Disclosure Rep Use this form for gen	eral report and committee	information,	must be sign	ed and sul	bmitted along wi	L th other de	Yes 🛛 N tailed forms.
Do not use this form	to update information						
1. Committee Informa. Full Name	nation						
Robert Barr for Scho	ol Board					c. ID	Number
,	or Board	2010	JAN -8 A	M 9: 46			SCQ0SZ
	de City, State and Zip Code)					d. Da	ate Filed
1966 Waterford Villa Clemmons, NC 2701		1	CUEIV				01/10/2019
*						e. Ph	one Number
							3363996374
2. Report Year	3. Period Start Date (mm/	1(1/VV)	Period End I	Date	5. Treasurer	Full Name	
2018	10/21/2018		12/31/20	18	Donna B Pars	ons	
6. Type of Committe	e (Check One)	9. Type of	Report	(check or	nly one type of re	port from o	one category)
Candidate Campai		Municipal		State/C			rendum
PAC	Referendum		nizational		Organizational		Organizational
Independent Expenditure	Joint Fundraiser	Thirt	y-five day		Quarterly		Pre-referendum
Legal Expense Fun	nd	_					
7. Type of Fund	(if applicable, check one)	Pre-p	orimary		First		Final
"Booster Fund"		Pre-e	election		Second		Supplemental Final
Building Fund		Pre-r	unoff		Third		Annual
		Semi	-annual	\boxtimes	Fourth		Special
_			Mid Year	-	Semi-annual		
Other:			Year End		Mid Year	10. 9	Special Report Name
	**************************************	Final			Year End		
8. Number of Fundra	aisers this Report	Spec Spec	ial		Final		
					Special		
11. Account Informa	tion		11.	Account	Information	1 1 1 1	图 11 11 11 11 11 11 11 11 11 11 11 11 11
ı. Financial Institution Fu	ill Name		a. Fir	nancial Inst	titution Full Name		
BB & T							
Contribution	c. Account Code		b. Pu	rpose		c. A	account Code
Contribution Expenses	1980	HS					
and the state of t	d. Period Begin Balance					d. P	eriod Begin Balance
	\$ 931.65					\$	
CERTIFICATION							
I certify that the Comr	mittee or Fund is in compli	ance with all	applicable pr	rovisions	of Article 22A, 2	2B, & 22D	0-22M of Chapter 163 o
the NC General Statut	es and that no funds are co	mmingled w	ith prohibited	or other	non-disclosed fur	nds. I furth	er certify that this repor
is complete, true and o	correct and that I have been						
Donna B Par			Den	DH	(m)_	01/05/2	
	Printed Name of Signer		Signatur	e of Appoin	ted Treasurer		Date
FOR OFFICE USE ON	LY					Deline	ry Method
Date Received:		Emp	oloyee:				Normal Mail
							Registered Mail
Date Postmarked:		Emp	oloyee:	-			Hand Delivered
Date Scanned:		Eme	lovee.				Electronically Filed
Date Scainled:	-	Emp	oloyee:	-			Signer has not received
		Fmr	laviasi			r	nandatory training
Date Data Entered	1.	Link	oloyee:	-			
	form cannot be used to am						

August 2008

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	.n.		3. I	D Number
Robert Barr for School Board)				Q0SZ
Start of Election Cycle: January 1,	2018		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	931.65		\$ 5458.00
REGERES	Activities in			j.	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	25.00		\$ 450.00
6) Contributions from Individuals	(CRO-1210)	\$			\$ 3933.00
7) Contributions from Political Party Committees	(CRO-1220)	\$			\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	1000.00		\$ 1075.00
9) Loan Proceeds	(CRO-1410)	\$	•		\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	_		\$
11) Other Receipt Sources			to the second se		ES STATE OF THE ST
11a) Interest on Bank Accounts	(CRO-1250)	\$			\$
11b) Contributions from Not-for-Profit Organization	s <i>(CRO-1250)</i>	\$			\$
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,		\$	1025.00		\$ 5458.00
DEMAND DEMANDES AND SECULOR OF THE PROPERTY OF	Lette		125 No. 2		The standard
13) Disbursements	The second secon				
13a) Operating Expenditures	(CRO-1310)	\$	1956.65		\$ 5458.00
13b) Contributions to Candidates/Political Committe	es <i>(CRO-1310)</i>	\$			\$
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)	\$	1956:65		\$ 5458.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$	00		\$ 00
ADDITIONALINFORMATION	in the same		las D	, <u>, , , , , , , , , , , , , , , , , , </u>	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			IV . S
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			F B
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			1 2 2
24) Account Transfers Within the Committee	(CRO-1720)	\$			La Caracteria Company
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)	\$			\$

