Disclosure	Report Co	ver		•	4	Amendment Yes No
			formation, r	nust be signed a	nd submitted a	along with other detailed forms.
Do not use this f		formation.	- Marculat substants	a a san da san san san san san san san san san sa	วิธีสาราชย์สาราชย์ สาราชาการ์เ	
1. Committee In a. Full Name	itormation				44 to 16 to 2	c. ID Number
a. Full Name	D - I-	L D 6 1				
		ert Barr for	School B	oard	× ** - /**	8CQWQU
b. Mailing Address	(include City, Stat	e and Zip Code)	Total Control)	d. Date Filed
1966 Water	ford Village I	Orive				02/25/2014
Clemmons,	NC 27012					e. Phone Number
						336-399-6374
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (mm/d	d/yy) 5. Treas	urer Full Name
2014		/2014		/18/2014		Donna B Parsons
6. Type of Com			Type of Rep nicipal	ort (check onl State/Co		eport from one category) Referendum
Candidate Cam	• =	erendum IVI	Organizationa		anizational	Organizational
	penditure D Join		Thirty-five da	ļ— ·	arterly	Pre-referendum
Legal Expense l	Fund		Pre-primary		First	☐ Final
			Pre-election		Second	Supplemental Final
7. Type of Fund Booster Fund	(if applicable	check one)	Pre-runoff Semi-annual		Third Fourth	Annual Special
Building Fund			Mid Yea	r Sen	romun ni-annuat	Special
			Year End	1	Mid Year	10. Special Report Name
Other:			Final		Year End	
8. Number of Fi	indraisers this	Report	Special	Fina		
	0		,	☐ Spe		
11. Account Info			kus a de abaco	11. Account In		
a. Financial Institut				a. Financial Instit	ntion run ivame	
State	Employees	Credit Unio	<u>n</u>			
b. Purpose		c. Account Code		b. Purpose		c. Account Code
Campaign D	eposits	19801	HS		•	
and Expense	es	d. Period Begin Ba	lance			d. Period Begin Balance
		\$0	· · · · ·	-		\$
CERTIFICATION	ON	<u> </u>		L		
of the NC Genera	al Statutes and tha		mingled with	prohibited or oth	er non-disclose	22B & 22D-22M of Chapter 163 d funds. I further certify that this
<u> </u>	B Parso		Down		Sol	10/27/2014
	inted Name of Sign	er Hariba kan kan basabasa	Sig	nature of Appointed	l Treasurer	Date
FOR OFFICE U		the state of	33 4]	Delivery Method
Date Receive	ea:		Employ	yee:		☐ Normal Mail
Date Postma	rked:		Employ	/ee:		Registered Mail Hand Delivered
Date Scanned	d:	······	Employ	/ee:	· · · · ·	Electronically Filed
Date Data Er	ntered:	· · · · · · · · · · · · · · · · · · ·	Employ	/ee:		Signer has not received mandatory training

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

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

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund the curle of the

Amendment

☐ Yes

⊠ No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number	
Robert Barr For School Board	3rd Qua	rter Accounting	8CQWQU	
Start of Election Cycle: January 1, 2014	-	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,1	lld and lle)	\$7183.99	\$8983.99	
EXPENDITURES			and the state of t	
13) Disbursements		Marie 2, minute a compression		
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		\$227.11	\$227.11	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$8756.88	\$8756.88	
ADDITIONAL INFORMATION	,	ф.		
the state of the s	(CRO-1330)	\$		
and the second of the second o	(CRO-1430)	\$		
eric de la companya	(CRO-1610)	\$		
in the second of	(CRO-1620)	\$		
The second of th	(CRO-1720)	\$		
for the second s	(CRO-1710)	\$	\$	
	(CRO-1440)	\$		
	(CRO-2220)	\$	\$	
	(CRO-1215)	\$	\$	

