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 Inform	mation				
a. Full Name					c. ID Number
Robert Barr for Scho	ool Board				SCQ0SZ
b. Mailing Address (inclu	ude City, State and Zip Code)				d. Date Filed
1966 Waterford Vill Clemmons, NC 270					10/22/2018
part - Cherkelander Auss. 1004, 14200 han					e. Phone Number
					3363996374
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full M	Name
2018	07/01/2018	10/2	0/2018	Donna B Parsons	
6. Type of Committ	ee (Check One)	9. Type of Report	(check onl	y one type of report j	from one category)
Candidate Campa	iign 🗌 Party	Municipal	State/Co		Referendum
PAC PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	(Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	\boxtimes	Third	Annual
		Semi-annual		Fourth	Special
-		Mid Year		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	ation		11. Account I	nformation	
a. Financial Institution H	Full Name		a. Financial Insti	tution Full Name	
BB & T					1
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Contribution Expenses	1980	HS			
	d. Period Begin Balance	2			d. Period Begin Balance
	\$ 1,300				\$
CERTIFICATION					
the NC General Statu	ites and that no funds are co correct and that I have been	ommingled with proh	ibited or other r	non-disclosed funds. Hections.	& 22D-22M of Chapter 163 of I further certify that this report 0/21/2018 Date
FOR OFFICE USE O			Summe of Appoint		
Date Received:	10/26/18	Employee:	b		Delivery Method
Date Postmarkee	d:	Employee:	Y		Registered Mail Hand Delivered
Date Scanned:		Employee:		[Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:		1. 	mandatory training
Please Note: Thi	s form cannot be used to an custodia You must amend the State	an of books informat	ion, or account	information.	ss, treasurer, assistant treasurer, ee changes.

Amendment Yes Г

 \boxtimes No

Detailed Summary 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	3 rd Quarter 2018		SCQ0SZ
Start of Election Cycle: January 1,	2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,300.00	\$ 4,433.00
RECEIPTS	The second second second second to the second		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 425.00	\$ 425.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,525.00	\$ 3,933.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 75.00	\$ 75.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CR0-1240)	\$	\$
11) Other Receipt Sources		1. And the star	enceres on th
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizatio	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, 11c	; 11d and 11e)	\$ 3,025.00	\$ 4,433.00
CXPENDITURES			HER WASHINGTON
13) Disbursements	y an an ann an an an an an an ann an an a	K (1987-1997-1997-1997-1997-1997-1997-1997-	
13a) Operating Expenditures	(CRO-1310)	\$ 3,393.35	\$ 3,393.35
13b) Contributions to Candidates/Political Committ	ees (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)	\$	\$ 108.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 3393.35	\$ 3,501.35
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 931.65	\$ 931.65
ADDITIONAL INFORMATION			estant de services a
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) <i>(CRO-1430)</i>	\$	
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)	\$	\$
,	, · · · · · · · · · · · · · · · · · · ·		

CRO-1205

NC	State	Board	of	Elections
140	State	Duaru	1.7.1	LICCHOIDS

Aggregated Contributions from Individuals

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

			id if applicable)			2. ID	Number
	ert Barr for School Waterford Vill		nmons, NC 27012				SCQ0SZ
3. Co	ntributor Info	rmation			A STATISTICS	lessar 1	
a. Am	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove	— 1980HS	Check		09/07/20		\$ 25.00
	Add Remove	1980HS	Check		09/10/20	18	\$ 20.00
	Add		Check		09/10/20	18	\$ 25.00
	Remove Add						
	Remove Add	1980HS	Check		09/13/20	18	\$ 50.00
	Remove	1980HS	Check		09/12/20	18	\$ 50.00
	Add Remove	— 1980HS	Check		09/18/20	18	\$ 50.00
	Add Remove	1980HS	Check		09/08/20	18	\$ 25.00
	Add Remove	1980HS	Check		09/15/20	18	\$ 25.00
	Add	1980HS	Check		09/17/20	18	\$ 50.00
	Add		Check		09/28/20	18	\$ 25.00
	Remove Add	1980HS	Cash		09/28/20		\$ 30.00
	Remove Add	-					
	Remove	1980HS	Check		10/17/20	18	\$ 50.00
	Remove						\$
	Add Remove						\$
	Add Remove	_					\$
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	Add						
	Remove	_					\$
	Add						\$
	Add						\$
	Remove Add					_	\$
	Remove Add						
	Remove						\$
	Add						\$
4. T	otal only this	Page				\$	425.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	425.00	

