Disclosure Re					Amendment Yes No		
Use this form for ge	eneral report and committee in to update information	information, must be	e signed and sub	mitted along with otl	ner detailed forms.		
1. Committee Info							
a. Full Name	imation						
Clark for City Cour	ncil Committee	the Control of the Co			c. ID Number HCQ681		
					HCQ681		
	lude City, State and Zip Code)			d. Date Filed			
2815 Country Club 20Winston-Salem,					02/25/20		
					e. Phone Number		
					336-765-1777		
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full			
2017	01/01/20		/15/20	Robert C Clark			
6. Type of Commit		9. Type of Report		ly one type of report j			
Campaign	Party	Municipal	State/Co	ounty	Referendum		
Joint Fundraiser	PAC	Organizationa		Organizational	Organizational		
Referendum	Legal Expense Fund	Thirty-five day	y ¬ (Quarterly	Pre-referendum		
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary Pre-election		First	Final Supplemental Final		
Building Fund Presidential Elec NC Public Camp		Pre-election Pre-runoff	IH	Second Third	Supplemental Final Annual		
Presidential Elec	tion Year Candidates Fund	Semi-annual	IH	Fourth	Special		
NC Public Camp	aign Financing Fund	Mid Yea	r S	Semi-annual	Брески		
Other:		Year End		Mid Year	10. Special Report Name		
_		Final		Year End			
8. Number of Fund	raisers this Report	Special Special	☐ F	inal			
	0		□ s	pecial			
11. Account Inform	ation		11. Account In	nformation			
a. Financial Institution	Full Name		a. Financial Insti	tution Full Name			
FNB Bank							
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
checking account	NBE	3C1			020 P		
	d. Period Begin Balance				d. Period Begin Balance		
	\$ 6137.64				S 24		
CERTIFICATION					< 0 F0		
NC General Statutes	and that no funds are commorrect and that I have been to	ingled with prohibit	ed or other non-	disclosed funds. I functions according to N	& 22D-22M of Chapter 163 if the ther certify that this report is .C.G.S. 163-278.7(f).		
Robert C C	Printed Name of Signer		ignature of Appointe	- Division -	Date		
FOR OFFICE USE			<u> </u>				
Date Received:	2/24/20	Employee:	Sp		Delivery Method Normal Mail		
Date Postmarke	d:	Employee:		/ [Registered Mail Hand Delivered		
Date Scanned:	-	Employee:			Electronically Filed Signer has not received		
Date Data Enter	ed:	Employee:			mandatory training		
Please Note: The		ian of books informa	ation, or account	information.	ess, treasurer, assistant treasurer, ee 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

Amendment Yes \boxtimes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number		
Clark for City Council Committee	Pre-primary		HCQ681		
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 6137.64	\$ 7815.98		
RECHINS					
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)	\$ 4350.00	\$ 5350.00		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$.21	\$ 31.87		
11b) Contributions from Not-for-Profit Organization		\$	\$		
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)	\$ 4350.21	\$ 5381.87		
SERVIDURING					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 110.00	\$ 1970.00		
13b) Contributions to Candidates/Political Committee	tees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$ 850.00		
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)	\$ 110.00	\$ 2820.00		
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 10,377.85	\$ 10,377.85		
ADDIBUONALINEORNALUON.					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	s) <i>(CRO-1430)</i>	\$			
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)	\$	\$		
The state of the s	=e14 \$				

Aggregated Contributions from Individuals

Amendment

Yes

Optional form used to report NC Contributions From Individuals of \$50 or less

The second second second (and	1. Committee Full Name (and Fund if applicable) 2. ID									
Clark for City Council						CQ681				
3. Contributor Information										
a. Amend b. Acc Code	ODAL	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount				
Add NBB	3C1	check		02/06/20		\$ 50.00				
Remove				02/00/20		\$ 50.00				
Add NBB	BC1	check		02/09/20	020	\$ 50.00				
Remove Add										
Remove						\$				
Add										
Remove						\$				
Add						4				
Remove						\$				
Add						\$				
Remove						D				
Add						\$				
Remove						Ψ				
Add						\$				
Remove										
Add Remove						\$				
Add										
Remove						\$				
Add										
Remove						\$				
Add						ď.				
Remove						\$				
Add						\$				
Remove						Ψ				
Add						\$				
Remove										
Add Remove						\$				
Remove										
Remove						\$				
☐ Add										
Remove						\$				
Add						\$				
Remove						Ψ				
Add	Ī					\$				
Remove										
Add						\$				
Remove										
Add Remove						\$				
Add			MV							
Remove						\$				
4. Total only this Page					\$	100.00				
5. Total of ALL CRO-12 (This line must be on line 5 of Deta					\$	100.00				