Page

Amendment Yes 🔀

No

Aggregated Contributions from Individuals

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

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	the state of the s		nmons, NC 27012	er skaleting selft for a suit over 12 speller to falleting speeds		8CQWQU		
	ntributor Infor							
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 	Remove	1700	CHOOK		08/25/2014	\$ 50		
뉴	Add Remove	1980HS	Check		08/25/2014	\$ 50		
十一	Add				00/20/2011	Ψ 30 ————————————————————————————————————		
	Remove	1980HS	Check		08/26/2014	\$ 25		
<u>-</u>	Add	1980HS	Check		08/26/2014	\$ 25		
<u> </u>	Remove				00,20,2011	Ψ 23		
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	ame, Mailing Addre		nga sanga ga i-i		Job Title/Profession d. Comments			
(includ	de city, state, & zip)	- 	·	Retired	Minister			
D	anan D. Hamia			c. Employer's Name/Specific Field				
	Aaron P. Harris Demson Circle					. 101	Landing Court to Date	
	Winston Salem, NC 27107						ection Sum to Date	
	71-3075 (home		1		1 5 6 6 7 7 7		3,000	
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	1980HS	Money Order			08/21/201	4	\$500	
	1980HS	Money Order			09/17/201	4	\$500	
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1	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profes		d. Co	omments	
Murray Kartanson EXECUTIVE Admin								
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	Clemmons, NC 27012 336-479-1822			Agape Faith Church			ection Sum to Date	
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	ame, Mailing Addre le city, state, & zip)	ss & Phone	•	b. Job Title/Profes		d. Co	omments	
	ale Rader				c Surgeon		•	
	ale Ixauei Ioward Pond	Loop		c. Employer's Nan	ne/Specific Field			
•	sville, NC 28	•		HMA Medic	al Group	e. Ele	ection Sum to Date	
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	tributor Inform				lemove		
	Name, Mailing Addr de city, state, & zip)			b. Job Title/Profession			Comments
	• • •	•	• •	Retired School Teacher			
	ara Hayes) Pomroy Dri	ve		c. Employer's N	lame/Specific Field		
Wins	ton Salem, N	NC 27105		N/A		e. E	lection Sum to Date
336-767-2172						250	
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	ame, Mailing Addr		Karan (i da saka karejak)	b. Job Title/Pro	 particle of a property section of the profit profession of 	d. C	omments
(includ	le city, state, & zip)			Registered Nurse			·
Bobbie MacDonald c. Employer's Name/Specific Field							
363 Palace Drive Winston Salem, NC 27107							<u> </u>
	ton Salem, N -フレチー 863			Wake Fores	st Baptist	e. Election Sum to Date	
				Health	,	\$75	
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Contributions from Individuals Pg 3 of 1 No Ves 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 ☐ Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RNc. Employer's Name/Specific Field Avalon Lowery **Baptist Hospital** 334 Countryside Court e. Election Sum to Date Winston Salem, NC 27105 ೨৪८ - ১৭ ৮- ৬৭০০ \$175.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$175.00 09/22/2014| 1980HS Money Order \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Homemaker Deborah Brown c. Employer's Name/Specific Field 4213 Morningside Drive N/A Winston Salem, NC 27106 e. Election Sum to Date 336-830-1480 \$150.00 j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment i. In-Kind Description f. Prior 09/30/2014 \$150.00 1980HS Check П \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a, Full Name, Mailing Address & Phone (include city, state, & zip) Professor Stephen Boyd c. Employer's Name/Specific Field 4719 Leinbach Drive Educational Services Winston Salem, NC 27106 e. Election Sum to Date 336-924-2119 \$100.00 h. Form of Payment j. Date (mm/dd/yyyy) k. Amount . Prior g. Account Code i. In-Kind Description 09/26/2014 \$100.00 1980HS Check \$ П \$425 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals 🗓 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 ☐ Add 3. Contributor Information ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Day Care Antoinette Dunn c. Employer's Name/Specific Field 8580 Brook Meadow Court Wherry, Inc. Lewisville, NC 27023 e. Election Sum to Date 336-345-6495 \$100.00 g. Account Code h. Form of Payment . Prior i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 10/04/2014 1980HS Check \$100.00 3. Contributor Information Add Remove b. Job Title/Profession . Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Homemaker Jeannie Metcalf c. Employer's Name/Specific Field (no address provided) N/A e-mail: marcyleesmom@yahoo.com e. Election Sum to Date 336-768-2270 \$250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount PayPal 09/19/2014 \$250.00 1980HS Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Wire Technician William Brooks c. Employer's Name/Specific Field 4055 Creekside Court Winston Salem, NC 27127 AT & T e. Election Sum to Date 336-420-0611 \$150.00 g. Account Code . Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 09/21/2014 \$150.00 1980HS PayPal

