

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number
Robert Barr for School Board	7CQEQ6
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1966 Waterford Village Drive, Clemmons, NC 27012	03/04/2022
c. Committee Website (Optional)	f. Phone Number
	336-399-6374

2. Candidate Information

a. Full Name	e. Party Affiliation		
Robert Lee Barr, Jr.	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
1966 Waterford Village Drive Clemmons, NC 27012	Forsyth County Board of Election District 2		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-399-6374	robmbarr@bellsouth.net	2022	Forsyth County
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	
Donna B Parsons	
b. Mailing Address (include City, State, and Zip Code)	
819 Trillium Lane Winston Salem, NC 27127	
c. Phone Number	d. Email Address
336-602-7526	donna5208@gmail.com

Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Donna BParsons	
b. Mailing Address (include City, State, and Zip Code)	
819 Trillium Lane Winston Salem, NC 27127	
c. Phone Number	d. Email Address
336-602-7526	donna5208@gmail.com

☒ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name
Truist

b. Account Code	c. Type
1980HS	Checking

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Donna B Parsons

Printed Name of Treasurer

Signature of Appointed Treasurer

Date

03/14/2022

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Donna B Parsons

Printed Name of Candidate

Signature of Candidate

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

ROBERT LEE BARR, JR.

Treasurer Name:

DONNA B. PONSANE

Treasurer Address:

819 TRIUMPH LN

(include city, state, & zip)

WINSTON SALEM, NC 27127

Treasurer Phone:

336-602-7526

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

03/14/2022
Date Signed

Signature of Candidate



NORTH CAROLINA STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: ROBERT LEE BARR, JR

Committee Name: ROBERT BARR RON SCHOOL BOARD

Treasurer Name: DONNA B PARSONS

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: _____

I, ROBERT L BARR, JR, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>IMPACT UNIVERSITY</u>	<u>SCHOLARSHIP FUND 100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 03/14/2022