Amendment

Yes

No No

Aggregated Contributions from Individuals

Page

1 of

Amendment

Yes No

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

I. Cor	amittee Full Na	me (and Fund	ditapplicable)			2. ID	Number 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Konei	r part for Scillon	i Board					
1966	Waterford Villag	ge Drive, Clem	mons, NC 27012			i	SCQ0SZ
3. Con	tributor Inforn	nation		美能力加速型原型	rgati ing	- 4. 7	机克尔克斯 电电路系统
a. Amer	ıd	b. Account	c. Form of Payment	d. In-Kind Description	e. Date	S	f. Amount
	Add	1		Description			
	Remove	1980HS	Check		11/13/20	18	\$ 25.00
	Add						-
	Remove						\$
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	al only this P		X 24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			\$	25.00
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(This l	ne must be on line .	5 of Detailed Sun	nmary Page CRO-1100)	Alga Alga and an analysis of the state of th			

Contributions from Other Political Committees

			Amei	ndment		
1	of	1		Yes	\boxtimes	No

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

1. Committee F	ull Name (and Fund if app	licable)			2. ID	Number
Robert Barr for	SCHOOL BOARD					SCQ0SZ
3. Contributor	A STATE OF THE PARTY OF THE PAR		Add 🔲 I	Remove		
	ng Address & Phone		b. Type of Committee		d. Cor	nments
(include city, stat			Candidate			
NC Home Build	Action Committee		Referendum	ne Us		
PO Box 99090	Action Committee		c. Level Registered (Spec			
Raleigh, NC 27	624		Federal	County:		
raicign, ive 27	J24		State	Municipality:	e. Elec	tion Sum to Date
					\$	500.00
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. Date (mm/dd/yyyy)	j. Amount
1980HS	Check			10/25/2018		\$ 500.00
						S
						\$
3. Contributor	Information		Add 🔲 F	Remove		
	ng Address & Phone		b. Type of Committee		d. Con	ments
(include city, stat			Candidate	PAC		
NC Realtors PA			Referendum			
4511 Weybridge			c. Level Registered (Specify)			
Greensboro, NC	2/40/		Federal	County:		
			State	Municipality:	e. Elec	tion Sum to Date
					\$	500.00
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. Date (mm/dd/yyyy)	j. Amount
1980HS	Check			10/25/2018	3	\$ 500.00
						\$
						\$
3. Contributor I	nformation		Add 🔲 R	Remove		
a. Full Name, Mailir	ng Address & Phone		b. Type of Committee		d. Com	ments
(include city, state	e, & zip)		Candidate	PAC		
			Referendum			
			c. Level Registered (Spec			
			Federal	County:	Text Control	
			State	Municipality:	e. Elect	tion Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. Date (mm/dd/yyyy)		j. Amount
						\$
						\$
						\$
4. Total only thi	s Page				\$	1000.00
5. Total of ALL	CRO-1230 Pages				4	1000.00
	on line 8 of Detailed Summary Pa	ge CRO-1100)			\$	1000.00

		rsem	
BYC	1 11	MCOPP	anta
1/15	.,	1 /6-111	

₂ 1

Amendment Yes

 \square

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)			2. ID Number
Robert Barr for					SCQ0SZ
3. Type of Disb	The state of the s	vpe of Disbursen	ient.)		
Operating E			oordinated Party Expenditures		
4. Payee Inform			Add	Remove	
The state of the s	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Donna B Parson					
819 Trillium La			c. Level Registered (Specify)		
Winston Salem,	NC 2/127		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 212.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1980HS	check	I	11/01/2018	\$6.70	postage
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Tiffany Parker					
2022 D Megan			c. Level Registered (Specify)		
Clemmons, NC	27012		Federal 🖂	County:	
336-460-8535			State Municipality:		e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1980HS	check	О	11/08/2018	\$100.00	Poll help
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
Hannah Owens					
331 Brookway V			c. Level Registered (Specify)		
Lewisville, NC	27023		Federal 🖂	County:	
803-873-3617			State	Municipality:	e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1980HS	check	0	11/08/2018	\$100.00	Poll help
				\$	
5. Total only thi	s Page				\$ 206.70
6. Total of ALL	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sum	\$ 1956.65			
(This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if Contrib to Candidates/Politic	al Comm)	\$ 1750.05
			0 if Coordinated Party Expenditu	res)	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party		Public Office Expenses n to Legal Expense Fund
O* - Other	5 - Fendines	K - Olli	ce Expenses	Q - Donacio	ii to Degai Expense runu
the second control of	e detailed explanati	ion in required re	emarks field (k)		and the property of the second

