wake Forest Baptist Health		
						e. Election Sum to Date
						\$75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/09/2014	\$75	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$325	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 3 of 7 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr For School Board					8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Avalon Lowery 334 Countryside Court Winston Salem, NC 27105 336-391-6409			b. Job Title/Profession		d. Comments	
			RN			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
Baptist Hospital		\$ 175.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Money Order		09/22/2014	\$ 175.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Deborah Brown 4213 Morningside Drive Winston Salem, NC 27106 336-830-1480			b. Job Title/Profession		d. Comments	
			Homemaker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
N/A		\$ 150.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/30/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Stephen Boyd 4719 Leinbach Drive Winston Salem, NC 27106 336-924-2119			b. Job Title/Profession		d. Comments	
			Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
Educational Services		\$ 100.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/26/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 425	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 4 of 7 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr For School Board					8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Antoinette Dunn 8580 Brook Meadow Court Lewisville, NC 27023 336-345-6495				Day Care		
				c. Employer's Name/Specific Field		
				Wherry, Inc.		
				e. Election Sum to Date		
				\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		10/04/2014	\$100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jeannie Metcalf (no address provided) e-mail: marcyleesmom@yahoo.com 336-768-2270				Homemaker		
				c. Employer's Name/Specific Field		
				N/A		
				e. Election Sum to Date		
				\$250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	PayPal	-	09/19/2014	\$250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
William Brooks 4055 Creekside Court Winston Salem, NC 27127 336-420-0611				Wire Technician		
				c. Employer's Name/Specific Field		
				AT & T		
				e. Election Sum to Date		
				\$150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	PayPal		09/21/2014	\$150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$500	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr For School Board					8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Derien Gee PO Box 471 Winston Salem, NC 27102 336-817-1704				Heating and Air - Self Employed		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Heating and Air		
						\$500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	PayPal		10/16/2014	\$500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Irene E May 5310 Forest Mill Drive Pfafftown, NC 27040 206-426-0682				Homemaker		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				N/A		
						\$200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/17/2014	\$200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Johnnie Johnson 140 Harper Ridge Ct Clemmons, NC 27012 336-778-2248				Housing Services Program Manager		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Experiment in Self Reliance, Inc.		
						\$200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		08/31/2014	\$200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$900	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 6 of 7 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr For School Board					8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert G. Russell, III 1820 Curraghmore Road Clemmons, NC 27012 336-712-4240				b. Job Title/Profession		d. Comments
				CFS		
				c. Employer's Name/Specific Field		
				Covenant Financial Solutions, Inc.		
				e. Election Sum to Date		\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/12/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas Cartee 5915 Tarleton Drive Oak Ridge, NC 27310 336-765-2020				b. Job Title/Profession		d. Comments
				Financial Advisor		
				c. Employer's Name/Specific Field		
				Sheets Smith Wealth Management		
				e. Election Sum to Date		\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	Check		09/10/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr for School Board					8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Barr(Self) 1966 Waterford Village Drive Clemmons, NC 27012			b. Job Title/Profession		d. Comments	
			Pastor			
			c. Employer's Name/Specific Field			
			Agape Faith Church		e. Election Sum to Date	
				\$ 1610.95		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1980HS	transfer		08/16/2014	\$.16	
<input type="checkbox"/>	1980HS	transfer		07/16/2014	\$ 1610.79	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1610.95	
5. Total of ALL CRO-1210 Pages					\$ 6,260.95	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Political Party Committees

Use this form to report contributions from a political party

Pg 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Robert Barr for School Board				8CQWQU	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Forsyth Republican Women PO Box 30160 Winston Salem, NC 27130				b. Comments 	
				c. Election Sum to Date \$ 250	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1980HS	Check		09/05/2014	\$ 250	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments 	
				c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments 	
				c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 250	
5. Total of ALL CRO-1220 Pages				\$ 250	
(This line must be on line 7 of Detailed Summary Page CRO-1100)					

Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Robert Barr For School Board				8CQWQU	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
State Employees Credit Union Clemmons, NC					
					e. Election Sum to Date
				\$.76	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
1980HS	Auto Deposit		06/30/2014		\$.16
			07/31/2014		\$.60
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
State Employees Credit Union Clemmons, NC					
					e. Election Sum to Date
				\$ 2.96	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
1980HS	Auto Deposit		08/29/2014		\$.85
			09/30/2014		\$ 1.35
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
					e. Election Sum to Date
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
5. Total only this Page					\$ 2.96
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$ 2.96

Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable) Robert Barr For School Board				2. ID Number 8CQWQU	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input checked="" type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PayPal			b. Not-for-Profit Federal ID #		d. Comments Verification
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$.08
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
1980HS	Deposit		08/13/2014		\$.02
			08/13/2014		\$.06
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			b. Not-for-Profit Federal ID #		d. Comments
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			b. Not-for-Profit Federal ID #		d. Comments
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
5. Total only this Page					\$.08
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$.08

Disbursements

Pg 1 of 3

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robert Barr for School Board					8CQWQU	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Goin Postal 6255 Towncenter Drive Clemmons, NC 27012 336-712-0505						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 140.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Check	I	08/21/2014	\$140.14		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Donna B Parsons 8025 Lasater Road Clemmons, NC 27012						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 29.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Check	B	08/20/2014	\$29.86		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
PayPal					PAYMENT FEES	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 1.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Withdrawal	O	08/13/2014	\$0.08		
1980HS	Withdrawal	O	09/01/2014	\$1.03		
5. Total only this Page					\$ 171.11	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) Robert Barr for School Board					2. ID Number 8CQWQU	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PayPal			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 12.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Withdrawal	O	09/22/2014	\$7.55	PayPal Fees	
1980	Withdrawal	O	09/21/2014	\$4.65	PayPal Fees	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PayPal			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 27.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Withdrawal	O	10/16/2014	\$14.80	PayPal Fees	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) State Employees Credit Union Clemmons, NC			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 2.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Withdrawal	O	06/30/2014	\$1.00		
1980HS	Withdrawa	O	07/31/2014	\$1.00		
5. Total only this Page					\$ 29.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) Robert Barr for School Board					2. ID Number 8CQWQU	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) State Employees Credit Union Clemmons, NC			b. Coordinated Committee Name		d. Comments Bank fees	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date \$ 4.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Withdrawal	O	08/29/2014	\$1.00		
1980HS	Withdrawal	O	09/29/2014	\$1.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kathryn Clark 7101 Greystone Village Court Clemmons, NC 27012 336-528-2939			b. Coordinated Committee Name		d. Comments Photo for Flyer	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date \$ 25.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	Check	A	09/08/2014	\$25.00	Bank fees	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date \$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 27.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 227.11	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						