

Statement of Organization - Candidate Committee

Amendment
 Yes No

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

FORSYTH COUNTY
 BOARD OF ELECTIONS

1. Committee Information					
a. Full Name		2018 FEB 22 PM 4:27		ID Number	
ROBERT BARR FOR SCHOOL BOARD RECEIPTS		SCQOSZ		d. Date Organized	
b. Mailing Address (include City, State and Zip Code)			02/12/18		
1966 WATERFORD VILLAGE DRIVE			e. Phone Number		
CLEMMONS, NC 27012			336-399-6374		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
ROBERT LEE BARR JR.		SCQOSZ		REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
1966 WATERFORD VILLAGE DR.			BOARD OF ELECTION AT LARGE		
CLEMMONS, NC 27012					
c. Phone Number		d. Email Address		h. Next Election Year	
336-399-6374				2018	
<input type="checkbox"/> Email copy of notices				i. Jurisdiction	
				FORSYTH COUNTY	
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
DONNA B. PARSONS					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
819 TRILLIUM LN					
WINSTON SALEM, NC 27127					
c. Phone Number		d. Email Address		c. Phone Number	
336-627526		dparsons12@trjad.rr.com		d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name	
				BB&T	
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CAMPAIGN DEPOSITS + EXPENSES		
c. Phone Number		d. Email Address		c. Account Code	
				1980 HS	
				d. Type	
				CHECKING	
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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		Donna B. Parsons		02/22/18	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

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 PARSONS
 Treasurer Address: 819 TRILLIUM LANE
 (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).

2/20/18
 Date Signed

[Signature]
 Signature of Candidate



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: ROBERT BARR FOR SCHOOL BOARD
 Treasurer Name: DONNA B PARSONS
 Treasurer Address: 819 TRILLIUM LN
 (include city, state, & zip) WES, NC 27127

 Treasurer Phone: 336-602-7526

Check One:
 I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.
 THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

02/22/18
 Date Signed

Donna Parsons
 Signature