Disclosure Rep	port Cover				Amendment Yes No
Use this form for gen	eral report and committee i	nformation, mu	st be signed and	d submitted along with	
Do not use this form					
1. Committee Informa. Full Name	nation				
Robert Barr for Scho	ol Board				c. ID Number 7CQEQ6
					7CQEQ0
	de City, State and Zip Code)			===	d. Date Filed
1966 Waterford Villa Clemmons, NC 2701					03/04/2022
Cicininons, NC 2701	2				e. Phone Number
					336-399-6374
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Per (mm/di	iod End Date	5. Treasurer F	uli Name
2022	01/01/2022		04/30/2022	Donna B Parso	ns
6. Type of Committee	e (Check One)	9. Type of Re	port (choc	k only one type of repo	ant from our actorous
Candidate Campai		Municipal	-	ate/County	Referendum
PAC	Referendum	Organiza			Organizational
Independent Expenditure	Joint Fundraiser	Thirty-fi	ve day	Quarterly	Pre-referendum
Legal Expense Fur	nd				
7. Type of Fund	(if applicable, check one)	Pre-prim	ary 🔀	First	Final
Booster Fund"		Pre-elect	ion	Second	Supplemental Final
Building Fund		Pre-runo	11 🗕	Third	Annual
		Semi-and	L	Fourth	Special
Other:		=	Year r End	Semi-annual Mid Year	16 C - 1-1 D N
C. C.		Final	I End	Year End	10. Special Report Name
8. Number of Fundra	aisers this Report	Special Special		Final	P 173
	0			Special	8 9 7
11. Account Informa			11. Accou	ent Information	TO BOOK
a. Financial Institution Fu	ill Name		a. Financial	Institution Full Name	
Truist b. Purpose	c. Account Code				Control of the contro
Contribution	c. Account Code		b. Purpose		c. Account Code
Expenses	1980	HS			American American American
	d. Period Begin Balance				d. Period Begin Balance
	\$ 0				S
CERTIFICATION					
the NC General Statut	nittee or Fund is in complia es and that no funds are con correct and that I have been	nmingled with i	prohibited or otl	her non-disclosed fund	B, & 22D-22M of Chapter 163 of ds. I further certify that this report
Donna B Pars			Du R.	time	05-10-2022
	Printed Name of Signer		Signature of Ap	pointed Treasurer	Date
FOR OFFICE USE ON	ILY				
Date Received:	5/10/22	Employ	ee:	29	Delivery Method Normal Mail
Date Postmarked:		Employ	ee:		Registered Mail Hand Delivered
Date Scanned:		Employ	ee:		Electronically Filed Signer has not received
Date Data Entered	l:	Employ	ee:		mandatory training
	form cannot be used to ame custodian	n of books infor	mation, or acco	unt information.	ress, treasurer, assistant treasurer,

CRO-1000

Amendment

Amendment Yes No

Detailed SummaryUse 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 N	
Robert Barr for School Board	1 st Quarter Plus			7CQEQ	6
Start of Election Cycle: January 1,	2022		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	0	\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	8711.50	\$	8711.50
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	Parameter and the second secon				
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizat	ions <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, 1.	lc, 11d and 11e)	\$	8711.50	\$	8711.50
EXPENDITURES		Salvine,			
13) Disbursements	, -,	Madi			
13a) Operating Expenditures	(CRO-1310)	\$	33.11	\$	33.11
13b) Contributions to Candidates/Political Commi		\$		\$	
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)	\$	6861.50	\$	6861.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	6894.61	\$	6894.61
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	otract line 18)	\$	1816.89	\$	1816.89
ADDITIONAL INFORMATION			行為自然政治		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) <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)	\$		\$	

