

# Disclosure Report Cover

# COPY

Amendment

☐ Yes ☐ No

Please note that this cover sheet 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 those kinds of committee changes.  
Use the Addendum form (CRO-1010) if more entries are needed.

## 1. Committee Information

a. Full Name	c. ID Number
Clark for Alderman Committee	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2815 Country Club Road Winston-Salem, NC 27104	1-9-06
	e. Phone Number
	336-765-1777

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	10-25-05	12-31-05	Robert C. Clark

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Lexington State Bank			
b. Purpose	c. Code	b. Purpose	c. Code
checking account	LSB1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 18,849.46		\$

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Robert C. Clark  
Printed Name of Signer

Signature of Appointed Treasurer

Date

## FOR OFFICE USE ONLY

Date Received: 1-12-2006 Employee: Judy Spears Delivery Method  
☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

CRO-1000

92:3:26 NC State Board of Elections

March 2003

FORSYTH COUNTY  
BOARD OF ELECTIONS

# Detailed Summary

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Clark for Alderman Committee		Semi-Ann. - Yr. End			
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 18,899.46		\$ 1811.79	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 6530.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 13,750.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 100.00		\$ 100.00	
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 (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 31.23		\$ 85.26	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 131.23		\$ 20,465.26	
<b>EXPENDITURES</b>					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 1,174.76		\$ 3,196.12	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$ 1275.00	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 1,174.76		\$ 4,471.12	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 17,805.93		\$ 17,805.93	
<b>ADDITIONAL INFORMATION</b>					
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		\$		\$	

# Contributions from Other Political Committees

Pg \_\_\_\_ of \_\_\_\_ Amendment  
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Clark for Alderman Committee					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
HDR 8404 Indian Hills Drive Omaha, NE 68114			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
LSB1	check		11-22-05	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 100.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00	

# Other Receipt Sources

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Clark for Alderman Committee					
<b>3. Type of Receipt Source</b> <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					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Lexington State Bank 161 S. Stratford Rd Winston-Salem, NC 27104			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
			<b>e. Election Cycle Sum to Date</b>		
				\$ 85.26	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
LSB1	Draft		see below	\$ 31.23	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
			<b>e. Election Cycle Sum to Date</b>		
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
			<b>e. Election Cycle Sum to Date</b>		
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 31.23	
<b>6. Total of ALL CRO-1250 Pages</b>				\$ 31.23	
<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>					

CRO-1250

NC State Board of Elections

March 2003

10-31-05 11.40  
 11-30-05 9.88  
 12-31-05 9.95  
 31.23

Monthly interest on checking account.

# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Clark for Alderman Committee					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Classic Business Systems 701 E. Salem Ave, Suite A Winston-Salem, NC 27101 336-725-7903					
		c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
LSB1	Check	yard signs	10-27-05	\$ 1,115.13	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
The Chronicle 617 N. Liberty ST Winston-Salem, NC 27101 336-722-8624					
		c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
LSB1	Check	Subscription To newspaper	12-22-05	\$ 34.81	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Deborah R. Clark 2815 Country Club Road Winston-Salem, NC 27104 336-765-1777					
		c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
LSB1	check	reimbursement misc. expenses	12-30-05	\$ 24.82	
				\$	
5. Total only this Page				\$ 1,174.76	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ 1,174.76	

CRO-1310

NC State Board of Elections

March 2003