

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	SCQ55Q
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1966 Waterford Village Drive, Clemmons, NC 27012	12/01/2025
c. Committee Website (Optional)	f. Phone Number
	336-399-6374

2. Candidate Information

a. Full Name	e. Party Affiliation		
Robert L Barr Jr	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
1966 Waterford Village Drive Clemmons, NC 27012	School Board		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-399-6374	robmbarr@bellsouth.net	2026	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)	
419 Mallard View 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 B Parsons	
b. Mailing Address (include City, State, and Zip Code)	
419 Mallard View 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	
First Bank FIRST CITIZENS BANK	
2262 LEWISVILLE CLEMMONS CLEMMONS, NC 27012 RD	
b. Account Code	c. Type
1982	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

Donna B Parsons

Signature of Appointed Treasurer

12/10/2025

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

Robert L Barr Jr

Signature of Candidate

12/10/2025

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: 419 Mallard View Lane

(include city, state, & zip) Winston Salem, 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.

12/10/2025

Date Signed

Donna B Parsons

Signature



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 L Barr Jr

Committee Name: Robert Barr for School Board

Treasurer Name: Donna B Parsons

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

Committee ID #: SCQ55Q

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

I, Robert L Barr, Jr
(Name of Candidate), hereby direct that in the event of my death or incapacity all 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. Impact University Inc	100%
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: Robert L Barr Jr

Date: 12/10/2025