Disbursements

Amendment \times

No

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

	C-11D	iu ii applicable)	A CONTRACTOR OF THE ASSESSMENT	3 v 3 3 3c	2. ID Number	
Robert Barr for		780 000 St			SCQ0SZ	
3. Type of Disp	ursement (Plea	<u>ise use separate C</u>	RO-1310 forms for each t	ype of Disbursem	ent.)	
Operating E			ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform			Add	Remove		
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)			<u> </u>		
Robert Barr	·		1			
1966 Waterford	l Village Drive		c. Level Registered (Specify)		1	
Clemmons, NC	27012		Federal 🖂	County:	1	
			State	Municipality:	e. Election Sum to Date	
				Triumerpun-y.		
					\$ 3479.09	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u> </u>		<u> </u>	i. Date (illinum 1333)	J. Amount		
1980HS	check	0	10/25/2018	\$179.34	printing	
				 	brochures	
1980HS	check	0	10/25/2018	\$104.39	car rental	
oas to and the factor				Comment of Manager and Language	WSSU Parade	
	nation					
	ing Address & I none		b. Coordinated Committee Na	ime	d. Comments	
(include city, state,	<u>& zip)</u>	<u>, p. 4</u>				
Robert Barr		!				
1966 Waterford	-	!	c. Level Registered (Specify)	4 4 ,		
Clemmons, NC	27012	!	Federal 🖂	County:		
		!	State	Municipality:	e. Election Sum to Date	
					\$ 4245.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
L'Account Couce	g. ruim un ajment	He was proved as a second	i Date (minute 3333).	J. Amounts		
1980HS	check	В	10/31/2018	\$448.88	printing	
		 		ļ	flyers	
1980HS	check	В	10/31/2018	\$317.58	printing	
	ļ	1		, i	flyers	
4. Payee Inform			₹ 1100			
	ng Address & Phone	,	b. Coordinated Committee Na	ime	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	
			- :-	-		
		!		!	\$ 4775.31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					printing	
1980HS	check	В	11/01/2018	\$324.35	flyers	
		 	+	 	printing	
1980HS	check	В	11/20/2018	\$205.41	flyers	
		with gradient of members (given and grade)	A REAL TRANSPORT AND MAKE THE TANKS	Sibility and a section of the sec		
5. Total only thi			3 3 3		\$ 1579.95	
	CRO-1310 Pages		a so			
	line 13a of Detailed Sum		• •	* ^	\$ 1956.65	
(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)						
					The second secon	
	es (List detailed exp					
A* - Media	B* - Printing	C* - Fund		D - To Anothe		
E - Salaries	F* - Equipment				Public Office Expenses n to Legal Expense Fund	
I - Postage O* - Other	J - Penalties	K" - Onic	ce Expenses	Q" - Donation	t to Legat Expense rund	
	e detailed explanat	ion in required re	emarks field (k)			

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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.

	Full Name (and Fur	id if applicable)			2. ID Number
Robert Barr for			MILLIAN PRINCES AND A CONTRACT OF THE PRINCES OF TH		SCQ0SZ
3. Type of Dish	ACCURATION N		CRO-1310 forms for each i		
Operating I		Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Laura Fritz	, & zip)				
3628 Konnoak	Drive		a Laval Pagistavad (Spasific)		_
Winston Salem			c. Level Registered (Specify)	County:	_
336-687-0712	, 110 27127		State	Municipality:	e. Election Sum to Date
				within cipanty.	c. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1980HS	ahaal	0	wetner of the Arie	6100.00	Poll help
1980115	check	0	11/08/2018	\$100.00	1
				s	
				2	
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Martee Brown	0 .				
510 Rock Cliff			c. Level Registered (Specify)		_
Winston Salem. 336-765-3194	, NC 2/104		Federal S	County.	
330-703-3194			State	Municipality:	e. Election Sum to Date
					\$ 70.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1980HS	check	О	11/08/2018	\$70.00	Poll help
				s	
4. Payee Inform	ation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		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
				c	
4				\$	
				\$	
5. Total only th	is Page				\$ 170.00
	CRO-1310 Pages				J 170.00
THE SAME AND THE PARTY OF THE PARTY.		mary Page CRO-110	0 if Operating Expenses)		0 1056.65
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 1956.65
(This line goes in	line 13c of Detailed Sun	mary Page CRO-110	0 if Coordinated Party Expenditu	ires)	
- Annual Contract of the Contr	es (List detailed ex		3		
A* - Media	B* - Printing	C* - Fund			her Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other	o renances	K - OIII	ee Lapenses	Q - Donatio	on to Degai Dapense I uno
manifest regulation that is all and regional date for the EA 24 cities are represented to	e detailed explanati	ion in required r	emarks field (k)		