Use this	form to report ind	lividual contributions	over \$5	0 or contri	ibution	s under \$	50 if form CR	(O 1205 is no	ot used			
		(and Fund if applica			Hitt			2. ID Nun		AND FRANCE.		
Robert B	Barr for School Box	ard							7CQEQ6			
3. Contr	ributor Informatio	ion		Add		Remov	/e	ARTICION I		STREET,		
	me, Mailing Address	& Phone		b. Job Tit		ession		d. Comment	ts			
	e city, state, & zip)	n' l		Retired	i							
Beverly I	Reep Emory			Pauls								
	sy Street y, NC 28445			c. Employ	yer's Na	me/Specifi	ıc Field					
336-944-				IN/A				e. Election S	Sum to Date			
								\$ 200.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Descrip	ption	j.	Date (mm/dd/yy	vvy)	k. Amount			
	1980HS	CK					03/10/2		\$	200.00		
									\$			
									\$	14 (5)		
	ributor Informatio		\boxtimes	Add		Remove	e		N PASSEE			
	me, Mailing Address &	& Phone		b. Job Tit		ssion		d. Comments	:\$			
	city, state, & zip)			Retired								
	ount Hope Drive			c Employ	var's Na	me/Specific	- Field					
	Salem, NC 27107			to Daipiej	/01 0 1 1662	aic/Speedic	2 Ficiu	4				
336-825-	-								e. Election Sum to Date			
								\$	200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	otion	j. !	Date (mm/dd/yy	i/yyyy) k. Amount				
	1980HS	CK					04/03/20	022	\$	650.00		
									\$			
									\$			
	ibutor Informatio			Add		Remove						
	ne, Mailing Address & city, state, & zip)	k Phone		b. Job Titl	le/Profes	ssion		d. Comments	3			
Robert Ba				Pastor								
	aterford Village Dr	rive	1	c. Employ	er's Nar	me/Specific	Field					
	ns, NC 27012			Agape F			I lorg					
336-399 - 6	6374			.				e. Election Su	um to Date			
	-		-,					\$ 1,	000,0	O		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descript	tion	j. I	Date (mm/dd/yyy	yy)	k. Amount			
	1980HS	Cert Ck					03/14/20)22	\$	1000.00		
									\$			
									\$			
4. Total	only this Page	e	35 11 2					\$		1850.00		
	of ALL CRO-	-1210 Pages	°00.1100					\$				

Contributions from Individuals

Amendment

Contri	ibutions froi	m Individuals				Pg	of	2_	□ Y	es 🔯 No	
Use this f	orm to report indi	vidual contributions of	over \$50	or conti	ribution	is under	r \$50 if form CR	O 1205 is no	t used	<u>'</u>	
1. Comm	ittee Full Name (and Fund if applica	ble)	Samo Paris	170			2. ID Num	ber	At Them	1
Robert Ba	arr for School Boa	ard							7CQEQ	5	
3. Contri	butor Information	n	\boxtimes	Add		Rem	ove				
	ne, Mailing Address	& Phone			itle/Pro	fession		d. Comments	S		1
	city, state, & zip)			Pastor	•						1
Robert Ba	arr terford Village Dr	ivo		a Empl	ovenete N	ama/Sna	cific Field				1
	is, NC 27012	IVE			Faith						
336-399-	•			, .gp.	. 1 661611	01141011		e. Election St	um to Date		1
								\$ 6	,861.	50	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Lind Descr	iption		j. Date (mm/dd/yy		k. Amoui		1
	1980HS	Debit	Enve	elopes			03/18/20		\$	24.60	
	1980HS	Debit	Print	ing			04/27/2	2022	\$	202.23	
	1980HS	Debit	Sign	s			04/04/2	2022	\$	1048.28	
3. Contri	buter Informatio	n		Add		Rem	ove	Jackny J			
	ne, Mailing Address	& Phone		b. Job Ţ		fession		d. Comments	8]
	city, state, & zip)			Pastor	•						1
Robert Ba		•				/6	. egm Yest . b .a				l
	terford Village Dr ss, NC 27012	ive		c. Employer's Name/Specific Field Agape Faith Church						l	
336-399-	•			rigapo i ann Onaron				e. Election Si	um to Date		1
										10/100	İ.,
								\$	7861.30	6,861.50	DP
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amour	ıt	1
	1980HS	Debit	Sign	S			04/21/20	022	\$	596.30	
	1980HS	Cert Ck	Hous	sehold M	laili ———		03/16/2	.022	\$	4735.04	
	1980HS	CCard	Web				03/21/2	.022	\$	136.05	
	butor Information			Add		Rem	ove				1
	ie, Mailing Address o city, state, & zip)	& Phone		b. Job T Pastor		fession		d. Comments	S		-
Robert Ba				Pasioi							
	terford Village Dr	ive		c. Empl	oyer's N	ame/Spe	cific Field				1
	s, NC 27012				Faith						
336-399-	6374							e. Election St	um to Date		1
								\$ 6,	,861.	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descr	iption		j. Date (mm/dd/yy	уу)	k. Amour	nt	
	1980HS	ck	Filin	g Fee			03/04/20	022	\$	119.00	
									\$		
									\$		
4. Total	only this Pag	e		ŭ.				\$		6861.50	
5. Total	of ALL CRO	-1210 Pages						\$		8711.50	
(This lim	a muset ha an lina h of	Notailed Summery Page ('RO_1100	4				Φ		0711,30	

