## **Disclosure Report Cover**

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 Infor	mation						
a. Full Name					c. ID Number		
Robert Barr for Sch	SCQ0SZ						
	lude City, State and Zip Code)		1.0		d. Date Filed		
1966 Waterford Village Drive Clemmons, NC 27012					02122018		
					e. Phone Number		
					3363996374		
2. Report Year	3. Period Start Date (mm/d	ld/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full			
2018	02122018	02222018		Donna B Parsons			
6. Type of Commit	tee (Check One)	9. Type of Report		ly one type of report			
Candidate Campa	aign 🔲 Party	Municipal	State/C	A DATE OF THE OWNER	Referendum		
PAC PAC	Referendum	Organizational		Organizational	Organizational		
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	r C	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"	(g upplicable, encer one)	Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual		Fourth	Special		
		Mid Year	t	Semi-annual			
Other:		Year End		Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Fund	raisers this Report	Special		Final Special			
11. Account Inform	nation		11. Account l				
a. Financial Institution			a. Financial Inst	itution Full Name	N		
BB & T					<u>C32</u>		
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
Contribution	1980	OHS			EB 2		
Expenses	d. Period Begin Balance	e			d. Period Begin Balance		
	<b>S</b> 0				S F AM ECC		
	3 0				- <u>11 5 4</u> 2		
CERTIFICATION					N		
I certify that the Cor	mmittee or Fund is in compl	iance with all applica	ible provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of I further certify that this report		
the NC General Stat	d correct and that I have been	n trained by the NOS	State Board of I	Tections	. I further certify that this report		
Donna B P			In R	Rian	02262018		
Domind D 1	Printed Name of Signer	S	ignature of Appoint	- VV	Date		
FOR OFFICE USE (	A REAL PROPERTY AND A REAL						
Date Received:	228/18	Employee:	- Pa	5	Delivery Method Normal Mail		
Date Postmarke	:d:	Employee:			Registered Mail     Hand Delivered		
Date Scanned:		Employee:			<ul> <li>Electronically Filed</li> <li>Signer has not received</li> </ul>		
Date Data Enter	red:	Employee:			mandatory training		
Please Note: Th		an of books informat	tion, or account	information.	ess, treasurer, assistant treasurer, tee changes.		

Amendment Yes

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 $\boxtimes$ No

**Detailed Summary** Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment Yes  $\boxtimes$ 

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number		
Robert Barr for School Board	0		SCQ0SZ		
Start of Election Cycle: January 1,	2018	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 0	\$		
RECEIPTS	A STATE OF STATE OF STATE	Manual Science and			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 108.00	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$	\$		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	\$		
13b) Contributions to Candidates/Political Commit	ttees (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, 1	15, 16 and 17)	\$	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$	\$		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) (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)	\$	\$		

NC State Board of Elections

## **Contributions from Individuals**

Pg 1 Amendment Yes 

 $\boxtimes$ 

No

informations from individuals	Pg	_1	of
his form to report individual contributions over \$50 or contributions	under !	\$50 if form	CRO

1 Use t RO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Robert Barr for School Board **SCQ0SZ 3. Contributor Information** Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pastor Robert Barr 1966 Waterford Village Drive c. Employer's Name/Specific Field Clemmons, NC 27012 Agape Faith Church 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 Fees 0212208 \$ 108.00 \$ \$ **3. Contributor Information** Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) 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 \$ \$

							\$	
3. Contr	ributor Informati	on		Add 🗌 F	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Professi	on	d. Comment	IS		
				c. Employer's Name	/Specific Field	1		
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
							\$	
							\$	
							\$	
4. Tota	l only this Pag	e				\$		108.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$		108.00		