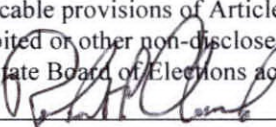# Disclosure Report Cover

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

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name		c. ID Number
Clark for City Council Committee	2019 OCT -2 AM 9: 21	HCQ681

(stamp: FORSYTH COUNTY BOARD OF ELECTIONS / RECEIVED)

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2815 Country Club Road Winston-Salem, NC 27104	10/01/19
	e. Phone Number
	336-765-1777

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	01/01/18	06/30/18	Robert C Clark

6. Type of Committee (Check One)

☒ Candidate Campaign
☐ Party
☐ Joint Fundraiser
☐ PAC
☐ Referendum
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund
☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal
☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County
☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
Semi-annual
☒ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		
FNB Bank		
b. Purpose	c. Account Code	
checking account	NBBC1	
	d. Period Begin Balance	
	$ 6498.09	

11. Account Information

a. Financial Institution Full Name	
b. Purpose	c. Account Code
	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	*(signature)*	10-1-19
Printed Name of Signer	Signature of Appointed Treasurer	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

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, 2017		Total this Reporting Period	Total this Election Cycle
4) **Cash on Hand at Start**		$ 6498.09	$ 7815.98

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
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)*	$ 1.27	$ 28.38
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)*		$ 1.27	$ 28.38

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	*(CRO-1310)*	$ 250.00	$ 1095.00
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)*		$ 250.00	$ 1595.00
19)	Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 6249.36	$ 6249.36

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
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.

Pg __1__ of __1__

1. Committee Full Name (and Fund if applicable)	2. ID Number
Clark for City Council Committee	HCQ681

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ Interest   ☐ Contributions from Not-for-Profit Organizations   ☐ Outside Sources of Income

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4. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
FNB Bank 161 S Stratford Road Winston-Salem, NC 27104	c. Outside Source Explanation	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
NBBC1	draft		01/31/18	$ .23
NBBC1	draft		02/28/18	$ .20

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4. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
FNB Bank 161 S Stratford Road Winston-Salem, NC 27104	c. Outside Source Explanation	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
NBBC1	draft		03/31/18	$ .21
NBBC1	draft		04/3018	$ .22

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4. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
FNB Bank 161 S Stratford Road Winston-Salem,NC 27104	c. Outside Source Explanation	e. Election Sum to Date $ 28.38

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
NBBC1	draft		05/31/18	$ .21
NBBC1	draft		.6/30/18	$ .20

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5. Total only this Page	$ 1.27
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 1.27

Disbursements

Amendment ☐ Yes ☒ No

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 City Council Committee	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Boy Scouts of America 6600 Silas Creek Parkway Winston-Salem, NC 27106	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	
		e. Election Sum to Date $ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NBBC1	check	O	04/24/18	$250.00	contribution
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	3
		e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	
		e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		O		$	
				$	

5. Total only this Page	$ 250.00

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

$ 250.00

7. Purpose Codes   (List detailed expenditure code in (h.) above)

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)

CRO-1310   NC State Board of Elections   April 2007