Use this form for ge	eport Cover eneral report and committee	information, must b	e signed and su	bmitted along with of	Yes No				
Do not use this form	n to update information								
1. Committee Info	rmation			IUN I					
a. Full Name	ail Committee		DAKUBI EL		c. ID Number				
Clark for City Cour		20	20 nct 19 f	M 8: 25	HCQ681				
b. Mailing Address (inc 2815 Country Club	lude City, State and Zip Code)				d. Date Filed				
20Winston-Salem,			I have been to	St. Brene george	10/21/2020				
20 Whiston Butom,	110 27101				e. Phone Number				
		\$47°			336-765-1777				
2. Report Year	3. Period Start Date (mm/c	4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name				
2017	07/01/20	10	0/17/20	Robert C Clark					
6. Type of Commit	tee (Check One)	9. Type of Repor	t (check or	aly one type of report	from one category)				
Candidate Campaign	Party	Municipal	State/C	County	Referendum				
Joint Fundraiser	PAC	Organizations	al 🗌	Organizational	Organizational				
Referendum	Legal Expense Fund	Thirty-five da	у	Quarterly	Pre-referendum				
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary Pre-election		First	Final				
"Booster Fund" Building Fund Presidential Elect NC Public Camp		Pre-election Pre-runoff		Second Third	Supplemental Final Annual				
Presidential Elect	tion Year Candidates Fund	Semi-annual		Fourth	Special				
NC Public Camp	aign Financing Fund	Mid Yea	ır —	Semi-annual					
Other:		Year End	d 🔲	Mid Year	10. Special Report Name				
0 1 1 47 1	4	Final		Year End					
8. Number of Fund	raisers this Report	Special		Final					
44 1 17 0	0			Special					
11. Account Inform a. Financial Institution I			11. Account						
FNB Bank	FRII Manie		a. Financiai insi	titution Full Name					
b. Purpose	c. Account Code		b. Purpose		c. Account Code				
checking account	NBB	C1							
	d. Period Begin Balance]		d. Period Begin Balance				
	s 11,478.63				\$				
CERTIFICATION					<u> </u>				
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 Date									
FOR OFFICE USE	ONLY								
Date Received:	,	Employee:			Delivery Method Normal Mail				
Date Postmarked	d:	Employee:	-	<u> </u>	Registered Mail Hand Delivered				
Date Scanned:	-	Employee:	-		Electronically Filed Signer has not received				
Date Data Entere	ed:	Employee:			mandatory training				
Please Note: Th	is form cannot be used to an custodi	nend committee info an of books informa	ormation such a	s the committee addre	ess, treasurer, assistant treasurer,				

Amendment

CRO-1000

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

obe and form to building the discretific topoliting forms a	and to total inolicially	HILLOI	mation.			
1. Committee Full Name (and Fund if applicable)	2. Type of Report			3. ID Nu	mber	
Clark for City Council Committee	Pre-Election	HCQ681				
Start of Election Cycle: January 1,		J	Total this Reporting Period	d	Total this Election Cycle	
4) Cash on Hand at Start		\$	11,478.63	\$	7815.98	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	100.00	
6) Contributions from Individuals	(CRO-1210)	\$	2000.00	\$	7350.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	500.00	\$	1500.00	
9) Loan Proceeds	(CRO-1410)	\$		\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$		
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	19.57	\$	52.22	
11b) Contributions from Not-for-Profit Organizati	ions (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, 1)	lc and 11d)	\$	2519.57	\$	9002.22	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	510.00	\$	2480.00	
13b) Contributions to Candidates/Political Commi	ttees (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, 1	5, 16 and 17)	\$	510.00	\$	3330.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	ntract line 18)	\$	13,488.20	\$	13,488.20	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaign	ns) <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	((200 1215)	•		•		