Page

1

of

1

Amendment Yes

No No

 \boxtimes No

100.00

100.00

		m Individuals	over \$50		Pg <u>1</u> of nder \$50 if form CR	0 1205 is no	Amendment Ves
	and the second se	(and Fund if applica	ALL DOCTOR OF THE OWNER.			2. ID Nun	and the second se
Robert B	arr for School Boa	ard					SCQ0SZ
3. Contr	ibutor Informatio	on		Add 🗍 I	Remove		
a. Full Nat	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Comment	ts
(include	city, state, & zip)			Sales, VA Claim	15		
Ricky Ho	orne and Pamela C	askins Horrne					
	gel Oaks Drive			c. Employer's Name	Specific Field		
Winston	-Salem, NC 27105						
						e. Election S	Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount
	1980	check			09/09/2	018	\$
							\$
							S
3. Contr	ibutor Informatio	on		Add 🔲 H	Remove		
a. Full Nat	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Comment	ts
(include	city, state, & zip)			Chief Judge, Sch	nool Teacher		
	Bonita Brehm						
	bersham Drive			c. Employer's Name	Specific Field	-	
Kernersv	ville, NC 27284					e. Election S	um to Data
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount
	1980	check			09/06/2	018	\$
							\$
							\$
3. Contr	ibutor Information	on		Add 🗌 I	Remove		
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Commen	ts
(include	e city, state, & zip)			Homemaker			
Deborah						-	
	orningside Drive			c. Employer's Name	e/Specific Field	-	
Winston	-Salem, NC 27106)				e. Election S	Sum to Date
		1	1			\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount
	1980	check			09/12/2	2018	\$
							\$
							\$
4 Tota	l only this Pag	re la				\$	

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)

350.00

2525.00

150.00

Contributions from Individuals

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of

4

Pg

Amendment

No i

Use this f	form to report indiv	vidual contributions ov	er \$50	or contributions und	ler \$50 if form CRO	O 1205 is not	used	
1. Committee Full Name (and Fund if applicable)						2. ID Num	ber 🔭 👘	i della por consegui della i i internazione
Robert Barr for School Board						SCQ0SZ		
3. Contri	butor Informatio	n en stra Produce de Co		Add Re	move	i i i e gade ga	e pro e a	
	ie, Mailing Address &			b. Job Title/Profession	<u></u>	d. Comments		and a second sec
				Orthopedic Surgeo	on			
	and Rachel Radar ard Pond Loop			c. Employer's Name/S	nacifië Field			
	e, NC 28625			C. Employer S Names	pecific riciu			
~	-,					e. Election Su	m to Date	an train.
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1980	check			09/17/20	018	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio		1	Add	move			A State of the second second
0.04 - 124 - 0 - 1 7 - AYVE - 700	ie, Mailing Address &	CY S. Cher Mar. Conversion Strength and an an address of the second strength and t		b. Job Title/Profession	Le the particulation	d. Comments		ana en antes a se en antes a se en antes
	city, state, & zip)			Retired				
	Bobbie Leab							
	hamp Road			c. Employer's Name/S	pecific Field			
Advance,	NC 27006					e. Election Su	m to Date	
						\$	200.00	Nagr - Ewing
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1980	check			09/20/20	018	\$	200.00
		۰.					\$	_
						-	\$	
02-10. CONT. 4,5138,0757	ibutor Informatio			the state of the second st	move	n gan ya mangangan Kapangan mangangan	it in in in i	
1000 C	ne, Mailing Address 8	Phone		b. Job Title/Profession	1	d. Comments		je v sej čes
	city, state, & zip)		, i	IT		1		
	nd Marcy Jackson Idale Drive			c. Employer's Name/S	pecific Field			
	Salem, NC 27104			Ci Elipidyor d'Entited				
	,					e. Election Su	im to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1980	check			09/21/20	018	\$	100.00
							\$	
		1		10 1 (11) 1228 1 100 1 100 - 300 1 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10	a standard a		\$	
4. Tota	l only this Pag					\$		400.00
2 - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A - 4 A -	l of ALL CRO	-1210 Pages Detailed Summary Poge Ch	x0-1100			\$		2525.00

