



North Carolina

ELECTION

Forsyth

State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

FILED BY:		
Candidate Name:	Robert C. Clark	
Treasurer Name:	Robert C. Clark	
Treasurer Address:	2815 Country Club Road	
(include city, state, & zip)	Winston- Salem, NC 27104	
Treasurer Phone:	336-765-1777	

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.

Signature of Carididate





Certification of Treasurer

CRO-3100

Statement of Organization - Candidate CommitteeOPY

			- 2				
1. Committee Information	·						
a. Full Name					c. ID Number		
Clut for NO. C							
Clark for Allerman Co b. Mailing Address (include City, State and Zip Code)	Ommit	ec					
2815 Cast atory Clark D 0					d. Date Organized		
2010 Country CLab Road	<u> </u>			taly	2001		
2815 Country Club Road Winston-Salem, NC 2710	K			Jaly e. Phone Nur	nber		
	·				<u></u>		
				336-7	<u>165-1777</u>		
2. Candidate Information	L	Candidate's P					
	c	Candidate ID Nun	ıber	d. Party Affi	iation		
Robert C. Clark b. Mailing Address (include City, State, and Zip Code)	1			Parkl	· A		
b. Mailing Address (include City, State, and Zip Code)		Office Sought		Republ	f. Jurisdiction		
2815 Country Club Rd					1. our surcion		
		120 00	and A	٥	ĺ		
Winston-Salem, NC 2710	4 <u> </u> 12	(If office sought is nonpartisan, write "Nonpartisan" in [d]					
		If office sought i			partisan" in [d]		
3. Treasurer Information		Party Affiliation.)					
a. Full Name		4. Custodian of Books Information a. Full Name					
01				<u> </u>			
Robert C. Clark							
. Mailing Address (include City, State, and Zip Code)	b.	b. Mailing Address (include City, State, and Zip Code)					
2815 COUNTRY CLUD Road					·····		
Winston- Salern, NC 27104	4						
. Phone Number d. Email Address	c. 1	hone Number	d. Email Addre	-\$ \$			
336-765-1777 roberte Beitrofws.	ora						
5. Assistant Treasurer Information		Account Inform	ation (incl.	CRO-3500)	Add		
. Full Name 🛛 🕅 Rem		a. Financial Institution Full Name					
$P_1 \rightarrow a_1 + b_2$		··· ···					
Kobert C. Clark Mailing Address (include City, State, and Zip Code)							
2815 COUNTRY CLUP Road	b. P	urpose					
Winston- Salem M. 2710	X4						
Phone Number d. Email Address	c. C	ođe	d. Type				
31-715-1000					·····		
SG-765-1777 Dame ERTIFICATION							
certify that the Committee is in compliance with all	provisions	of Article 22A, i	ncluding that r	no funds are	commingled		
with funds for a federal or out-of-state PAC. I furthe	T say that th	is report is comp	ete, true and	correct.	-		
	11.	N/ L/	/				
Robert C. Clark	\mathcal{N}	MUL.		12-2			
Printed Name of Signer	Signature	of Appointed Treas	urer	ير جون م	ate		
			-				
RO-2100A NC S	tate Board of I	Elections			May 2003		