Amendment

Yes

No

Use this	form to report indi	vidual contributions of	over \$50	or contri	bution	s unde	r \$50 if form CR	O 1205 is no	t used	
1. Committee Full Name (and Fund if applicable)						2. ID Number				
Clark for City Council										
3. Contri	ibutor Informatio	n		Add		Rem	nove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Ti	tle/Prof	ession		d. Comment	s	
	city, state, & zip)			Retired	l					
Hudnall Christopher							1			
	molds Drive			c. Employ	yer's Na	me/Spe	ecific Field	-		
Winston-	Salem							e. Election S	www.to.Doto	
NC 27104										
27104								\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	NBBC1	check					09/01/2	020	\$	1000.00
									\$	
									\$	
3. Contri	ibutor Informatio	n		Add		Rem	iove			
a. Full Nan	ne, Mailing Address é	& Phone		b. Job Ti		ession		d. Comment	s	
	city, state, & zip)			physici	an					
Anthony								-		
	ratford Road						ecific Field	-		
Winston-	Salem			Wake I	orest	Unive	rsity.	e. Election Si	nm to Data	
NC 27104								\$	1000.00	
		1	1				I			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	ption		j. Date (mm/dd/yy		k. Amount	
	NBBC1	check			-		09/20/2	020	\$	1000.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	tle/Prof	ession		d. Comments	8	
(include	city, state, & zip)			-						
				c. Employ	ver's Na	me/Spe	cific Field			
						•				
								e. Election St	um to Date	
f. Prior	g. Account Code	h. Form of Payment	i In-k	Kind Descrip	otion		j. Date (mm/dd/yy	L	k. Amount	
E. Prior	g. Account Code	n. Form of Fayment	1. 18-1	did Descrip	рион		J. Date (mm/dwyy	33)	1	
									\$	
									\$	
									\$	
	only this Page					- 1		\$		2000.00
5. Total	of ALL CRO	-1210 Pages						\$		2000.00

Contributions from Individuals

Amendment

Yes

No

Use this form to re	eport contributions from other car	ndidate, ref	ferendum	or PAC corr	amittees				
	ll Name (and Fund if applicable	e)					2. ID Number		
Clark for City Council									
3. Contributor In			Add		Remove				
a. Full Name, Mailing				f Committee			d. Com	ıments	
(include city, state,				Candidate		PAC			
NC Realtors PAC			<u> </u>	Referendum					
4511 Weybridge I			c. Level K	Registered (Spe	ecify)	C			
Greensboro, NC 2	2/40/		님	Federal State		County: Municipality:	a Fleet	tion Sum to Da	4-2
				State		Municipanty.			te
							\$	500.00	
f. Account Code	g. Form of Payment	h. In-Kind	d Description	n	i. Da	ite (mm/dd/yyyy))	j. Amount	
nbbcl	check					09/29/2020		\$ 500.	00
nooci	cneck					U9/29/2020		\$ 500.	00
					1			\$	
					_			ļ ·	
								\$	
3. Contributor In	formation		Add		Remove				
a. Full Name, Mailing		Ш		f Committee	Kemove		d. Com	mente	
(include city, state,			D. Type C.	Candidate		PAC	u, Com	Исис	
(memus eng, seeing,	2 Lip)		日日	Referendum	,	1710			
			c. Level R						
				Federal		County:			
				State		Municipality:	e. Elect	tion Sum to Dat	te
							\$		
	T'				-				
f. Account Code	g. Form of Payment	h. In-Kind	l Description	0	i. Da	te (mm/dd/yyyy))	j. Amount	
								\$	
		+							
								\$	
								d	
								\$	
3. Contributor Inf	formation		Add		Remove				
a. Full Name, Mailing			b. Type of	f Committee			d. Com	ments	
(include city, state, &	& zip)			Candidate		PAC			
		J		Referendum					
			c. Level R	Registered (Spe	cify)				
				Federal		County:	Floor	S to Day	
			<u> </u>	State		Municipality:	e. Liett	tion Sum to Dat	le
		1					\$		
f. Account Code	g. Form of Payment	h. In-Kind	Description	n	i. Da	te (mm/dd/yyyy)		j. Amount	
			-			,		\$	
								•	
								\$	
								\$	
4. Total only this l	Page						\$	500.00	
5. Total of ALL C							\$	500.00	
/7872 0 31 . 3	n line 8 of Detailed Summary Page CRO	1.1100)							

