

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

Robert Barr for School Board

d. ID Number

7CQEQ6

b. Mailing Address (include City, State and Zip Code)

1966 Waterford Village Drive, Clemmons, NC 27012

e. Date Organized

03/04/2022

c. Committee Website (Optional)

f. Phone Number

336-399-6374

2. Candidate Information

a. Full Name

Robert Lee Barr, Jr

e. Party Affiliation

Republican

b. Mailing Address (include City, State, and Zip Code)

1966 Waterford Village Drive, Clemmons, NC 27012

f. Office Sought

Forsyth County Board of Election District 2

c. Phone Number

336-399-6374

d. Email Address

rbmbarr@bellsouth.net

g. Next Election Year

2022

h. Jurisdiction

BD of Ed-2
Forsyth County

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Donna B Parsons

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

819 Trillium Lane
Winston-Salem, NC 27127

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

336-602-7526

d. Email Address

donnap5208@gmail.com

c. Phone Number

d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

Donna B Parsons

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Truist

b. Mailing Address (include City, State, and Zip Code)

819 Trillium Lane
Winston-Salem, NC 27127

c. Phone Number

336-602-7526

d. Email Address

donnap5208@gmail.com

b. Account Code

1980HS

c. Type

checking

☒ Email copy of report notices

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

Donna B Parsons
Signature of Appointed Treasurer

03/22/2022
Date

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.

Robert L. Barr Jr.
Printed Name of Candidate

Signature of Candidate

3/21/2022
Date