Contributions from Individuals Contributions from Individuals Pg <u>3</u> of <u>4</u> Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Amendment Ye

es	\boxtimes	No

1. Comm	ittee Full Name (and Fund if applicable)				2. ID Num	ber 💉 👘	26. j. k
Robert Barr for School Board					SCQ0SZ			
3. Contri	butor Informatio	n - S	X	Add Rem	ove		entra Gold	
	e, Mailing Address &	A CONTRACTOR OF	216.13	b. Job Title/Profession		d. Comments		
(include	city, state, & zip)		يُونية. كل	Pastor	- Marine Andrea (* 1916) (* 1916) (* 1916)	dle Strenge Literin et m	<u></u>	
Pastor JB	and Susan Whitfi	eld						
	rrills Ford Road			• c. Employer's Name/Spe	cific Field			
Terrell, N	C 28682							
1						e. Election Su	im to Date	
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment i.	In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	р
	1980	check			09/25/20	018	\$	1,000.00
			-				\$	
							\$	
3. Contri	butor Informatio	o - 1 - 1 - 1		Add 🔄 Rem	ove	en an oarolle		
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)		9 erja Vist	Retired	· · · ·		<u> </u>	
Jeannie M								
	View Drive			c. Employer's Name/Spe	cific Field			
Winston-S	Salem, NC 27104						·	
						e. Election Su	m to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment i.	In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1980	check			09/28/20	018	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n.	344	Add - 🗌 - Rem	ove			
a. Full Nam	ie, Mailing Address &	c Phone	۲Ç.	b. Job Title/Profession		d. Comments		
(include)	city, state, & zip)		3. 7.1. 2	Counselor	<u></u>			·;
Monica M	IcLaughlin							
	e Len Drive			c. Employer's Name/Spe	cific Field			
Winston-S	Salem, NC 27107					1944 - 1947 - 1947 - 19		And the second
						e. Election Su	m to Date	s san cenedaran b
						\$	75.00	
f. Prior	g. Account Coder	h. Form of Payment i.	In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1980	check			10/05/20	018	\$	75.00
							\$	
	K12719-1 000 000000			a la cura de		-	\$	
4. Total	only this Page					\$		1,175.00
The second s	of ALL CRO					\$		2525.00
(This line	e must be on line 6 of 1	Detailed Summary Page CRO-	11(11)		3.74.7 - 2128 (Adv. Marian)	1		

Contributions from Individuals

_4___

of

Pg

Amendment Yes 🔀

No

4

I. 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) Executive Admin/Pastor, Nurse d. Comments	
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Executive Admin/Pastor, Nurse	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Executive Admin/Pastor, Nurse	
632 Ivy Glen Drive c. Employer's Name/Specific Field	
Winston-Salem, NC 27127	. 1 1 1 21 -
\$ 500.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mmi/dd/yyyy) k. Amount	
1980 check 10/09/2018 \$	500.00
\$	
\$	
3. Contributor Information Add . Remove	
a. Full Name, Mailing Address & Phone d. Comments	
(include city, state, & zip) VP Operations, teacher	
Fred and Rena Trivette	
PO Box 1331 c. Employer's Name/Specific Field	
Yadkinville, NC 27055 e, Election Sum to Date	
	3
\$ 200.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	100.00
1980 check 10/01/2018 \$	100.00
3: Contributor Information	
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	
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f. Prior g. Account Code. h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	
\$	
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\$	
4: Total only this Page S	600.00
5. Total of ALL CRO-1210 Pages	2525.00

.