		m Individuals		Pg	of	6	Yes	No No		
		ividual contributions (and Fund if applica		0 or contributions und	ler \$50 if form CR					
		(ано гипо и арриса	Die)			2. ID Nun				
	r City Council					HC	HCQ681			
	ibutor Informatio	5.470			move					
1	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	d. Comments			
Richard	city, state, & zip)			Retired						
ı	rwick Rd			c. Employer's Name/S	– — — — — — — — — — — — — — — — — — — —	-				
Winston-	-Salem					1				
NC						c. Election S	um to Date			
27104						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Description	j. Date (mm/dd/yy	yyy)	k. Amount			
	NBBCI	check			02/09/2	.020	\$	100.00		
				-			\$			
							\$			
3. Contri	ibutor Informatio	n		Add Rer	move	(N)				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments				
	city, state, & zip)			Realtort						
	Bruce Hubbard			- P1 d- Ni (C-		-				
	14 Roslyn Road Vinston-Salem			c. Employer's Name/Sp Hubbard Real estat		-				
NC	Winston-Salem NC			Tidobald Real estat	. С.	e. Election St	um to Date			
27104						\$	100.00			
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount			
	NBBC1	check			02/07/2		\$	100.00		
							\$			
							\$			
3. Contri	butor Informatio	n		Add Ren	nove					
	ne, Mailing Address &	¿ Phone		b. Job Title/Profession		d. Comments	i			
	city, state, & zip)			retired						
Ragan Fo	oten oor Place Dr			c. Employer's Name/Sp	ecific Field	-				
Winston-	_			c. Employer 37vanicop	A CIFIC T REIG	†				
NC						e. Election Su	ım to Date			
27104						\$	250.00			
f. Prior	g. Account Code	b. Form of Payment	i. ln-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount			
	NBBCI	check			02/13/26	020	\$	250.00		
							\$			
							\$			
4. Total	only this Page	e			1.30	\$		450.00		
5. Total of ALL CRO-1210 Pages						o //	1 5A-	8		
(This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4	250.				

Contributions from Individuals

Amendment

		m Individuals ividual contributions	over \$5		or o	6	AmendmerYes	
		(and Fund if applica		o or contributions m	idei \$30 il lotti Ci	2. ID Nu		
	or City Council						Q681	
	ributor Informati			🗇		HO	0001	
					emove	-		
	ime, Mailing Address : e city, state, & zip)	& Phone		b. Job Title/Professio	on	d. Comme	nts	_
Glenn C				Retired				
2735 Fo				c. Employer's Name/	Smaller Phild	-		
Winston				C. Employer S (value)	Specific Fleid	\dashv		
NC						e Flection	Sum to Date	
27104						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/y		100.00	
$\overline{\Box}$	NBBCI	check			02/04/2		\$	100.00
					02/04/2			
							\$	
				valer:			\$	
1107 00000000000	ributor Informatio				emove			
	me, Mailing Address d	k Phone		b. Job Title/Professio	<u> </u>	d. Commer	its	
Steve W	e city, state, & zip)			Management				
				. 37 1 1 33 (6	3 - 15 - EV 1.1	-		
433 Kos Winston	lyn Road			e. Employer's Name/S Williams Dev Co		-		
NC	-Salcin			wimams Dev Co	•	a Flantian	Sum to Date	
27104						e. election	Sum to Date	
27107						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
	NBBC1	check			02/04/2	020	\$	250.00
							\$	
							\$	
	ibutor Informatio	n		Add Re	emove	plan(d. = 5., ro		
	me, Mailing Address &			b. Job Title/Profession		d. Commen	its	
	city, state, & zip)	,		retired				
Leslie B			1					
608 Sum				c. Employer's Name/S	specific Field			
Winston	-Salem							
NC						e. Election :	Sum to Date	
27101						\$	500.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y)		k. Amount	
	NBBCI	check			02/13/2		\$	500.00
							\$	
							\$	
4 Teta	d ambs this Do-				9	\$	Ψ	850.00
4. 1 Ota	d only this Page) p		0.000