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5. Total of ALL CRO-1210 Pages

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\$500

Contributions from Individuals 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 8CQWQU Robert Barr For School Board Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Heating and Air - Self Employed Derien Gee c. Employer's Name/Specific Field PO Box 471 Heating and Air e. Election Sum to Date Winston Salem, NC 27102 336-817-1704 \$500.00 j. Date (mm/dd/yyyy) k. Amount Prior g. Account Code h. Form of Payment i. In-Kind Description 10/16/2014 \$500.00 1980HS PayPal \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments . Full Name, Mailing Address & Phone (include city, state, & zip) Homemaker Irene E May c. Employer's Name/Specific Field 5310 Forest Mill Drive N/A _ e. Election Sum to Date Pfafftown, NC 27040 206-426-0682 \$200.00 k. Amount j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description g. Account Code f. Prior \$200.00 09/17/2014 Check 1980HS \$ \$ Remove 3. Contributor Information Add b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Housing Services Program Manager Johnnie Johnson c. Employer's Name/Specific Field 140 Harper Ridge Ct Clemmons, NC 27012 Experiment in Self e. Election Sum to Date 336-778-2248 Reliance, Inc. \$200.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment g. Account Code Prior \$200.00 08/31/2014 1980HS Check \$

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	tributor Informa	The state of the s			emove	33	
	Name, Mailing Addre nde city, state, & zip)			b. Job Title/Profe		d. C	Comments
	ert G. Russell				FS		
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	nmons, NC 27	7012		Covenant F Solutions, I		e. E	Election Sum to Date
330-	712-4240			Sulutions, i	nc.	\$.	100.00
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	Vame, Mailing Addre de city, state, & zip)		J	b. Job Title/Profes		d. Co	Comments
	nas Cartee	-			al Advisor		
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Robert E	Barr for School Bo	ard						8CQWQ	U
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	atterford Village Di	rive		c. Employer's Name	Specific	Field			
	ns, NC 27012			Agape Faith Chu	rch				
							e. Election S	Sum to Date	
İ							\$	1610.9	5
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	ne, Mailing Address	& Phone		b. Job Title/Profession	n		d. Comment	S	
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Contributions from Political Party Committees

				: Ame	nament		
Pg	1	of	1		Yes	\boxtimes	No

Use this form to report contributions from a political party

	l Name (and Fund it	applicable)		2, ID	Number
Robert Barr for S	chool Board			8CQWQU	
3. Contributor In	formation	☐ Add ☐ Rei	nove		
a. Full Name, Mailing				b. Con	nments
(include city, state,					
Forsyth Republica PO Box 30160	an Women				
Winston Salem, N	IC 27130			c. Elec	tion Sum to Date
Winston Suloin, 1	C 27130			· · · · · · · · · · · · · · · · · · ·	······································
	I		g Data	\$	250
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					\$
		·			\$
		+			\$
3. Contributor In	formation	Add Ren	nove		
a. Full Name, Mailing		ng (Aug 2 th) (In 11 th 1	Carter a resident a river deservation of	b. Com	ments
(include city, state, a	& zip)		•		
			•	101	
				c. Elect	ion Sum to Date
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
					\$
·					\$
					\$
4. Total only th	is Page			\$	250
The second of th	CRO-1220 Page		George Salar de S		
TWO PARKS AND URSAND UNDER HEAD	line 1 of Detailed Summa			\$	250

