

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information

a. Full Name Clark for City Council Committee		c. ID Number HCQ681	
b. Mailing Address (include City, State and Zip Code) 2815 Country Club Road Winston-Salem, NC 27104		d. Date Filed 07/22/22	
		e. Phone Number 336-765-1777	

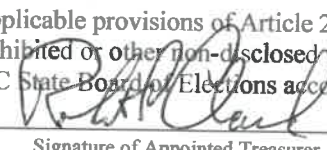
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 01/01/22	4. Period End Date (mm/dd/yy) 06/30/22	5. Treasurer Full Name Robert C Clark
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Organizational
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Final
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Special
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	10. Special Report Name
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Triad Business Bank		a. Financial Institution Full Name	
b. Purpose checking account	c. Account Code TBB1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 12,911.69		d. Period Begin Balance \$

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f).

Robert C Clark
Printed Name of Signer


Signature of Appointed Treasurer

07/22/22
Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use 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 Number	
Clark for City Council Committee		Mid Year		HCQ681	
Start of Election Cycle: January 1,		2021		Total this Reporting Period	
				Total this Election Cycle	
4) Cash on Hand at Start		\$ 12,911.69		\$ 13,525.09	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$	
6) Contributions from Individuals		(CRO-1210)		\$	
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					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 35.27	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$	
11c) Outside Sources of Income		(CRO-1250)		\$	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 35.27		\$ 131.87	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 510.00	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 500.00	
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)		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 500.00		\$ 1210.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 12,446.96		\$ 12,446.96	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$	
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-2200)		\$	
27) Contributions to be refunded		(CRO-1215)		\$	

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Clark for City Council Committee				HCQ681	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Triad Business Bank 1501 Highlands Blvd Greensboro, NC 27410					
			c. Outside Source Explanation		
35.2735.27			e. Election Sum to Date		\$ 35.27
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
TBB1	draft		01/31/22	\$ 6.04	
TBB1	draft		02/28/22	\$ 5.45	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Triad Business Bank 1501 Highlands Blvd Greensboro, NC 27410					
			c. Outside Source Explanation		
			e. Election Sum to Date		\$ 35.27
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
TBB1	draft		03/31/22	\$ 6.04	
TBB1	draft		04/30/22	\$ 5.84	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Triad Business Bank 1501 Highlands Blvd Greensboro, NC 27410					
			c. Outside Source Explanation		
			e. Election Sum to Date		\$ 35.27
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
TBB1	draft		05/31/22	\$ 6.05	
TBB1	draft		06/30/22	\$ 5.85	
5. Total only this Page				\$ 35.27	
6. Total of ALL CRO-1250 Pages				\$ 35.27	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Clark for Alderman Committee					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Forsyth County Rep Party 667 Peter's Creek Parkway Winston-Salem, NC 27103 336-724-6000					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NBBC1	check	G	06/15/22	\$500.00	funding raising
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
y					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 500.00
6. Total of ALL CRO-1310 Pages					\$ 500.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
* Codes require detailed explanation in required remarks field (k)					