Contributions from Other Political Committees

<u>1</u> of

Pg

Amendment

1

No

Use this form to report contributions from other candidate, referendum or PAC committees

	ll Name (and Fund if applicable), , ,			2. ID	Number
Robert Barr for S	chool Board					SCQ0SZ
3. Contributor In	iformation		Add 🔤 🛄 📜 Re	move		
a. Full Name, Mailin			b. Type of Committee		d. Com	ments
(include city, state			Candidate	PAC PAC		
	Republican Women		Referendum	······	-	
PO Box 30160	10.07100		c. Level Registered (Specify	· _ ·		
Winston Salem, I	NC 27130		Federal	County:		tion Sum to Date
			State	Municipality:	e. Liect	aon Sum to Date
					\$	75.00
f. Account Code	g. Form of Payment	h. In-Kind	I Description	i. Date (mm/dd/yyyy))	j. Amount
1980HS	Check			08/14/2018	-	\$ 75.00
						\$
						\$ ·
3. Contributor I	formation		Add Re	move		
a. Full Name, Mailin			b. Type of Committee		d. Com	
(include city, state	, & zip)		Candidate	PAC		
			Referendum			
			c. Level Registered (Specify			
			Federal	County:	o Flori	tion Sum to Date
			State	Municipality:	e, Lieu	non Sum to Date
					\$	
f. Account Code	g. Form of Payment	h, In-Kind	1 Description	i. Date (mm/dd/yyyy))	j. Amount
_						\$
	·					\$
						\$
3. Contributor I	nformation		Add	move	ing an an an Tagairtí an an an Tagairtí an an an	
a. Full Name, Mailin	g Address & Phone		b. Type of Committee		d. Com	iments
(include city, state	, & zip)		Candidate	PAC		
			Referendum			
			c. Level Registered (Specify		-	!
			Federal State	County: Municipality:		tion Sum to Date
				Wunterparty.	\$	ion Sum to Date
f. Account Code	g. Form of Payment	h. In-Kine	Description	i. Date (mm/dd/yyyy	<u> </u>	j. Amount
						\$
						\$
					-	\$
4. Total only this	Page				\$	75.00
	CRO-1230 Pages	D-1100			\$	75.00

CRO-1230

D.			
110	hu	ream	onte
DIS	vu	rsem	CIIIS

Pg 1 Amendment Yes

 \boxtimes No

of <u>6</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun	d if applicable)			2. ID Number
Robert Barr for	School Board				SCQ0SZ
3. Type of Disb	ursement (Plea	ise use separate (RO-1310 forms for each t	vpe of Disbursen	
Operating I		automatic and the same stress of the same	ndidates/Political Committees	Construction of the local division of the lo	ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	and all the second for spinsters in the second s
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Donna B Parso					
819 Trillium La	ane		c. Level Registered (Specify)		
Winston Salem			Federal X	County:	-
			State	Municipality:	e. Election Sum to Date
					\$ 102.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					campaign cks
1980HS	check	K	08/24/2018	\$41.42	campaigners
				1	envelopes
1980	check	К	08/30/2018	\$60.58	cards
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	0				
Donna B Parson			1		
819 Trillium La	ine		c. Level Registered (Specify)		
Winston Salem	NC 27127		Federal X	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 125.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1980HS	check	К	09/03/2018	\$23.99	envelopes
1960115	CHECK .	ĸ	09/03/2018	\$23.99	cards
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		-		
					_
			c. Level Registered (Specify)		_
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
in the second second second	L'annual annual annu	L D Colo		· · · · · · · · · · · · · · · · · · ·	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				S	
5. Total only th	ic Dogo				\$ 125.99
and the second	CRO-1310 Pages				φ 120.00
CALICASIS + DIFFERENCE PARTICIPATION CONTRACTOR CONTRAC	The second s	nmary Page CRO-110	0 if Operating Expenses)		
a descent and the second s			0 if Contrib to Candidates/Politic	cal Comm)	\$ 3393.35
And the second second second second	the second second second second second		0 if Coordinated Party Expenditi		
	les (List detailed ex		And in case of the second s		
A* - Media	B* - Printing	C* - Fun		D - To Anoth	ner Candidate
E - Salaries	F* - Equipment	G - Politi	cal Party		g Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	on to Legal Expense Fund
O* - Other	re detailed explanat	ion in required -	amarks field (k)		
Coues regul	c uctancu cypialiat	ion in required f	unal to now (R)		