Other Receipt Sources Pg 1 of 1 Yes No

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

	or School Board	/ / / / / / / / / / / / / / / / / / /		**************************************	D Number 8CQWQU
3. Type of Rec	eipt Source	(Please use separate CRO	-1250 form	is for each type of Red	eipt Source.)
Interest		Contributions from Not-f			utside Sources of Income
4. Contributor	Information	Add		Remove	
a. Full Name, Ma	iling Address & Phone		b. Not-	for-Profit Federal ID#	d. Comments
(include city, st	ate, & zip)		~		
	es Credit Union				
Clemmons, NO	C		c. Outsi	de Source Explanation	
					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	Add =	Alvery see	Remove	e de la persona de propieto
a. Full Name, Mai	ling Address & Phone	annes ann a sine a san tae a shearan <u>an an a mar a na a san a</u> an ann an a san an	b. Not-f	or-Profit Federal ID #	d. Comments
(include city, sta	ite, & zip)				
State Employe	es Credit Union				
Clemmons, NC			c. Outsi	de Source Explanation	
	•				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	□ Add		Remove	a from the cases of the
	ing Address & Phone		b. Not-fo	or-Profit Federal ID #	d. Comments
(înclude city, sta	te, & zip)				
			c. Outsid	le Source Explanation	
					Planta Careta Data
					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		ne dedae wille Sines Villa		\$ 2.96
(This line goes in (This line goes in	line 11b of Detailed Summa	tes iry Page CRO-1100 if Interest) iry Page CRO-1100 if Not-for-Profit C ry Page CRO-1100 if Outside Sources	(A) 机图 100以往 (B) (A) (A)		\$ 2.96

Other Rec	eipt Sources) -	1 -6	Α	mendment Yes	No
	-	ted on another form. i.e. interest	Pg t income	1 of	⊒ ; <u>L</u> ntribu		140
P		applicable)) Number	elandide od
Robert Barr Fo		-ulffingure)-ma-m-arazzinasi			2, 12	8CQWQU	<u> </u>
3. Type of Reco	eipt Source	(Please use separate CRO-12	50 forms	s for each type o	f Rece	eipt Source.)	ra ire
Interest		Contributions from Not-for-	Profit Orga	nizations 🔀	Ou	tside Sources of Income	
4. Contributor	Information	☐ Add		Reme	ove		
a. Full Name, Mail	ing Address & Phone		b. Not-fo	or-Profit Federal ID	#	d. Comments	
(include city, sta	te, & zip)		}			Verification	•
PayPal						1	
		,	c. Outsid	le Source Explanati	ion		
						e. Election Sum to Da	ate
						\$.08	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount	
1980HS	Deposit			08/13/2014	1	\$.02	
			•	08/13/201	4	\$.06	
4. Contributor	Information	□ Add		Remo	ove		
a. Full Name, Mail	ing Address & Phone		b. Not-fo	or-Profit Federal ID	#	d. Comments	Productive Commenter to
(include city, sta	te, & zip)						
			c. Outsid	le Source Explanati	on	-	
	•					. Floating Com to De	.4.
			ĺ			e. Election Sum to Da	ite ·
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	ууу)	j. Amount	
						\$.	
			;			\$	
4. Contributor	Information -	☐ Add		Remo	ve		a qualitation
a. Full Name, Maili	ng Address & Phone		b. Not-fo	r-Profit Federal ID	#	d. Comments	
(include city, stat	e, & zip)						
			c. Outsid	e Source Explanation	on		
						c. Election Sum to Da	te
		·				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	'	i, Date (mm/dd/yy	уу)	j. Amount	
				•		\$	

6. Total of ALL CRO-1250 Pages (This line goes in line 11a of Detailed Summary P

5. Total only this Page

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest). (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) \$.08