5. Total of ALL CRO-1210 Pages

\$ 4250-

		m Individuals		Pg		6	Amendmer Yes			
				0 or contributions unde	er \$50 if form CR					
1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	The County of th			
Clark for	r City Council					HO	HCQ681			
3. Contr	ibutor Informatio	on		Add Ren	nove					
a, Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	ts			
	city, state, & zip)			Financial						
Borden I				Advisor						
380 Kno				e. Employer's Name/Sp	ecific Field					
Winston-	-Salem			Bowen, Hanes						
NC 27103						e. Election S	um to Date			
2/103						\$				
f. Prior	g. Account Code	b. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount			
	NBBCI	check			01/27/2	020	\$	300.00		
							\$			
							\$			
3. Contr	ibutor Informatio	n		Add Rem	iove					
a. Foll Nan	a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comment	s			
	city, state, & zip)			Realtor						
Sam Ogb										
1	ena Vista Road			c. Employer's Name/Spe	ecific Field					
Winston-	Salem			Home Real Estate						
NC	-16					e. Election S	um to Date			
27104Re	aitor					\$				
f. Prior	g. Account Code	b. Form of Payment	i, In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	NBBCI	check					\$	250.00		
							\$			
							\$			
3. Contri	ibutor Informatio	n		Add Rem	ove					
ı	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	s			
	city, state, & zip)			Retired						
Margaret				W. C.						
1	emtowne Dr			e. Employer's Name/Spe	cific Field					
Winston-	Salem					Y) 4: C	4. D.4.			
NC 27106						e. Election S	um to Date			
2/100						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount			
	NBBCI	check			02/01/20	020	\$	500.00		
							\$			
							\$			
4. Total	only this Page	8	KIT!			\$		1050.00		

5. Total of ALL CRO-1210 Pages

\$ 4250.

		m Individuals			Pg 4	of	6	Yes		
Use this	form to report ind	lividual contributions	over \$5	0 or contributions u	nder \$50 if fo	orm CR	O 1205 is n	ot used		
1. Com	mittee Full Name	(and Fund if applies	able)	depolitore is the			2. ID Nui			
Clark fo	r City Council						HC	Q681		
	ributor Informati			Add 🔲 F	lemove					
1	me, Mailing Address	& Phone		b. Job Title/Professi	on		d. Commen	d. Comments		
Paul Ful	e city, state, & zip)			Retired						
380 Kno				c. Employer's Name	Specific Phylic					
Winston				C. Employer's Name	Specific Field		-			
NC							e. Election S	Sum to Date		
27103							\$ 100.00			
f. Prior	g. Account Code	b. Form of Payment	i. [n-]	Kind Description	j. Date (m	ım/dd/yy	ууу)	k. Amount		
	NBBC1	check			(01/28/2	020	\$	100.00	
								\$		
								\$		
3. Contr	ibutor Informatio	on		Add R	emove				Tax max max	
	ne, Mailing Address &			b. Job Title/Profession			d. Comments			
	city, state, & zip)			owner						
Ron Clei										
	847 Kensington Road /inston-Salem			c. Employer's Name/	specific Field					
NC				Camer rawn			e. Election S	um to Date		
27106							\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (m	m/dd/vv	vv)	k. Amount		
	NBBC1	check				1/27/20	AU	S	200.00	
								\$		
								\$		
3. Contri	ibutor Informatio	n		Add R	emove	14 10 m	The state of			
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Professio	1		d. Comments	,		
	city, state, & zip)			Owner						
Frank Co	an aerwick Road			c. Employer's Name/S	nosifia Eigld					
Winston-				Commercial Root						
NC				Products, Inc	5		c. Election St	ım to Date		
27104							\$	250.00		
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Description	j. Date (mi	m/dd/yyy	/y)	k. Amount		
	NBBCI	check			0	2/01/20	20	\$	250.00	
								\$		
								\$		
4. Total	only this Page					il e	\$		550.00	
	of ALL CRO-						<i>a</i> ,	(2FN-		
		Detailed Summary Page C.	RO-1100)				\$ 4	1250.		