D	is	b	u	rs	e	m	en	ts
-	-~	~		- ~	•••		~ **	

Pg 2 Amendment Yes

No

 \boxtimes

of <u>6</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun	d if applicable)			2. ID Number	
Robert Barr for					SCQ0SZ	
3. Type of Disb	the management of the second se		RO-1310 forms for each t			
Operating I		Contributions to Ca	ndidates/Political Committees	Coo	ordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Donna B Parson	ns					
819 Trillium La	ane		c. Level Registered (Specify)			
Winston Salem	NC 27127		Federal X	County:		
	 Manufacture and a strength the second state of the se		State	Municipality:	e. Election Sum to Date	
					C. Election Sum to Date	
					\$ 205.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1980HS	check	I	09/01/2018	\$80.00	postage	
				\$		
4. Payee Inform			Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					A	
	****				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				s		
and a subject of the sub-						
4. Payee Inform			Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)	and the second second		
			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	
		-		\$		
				\$		
5. Total only th	is Page				\$ 80.00	
	CRO-1310 Pages		and the second second		φ 00100	
	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)	Institution and the states of the		
A construction of the second second second second	and the second of the second sec			al Comm)	\$ 3393.35	
10	(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* - Fun		D - To Anothe	er Candidate	
A* - Media E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund	
O* - Other					5	
the strength of the second finder where a basis of the second s	e detailed explanat	ion in required r	emarks field (k)			

Amendment Yes

No

 \boxtimes

Disbursements Pg 3 of <u>6</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun				2. ID Number		
Robert Barr for	School Board				SCQ0SZ		
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	vpe of Disbursen	ient.)		
Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform	nation		Add 🗌	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
Robert Barr							
1966 Waterford	l Village Drive		c. Level Registered (Specify)				
Clemmons, NC	27012		Federal 🛛	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 1453.05		
					\$ 1455:05		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1980HS	check	В	10/03/2018	\$1345.05	campaign signs		
1900115			10/05/2010	\$1545.05	reimb paid to		
				\$	King Intl		
4. Payee Inform	A CASE OF A CASE		Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
Robert Barr							
1966 Waterford	C		c. Level Registered (Specify)				
Clemmons, NC	27012		Federal 🛛	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 2023.26		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					printing		
1980HS	check	В	10/11/2018	\$390.97	brochures		
1000110	1 1		10/10/2010		printing		
1980HS	check	В	10/18/2018	\$179.34	brochures		
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
					3		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				Ψ			
				S			
5. Total only this Page					\$ 1915.36		
and the second se	CRO-1310 Pages						
	line 13a of Detailed Sun			al Commit	\$ 3393.35		
	(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)						
7. Purpose Cod A* - Media	es (List detailed ex] B* - Printing	C* - Fund		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment				Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund		
O* - Other							
* Codes requir	e detailed explanati	ion in required re	emarks field (k)				