.08

\$

Disbursen	ients			Pg	l of	- 3	Amendment Yes N
Use this form to	o report expenditures	s from the committ	tee	for, operating expenses	s, contributions to	candida	
committees and	l coordinated party e	xpenditures.					
	Full Name (and Fu	nd if applicable)	ij. P			GLENGER SW GREET FOR FREE	2. ID Number
Robert Barr fo		SECTION DE LA CONTRACTION DE L					8CQWQU
3. Type of Dist Operating	oursement (Ple			0-1310 forms for each			
4. Payee Inform				dates/Political Committees			Party Expenditures
	ling Address & Phone			Add	Remove		
(include city, state	_		-	5. Coor anated Committee 1	vaine	a. Coi	nments
Goin Postal	, or rip)		1		•		
6255 Towncen	ter Drive			. Level Registered (Specify)		-	
Clemmons, NC	27012		Federal County:			1	
336-712-0505			1	State Municipality:			tion Sum to Date
							40.14
f. Account Code	g. Form of Payment	h. Purpose Code	L.	i. Date (mm/dd/yyyy)	j. Amount		40.14 uired Remarks
1980HS	Check	T T		08/21/2014	\$140.14	R. Keq	uned Remarks
						-	
	Marks • Terris was en sakkin useriya was	SHEELEN IN THE SHEELEN			\$		
	nation 😂 💮		~	\dd	Remove		
· ·	ing Address & Phone		b	. Coordinated Committee N	lame	d. Con	iments
(include city, state, Donna B Parson			1	¥			
8025 Lasater Road				. Level Registered (Specify)	-		
Clemmons, NC			Federal County:			=	
Ciolimons, No 27012				State	Municipality:	e. Elec	tion Sum to Date
				···		 	9.86
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount		uired Remarks
1980HS	Check	В		08/20/2014	\$29.86		
	Check		_	03/20/2014	Φ29.00		
					\$		
	ation	经验的基础	Ą	dd bb	Remove		
	ng Address & Phone		b.	Coordinated Committee N	ame	d. Com	
(include city, state,	& zip)		l			PAHA	ne fees
PayPal		İ	_	I amal Desirem I (Co., 10)		4	
		-	<u>e.</u>	Level Registered (Specify) Federal	County:	┨	
			F	State	Municipality:	e Elect	ion Sum to Date
		-		<u></u>	- Tamorpunty.		·
f. Account Code	g Form of Bornard	h. Purpose Code	_	· Parada (NII)	T	\$ 1.	
1980HS	g. Form of Payment		-	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks
198003	Withdrawal	0	4	08/13/2014	\$.08		
1980HS	Withdrawal	0		09/01/2014	\$1.03		
5. Total only thi					z se postale de Color	\$	171.11
	CRO-1310 Pages				了学生的 是是		
	line 13a of Detailed Sum line 13h of Detailed Sum			operaung Expenses) Contrib to Candidates/Politic	~! C~~~~\	\$	
				Contrio to Canataates/Pontic Coordinated Party Expenditu			
	s (List detailed exp				0011/2/15/15/25/25/3		
A* - Media	B* - Printing	C* - Fundr	rais	sing	D - To Anothe	r Candid	<u>ate</u>
E - Salaries	F* - Equipment	G - Politica		•	H* - Holding	Public C	Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	; E;	xpenses	Q* - Donation	n to Lega	l Expense Fund
	detailed explanation	on in required rec	na	rks field (k)		en en en en en en en en en en en en en e	