Contributions from Individuals

Amendment

		m Individuals	over \$5	Pg 0 or contributions und	er \$50 if form CF	6 20 1205 is no	Amendmen Yes	
1. Com	mittee Full Name	(and Fund if applica	ible)		er ¢30 ii ionili ei	2. ID Nur		
Clark fo	or City Council					1	Q681	
	ributor Informati	EOUR CONTRACTOR OF THE PROPERTY OF THE PROPERT		Add Rer	nove			
1	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	e city, state, & zip)			Attorney				
	n Engram enington Rd			a Faralant de Novembre		-		
Winston				c. Employer's Name/Sp Womble, Bond	ecilic Fleid	-		
NC				Womoic, Bond		e. Election S	Sum to Data	
27106								
			_			\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
	NBBCI	check			02/01/2	020	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on .		Add Ren	nove			
I	a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comment	3	
	city, state, & zip)			Management				
Taylor W				E 1 1 1 1 (a)		_		
417 Arbo Winston-				c. Employer's Name/Sp Williams Dev Co.	ecilic Field	-		
NC	-Salem			Williams Dev Co.		e. Election S	um to Data	
27104								
						\$	200.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-k	Gind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	NBBCI	check			01/31/2	020	\$	200.00
							\$	
							\$	
3. Contr	ibutor Informatio	n		Add Rem	nove	the state of the s		d en s
a. Full Nat	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	y.	ii.a
	city, state, & zip)			retired				
Ann King	~					1		
2830 Rey Winston-	ynolds D r			c. Employer's Name/Spe	ecific Field	_		
NC	-Salein					e. Election St	um to Date	
27104						\$	200.00	_
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Lind Description	j. Date (mm/dd/yy	vv)	k. Amount	
	NBBC1	check		and the state of t	02/03/2		\$	200.00
							\$	
							8	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

500.00

\$ 4250.

		m Individuals		Pg	5	6	Amendmen Yes	i No		
Use this	form to report ind	ividual contributions	over \$5	0 or contributions und	er \$50 if form CR	205 is no	ot used			
1. Com	mittee Full Name	(and Fund if applica	ble)			2. ID Nur				
Clark fo	r City Council						2681			
3. Contr	ributor Informati	on		Add Ren	nove					
1	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	ts			
Malcolm	city, state, & zip)			Retired						
1110 Arl				a Employer's Nome/Sm	c. Pr.la	_				
Winston-				c. Employer's Name/Sp	ecitic rield	-				
NC						e. Election S	e. Election Sum to Date			
27106										
						\$	250.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-J	Cind Description	j. Date (mm/dd/y)	(yy)	k Amount			
	NBBC1	check			01/27/2	020	\$	250.00		
							\$			
							\$			
3. Contr	ibutor Informatio	on	Add Ren	nove						
	ne, Mailing Address &	& Phone		b. Job Title/Profession	d. Comment	S				
	city, state, & zip)		-	retired						
Margueri	ite Latior ridian Way			c. Employer's Name/Spo	e. ri.ia	-				
	•			c. Employer s Name/Spi	etilit Field	1		ĺ		
NC	Winston-Salem NC					e. Election Si	um to Date			
27104						\$	500.00			
f. Prior	g, Account Code	b. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	(YY)	k. Amount			
	NBBCI	check			/05/20		\$	500.00		
						- 0	\$			
							\$			
3. Contri	ibutor Informatio	n		Add Rem	iove					
a. Full Nav	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	s			
	city, state, & zip)		_	Attorney						
Henry Ro				- Fuele vide Never(Per	e. Rivid					
366 Arbo Winston-				c. Employer's Name/Spe self employed	ecific rieid					
NC	Satem			sen employed		e. Election St	um to Date			
27104						\$	100.00			
f. Prior	g. Account Code	b. Form of Payment	i. la-K	ind Description	j. Date (mm/dd/yy		k. Amount			
	NBBCI	check			02/03/20	020	S	100.00		
							\$			
				puts to a second			\$			
4. Total	only this Page	e (\$	•	850.00		
	5. Total of ALL CRO-1210 Pages						1250-			
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4	(250			