Contributions from Individuals

Amendment

								: Amei	nament		
Disbursements				Pg	1	of	Ţ		Yes	风	No
			_								

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

1. Committee F	2. ID Number						
Robert Barr for	7CQEQ6						
3. Type of Disbu	nent.)						
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	C	oordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
Truist							
2629 Lewisville	Clemmons Road		c. Level Registered (Specify)				
Clemmons, NC	27012		Federal 🖂	County:			
800-226-5228			State	Municipality:	e. Election Sum to Date		
					\$ 33.11		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1980 HS	Bk Draft	K	03/18/2022	\$33.11	ck order		
				\$			
4. Payee Inform	nation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
,,,,,,							
			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		
			, , , , ,	\$			
				\$			
4. Payee Inform			Add	Remove			
	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		
				\$			
				\$			
5. Total only th	s Dego		PART DE RECEIO DE LES TRANSPORTE		\$ 33.11		
	CRO-1310 Pages			1.2 1.7.2	ψ 55.11		
(This line goes in	line 13a of Detailed Sun		0 if Operating Expenses)	1.5	\$ 33.11		
(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 Pagety Expanditures)							
	(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)						
				D To Amer	her Candidate		
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		-	g Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund		
O* - Other				2 20 1141			
	e detailed explanat	ion in required r	emarks field (k)	TI (MYSSIES)			

In-Kind Contributions

				Amendi	ment		,
Pg	1.	of	1		Yes	Æ	No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

	1	•			
Ise	CRO-1215 if In-Kind	Contributions were	or will be	refunded within	7 days.

1. Committee Full Name (and Fund if applicable)			2. ID	Number	
Robert Barr for School Board				7CQEQ6	
3. Contributor Information	Remove		Y		
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Com	nments	
(include city, state, & zip)		ividual			
Robert Barr	-	ndidate			
1966 Waterford Village Drive	Par				
Clemmons, NC 27012	☐ PA	С		·	
336-399-6374	Re	ferendum	d. Elec	ction Sum to Date	
	Otl	ner Receipt Source	\$ (6,861.50	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Filing Fee		03/04/2022	2	\$ 119.00	
				\$	
Envelopes		03/18/2022	2	\$ 24.60	
D. Come touter misor mutton	Remove				
a. Full Name, Mailing Address & Phone		Contributor	c. Con	nments	
	THE N	lividual			
Robert Barr	-9	ndidate			
1966 Waterford Village Drive	Pa				
Clemmons, NC 27012	PA	.C ferendum	त कार	ction Sum to Date	
336-399-6374		terendum her Receipt Source			
				p,861.50	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Printing		04/27/2022	2	\$ 202.23	
Signs		04/04/202	2	\$ 1048.28	
Signs		04/21/202	2	\$ 596.30	
3. Contributor Information Add	Remove	38/01/11/11/2016	a CV	mendig 14 teach is	
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Con	nments	
(dividual			
Robert Barr		ndidate	1		
1966 Waterford Village Drive	_	rty			
Clemmons, NC 27012	_	AC eferendum	a ma	ction Sum to Date	
		her Receipt Source			
				6,861,50	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
Household Mailing		03/16/202	2	\$ 4735.04	
Website		03/21/202	.2	\$ 136.05	
				\$	
4. Total only this Page		minumum	\$ 6	21861.56	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	6861.50	