Amendment

Disbursements			Pg	<u>2</u> of	3 ☐ Yes ⊠ No				
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political									
committees and coordinated party expenditures.									
	ull Name (and Fun	d if applicable)		<u>, i jangaj kesak pilagi</u>					
Robert Barr for	8CQWQU								
3. Type of Disb	ent.) ordinated Party Expenditures								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove									
	ng Address & Phone		b. Coordinated Committee		d. Comments				
(include city, state,	_								
PayPal									
_			c. Level Registered (Specif	· · · · · · · · · · · · · · · · · · ·					
,			Federal County:						
			State	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	0	09/22/2014	\$7.55	PayPal Fees				
1980	Withdrawal	О	09/21/2014	\$4.65	PayPal Fees				
4. Pavee Inform	nation	可能被整理的基本的							
	ng Address & Phone		b. Coordinated Committee Name		d. Comments				
(include city, state,	& zip)				PayPal Fees				
PayPal									
			c. Level Registered (Specify)		-				
			Federal X	County: Municipality:	e. Election Sum to Date				
			State						
					\$ 27.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1980HS	Withdrawal	0	10/16/2014	\$14.80	PayPal Fees				
				\$					
4. Payee Inform	ation		Add] Remove					
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments				
(include city, state,	& zip)				Bank charges				
State Employee									
Clemmons, NC			c. Level Registered (Specify)		-				
			Federal State	County: Municipality:	e. Election Sum to Date				
			State -						
		<u></u>			\$ 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	0	07/31/2014	\$1.00					
5. Total only th	\$ 29.00								
6. Total of ALL	CRO-1310 Pages	ite a makikata c		MINE PROPERTY.					

(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 E - Salaries F* - Equipment

C* - Fundraising G - Political Party D - To Another Candidate

\$

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

K* - Office Expenses I - Postage J - Penalties * Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)									
Robert Barr for School Board 8CQWQU									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Information Add Remove									
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Name		d. Comments				
(include city, state,	& zip)				Bank fees				
State Employee	s Credit Union								
Clemmons, NC			c. Level Registered (Specify)						
			Federal X	County:					
			State	Municipality:	e. Election Sum to Date				
					0.100				
			*		\$ 4.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1000110			00/00/0014	01.00					
1980HS	Withdrawal	0	08/29/2014	\$1.00					
			001001001						
1980HS	Withdrawal	О	09/29/2014	\$1.00					
4. Payee Inform	ation		Add	Remove					
	ng Address & Phone	i i i i i i i i i i i i i i i i i i i	b. Coordinated Committee Name		d. Comments				
	-		D. Cool amateu Comanteov I		Photo for Flyer				
(include city, state, Kathryn Clark	« zip)		-		1 11010 101 1 1901				
	Village Court		a Tanal Desistant (Cussify)						
7101 Greystone	~		c. Level Registered (Specify)						
Clemmons, NC	27012		Federal 🔲	County:	The Court Date				
336-528-2939			State	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				
				1	Bank fees				
1980HS	Check	A	09/08/2014	\$25.00					
	·								
				\$					
4. Pavee Inform	ation	- 基本工作图片	Add	Remove					
	ng Address & Phone		b. Coordinated Committee Name		d. Comments				
(include city, state,	-		-						
(Include only) blancy	p)								
			c. Level Registered (Specify)						
	1		Federal County:						
			State	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				
i. Account Code	g. roth of tayment	m - m poor com	L. Date (minidaryyyy)	J. Amount	In 110qui ou 110ium				
				\$					
				· · · · · · · · · · · · · · · · · · ·					
				\$					
E Total	la Daga	light (See Green Control of See See See See See See See See See Se			\$ 27.00				
5. Total only thi			- 발생 - 12 시간 시간을 열린 사람들의 공통을 받았다. 		\$ 27.00				
	CRO-1310 Pages	Contract Contract	0 if Operating Expenses)						
_	\$ 227.11								
(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 Expanditures)									
(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)									
				D T- 4	- Condidate				
A*-Media B*-Printing C*-Fund E - Salaries F*-Equipment G-Politic					r Candidate Public Office Expenses				
I - Postage	J - Penalties		ce Expenses		t to Legal Expense Fund				
O* - Other	G - I OllaitiOs	K - Olin	eo rationaea	A Donution					
* Codes require detailed explanation in required remarks field (k)									