Contributions from Individuals

Other Receipt Sources

Amendment
Pg 1 of 1 Yes No

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

1. Committee Fu	l. Committee Full Name (and Fund if applicable) 2. 1									
Clark for City C	ouncil Committee					HCQ681				
3. Type of Recei	pt Source	(Please use separate CRO-1	250 forms	for each type o	f Recei	pt Source.)				
Interest	_	Contributions from Not-for	-Profit Organ	zations	Out	side Sources of Income				
4. Contributor I	nformation	Add		Rem	ove					
TAKE TERM OF THE PERSON OF THE	ng Address & Phone		b. Not-for	-Profit Federal ID	#	d. Comments				
(include city, state										
FNB Bank										
161 S Stratford I	Road		c. Outside	Source Explanati	ion					
Winston-Salem,										
						e. Election Sum to Date				
						\$				
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount				
NBBCI	draft					\$				
NBBCI	draft					\$				
10 11	- Comment's	☐ Add		Rem	ove					
4. Contributor I	EAST-SECURIOR CONTRACTOR CONTRACT	Add	h Not for	-Profit Federal ID		d. Comments				
	ng Address & Phone		0, 1401-101	- Tolk rederation	, ,,					
(include city, state	e, & 21p)									
FNB Bank	D a a d		c Outside	Source Explanat	ion					
161 S Stratford 1			(. () a () (COOLITE CAPITA						
Winston-Salem,	NC 2/104					c. Election Sum to Date				
						\$				
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount				
NBBC1	draft		_			\$				
NBBC1	draft					\$				
4. Contributor	Information	☐ Add		Rem	ove					
	ng Address & Phone		b. Not-fo	r-Profit Federal II	_	d. Comments				
(include city, stat	_									
FNB Bank	с, ш дру									
161 S Stratford	Road		c. Outsid	e Source Explanat	lion					
Winston-Salem,										
Williston-Batem.	,110 27101					e. Election Sum to Date				
						31.87				
						\$				
			_							
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	уууу)	j, Amount				
NBBC1	draft			10131/20) 	\$.21				
NBBCI	draft					\$				
5. Total only	this Page		- 7 2 000			\$.21				
		700		- 20						
	LL CRO-1250 Pag									
		ry Page CRO-1100 if Interest)			11 3	\$.21				
(This line goes in	line 11b of Detailed Summa	ry Page CRO-1100 if Not-for-Profit (ontribution)							
(This line goes in	line 11c of Detailed Summa	ry Page CRO-1100 if Outside Sources	of income)	Man at a second						

Disbursem	ents			Pg	1		Amendment Yes	\boxtimes	No
Use this form to	report expenditures	from the committee	ee	for; operating expenses,	<u>1</u> of contributions to	randid:			140
committees and	coordinated party ex	penditures		, . r		000100	aro ponincui		
1. Committee F	full Name (and Fun	d if applicable)					2. ID Number		
Clark for Alder	man Committee						HCQ68	1	
3. Type of Disb	ursement (Plea	ise use separate C	RO	0-1310 forms for each t	ype of Disbursem	ent.)	125 400		
Operating E	xpenses			ates/Political Committees		_	d Party Expenditures	_	
4. Payee Inform	nation		A	vdd 🔲	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Name				mments		
(include city, state,	& zip)								
United States P									ļ
Healy Drive									İ
W-S, NC 27103			c.	Level Registered (Specify)					
]			
				Federal	County:				
				State 🛛	Municipality:	e. Election Sum to Date			
							10.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
NBBC1	check	0		01/10/2020	\$110.00	posta	age stampss		
				_	\$		<u> </u>		
4. Payee Inform	eation	Ь П	A	.dd D	Remove				
	ng Address & Phone	البيا	Ė	Coordinated Committee Na		d. Co	mments		
(include city, state,	_					1			
(member eny, state,	Gr 51(p)								
				Level Registered (Specify)		1			
			Ī	Federal	County:	1			
			F	State	Municipality:	e. Election Sum to Date			
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amouat	k. Re	quired Remarks		
					\$				
					J.				
					\$				
4. Payee Inform		П	A	dd \square	Remove	1			-
	ng Address & Phone			Coordinated Committee Na		d. Co	mments		
(include city, state,	=								
(include city, sinte,									
			C.	Level Registered (Specify)		1			
			Γ	Federal	County:				
			Ē	State	Municipality:	e. Ele	ction Sum to Date		\neg
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Red	quired Remarks		
					\$				
-					\$		_		
5. Total only thi	is Page		!		1	\$	110.00		
				\neg					
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)							110.00		
	(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)								

7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising A* - Media **B* - Printing** F* - Equipment G - Political Party E - Salaries

D - To Another Candidate

J - Penalties I - Postage

K* - Office Expenses * Codes require detailed explanation in required remarks field (k) H* - Holding Public Office Expenses

O* - Other