Dis	bur	sem	ents

Pg 4 Amendment Yes

No

 \boxtimes

of <u>6</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun	d if applicable)			2. ID Number		
Robert Barr for					SCQ0SZ		
3. Type of Dish			RO-1310 forms for each t	Personal Person of Persons in Frances			
Operating I		Contributions to Ca	ndidates/Political Committees	section of the sectio	oordinated Party Expenditures		
4. Payee Inform			Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	, & zip)		_				
Robert Barr							
1966 Waterford Village Drive			c. Level Registered (Specify)				
Clemmons, NC 27012			Federal 🛛	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 3095.26		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		and the second se			Robo Calls		
1980HS	check	A	10/01/2018	\$1072.00	Gravis		
					Marketing		
				\$	ig		
4. Payee Inform	nation		Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
					_		
			c. Level Registered (Specify)				
			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		
in Account Court	g. r or in or r nyment		n Duce (min) du yyyy)		ai ricquired remarks		
				\$			
				\$			
•							
4. Payee Inform			Add 🗌	Remove			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)		-				
			I ID IN INC. IN		_		
			c. Level Registered (Specify)	C			
			Federal	County:	e. Election Sum to Date		
			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		
				\$			
				9			
				\$			
5. Total only th	is Page				\$ 1072.00		
	CRO-1310 Pages						
and the second	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		\$ 3393.35		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 3393.35		
(This line goes in	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Cod	les (List detailed ex	penditure code in	(h.) above)				
A* - Media	B* - Printing	C* - Fun		D - To Anoth			
E - Salaries	F* - Equipment J - Penalties		cal Party ce Expenses		g Public Office Expenses on to Legal Expense Fund		
I - Postage O* - Other	J - renaities	K* - 011	ce Expenses	Q" - Donatio	in to Legar Expense Funu		
	re detailed explanat	ion in required r	emarks field (k)				

Disbursements

Pg 5 Amendment Yes

No

 \boxtimes

of <u>6</u> 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)			2. ID Number	
Robert Barr for					SCQ0SZ	
3. Type of Disb			RO-1310 forms for each t	Concession of the local division of the loca		
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform	and a second s		Add	Remove		
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)		_			
Robert Barr					_	
1966 Waterford			c. Level Registered (Specify)		_	
Clemmons, NC	27012		Federal 🛛	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 3195.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1000110		0			Tickets	
1980HS	check	0	10/11/2018	\$100.00	WSSU	
				\$	Parade	
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)			
			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	
				s		
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)	les E	-			
					-	
			c. Level Registered (Specify)		_	
			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	
				\$		
				\$		
5. Total only th	is Page				\$ 100.00	
	CRO-1310 Pages					
	NEWS SHOP IN THE DESCRIPTION OF AND A		0 if Operating Expenses)		\$ 3393.35	
			0 if Contrib to Candidates/Politic			
(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)						
and an owner of the second				D - To Anoth	er Candidate	
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			Public Office Expenses	
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund	
O* - Other						
* Codes requir	e detailed explanat	ion in required re	emarks field (k)			

Disbursements

Pg <u>6</u> Amendment Yes

No

 \boxtimes

of <u>6</u> 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	
COLUMN THE OWNER AND ADDRESS OF THE OWNER AND ADDRESS OF THE OWNER ADDRE					SCQ0SZ	
3. Type of Disb			RO-1310 forms for each t			
Operating E		Contributions to Ca	ndidates/Political Committees	the second s	ordinated Party Expenditures	
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Cedric Thomas						
110 Hedgecock	Avenue Apt 7		c. Level Registered (Specify)			
Winston Salem, NC 27104			Federal X	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 3195.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					Putting out	
1980HS	check	0	10/05/2018	\$100.00	signs	
					Signs	
				\$		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee Na	THE REPORT OF THE PARTY OF THE	d. Comments	
(include city, state,	-		or coordinated committee ris	ame	ui commento	
(include city, state,	& 2(p)		-			
			c. Level Registered (Specify)		-	
			Federal	Country	-	
				County:	- Floridan Come to Data	
			State	Municipality:	e. Election Sum to Date	
					\$	
C. Assessment Conda	- Frank of Deserves	h. Purpose Code	Data (mm/dd/mm)	1.	h. Description of Description	
f. Account Code	g. Form of Payment	n. r ur pose coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
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		-				
4. Payee Inform	and the second se		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
					_	
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
					Ŷ	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				S		
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				S		
				\$		
5. Total only this Page					\$ 100.00	
6. Total of ALL	CRO-1310 Pages					
And the rest of the rest of the second strates	a contraction of the state of t		0 if Operating Expenses)		\$ 3393.35	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 5575.55	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Cod	es (List detailed ex					
A* - Media	B* - Printing	C* - Fund		D - To Anoth		
E - Salaries F* - Equipment G - Politic					Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
O* - Other * Codes requir	e detailed explanat	ion in required r	emarks field (k)			