Contributions from Other Political Committees

Amendment

Yes

Other Receipt Sources

			A	mendment		
Pg	1	of	1 [Yes	No	

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

1. Committee F	ull Name (and Fund if	applicable)					2. ID	Number	
Clark for City (Council Committee							HC	Q681
3. Type of Rece	ipt Source	(Please use sepa	rate CRO-12	250 forms	s for each	type of	Rece	int Source.)
Interest			s from Not-for-					tside Sources o	
4. Contributor	Information		Add			Remo	ve		
	ing Address & Phone			b. Not-fe	or-Profit F			d. Commen	ts
(include city, star									
Triad Business				1					
1501 Highlands	Blvd			c. Outsic	le Source I	Explanatio	on	1	
Greensboro, NO								1	
								e. Election S	Sum to Date
				1				\$	
								ð	
f. Account Code	g. Form of Payment	h. In-Kind Descripti	ion		i. Date (1	nm/dd/yy	уу)	j. Amount	
NBBC1	draft				07	7/31/20		\$.10
NBBC1	draft				0:	8/30/20		\$	10.56
4. Contributor	Information		Add			Remo	ve		
a. Full Name, Maili	ng Address & Phone			b. Not-fo	r-Profit Fe	ederal ID	#	d. Commen	ts
(include city, stat	te, & zip)								
Triad Business	Bank			1					
1501 Highlands	Blvd			c. Outsid	le Source E	Explanatio) D	1	
Greensboro, NO	27410								
								e. Election S	Sum to Date
								\$	
f. Account Code	g. Form of Payment	h. In-Kind Descripti	on		i. Date (n	nm/dd/yy	уу)	j. Amount	
NBBC1	draft				04	4/30/20		\$	8.91
NBBC1	draft				0.5	5/31/20		\$	
4. Contributor	Information		Add			Remo	ve		
	ng Address & Phone		1100	b. Not-fo	r-Profit Fe			d. Commen	ts
(include city, stat				BUTTOUR				ur commun	
k	.,			1					
-				c. Outsid	le Source E	xplanatio	00		
						_			
								e. Election S	ium to Date
							Ï		
								\$ 52.	22
f. Account Code	g. Form of Payment	h. In-Kind Description	on		i. Date (n	nm/dd/yy	уу)	j. Amount	
								\$	
								\$	
5. Total only	this Page						9	\$ 19.57	
	LL CRO-1250 Page	•							
			anactl						
	line 11a of Detailed Summary			adad bardi V				\$ 19.57	
	line 11b of Detailed Summary								
(1 no une goes in	line 11c of Detailed Summary	Tage CAO-1100 ij Out	with Dources 0)	income)					

						Amen	dment		
Disbursements		Pg	1	of 1			Yes	\boxtimes	No
TT 4: 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	 	•	,		44.4	4 41.4			

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 HCQ681									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E	xpenses	Contributions to Car	ndidates/Political Com	mittees	Co	ordinated	d Party Expenditures		
4. Payee Inform	ation		Add		Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Co	mmittee N	ame	d. Cor	mments		
(include city, state,									
Chamber of Con						1			
601 W Fourth S	it								
W-S, NC 27101 c. Level Registered (Specify)									
						1			
			Federal Federal	닐	County:				
			State	\square	Municipality:	e. Elec	ction Sum to Date		
						\$ 1	515.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	/уууу)	j. Amount	k. Rec	quired Remarks		
NBBC1	draft	О	07/20/20		¢610.00	annu	al dues		
NDDCI	dran	0	07/20/20		\$510.00				
					\$				
4. Payee Inform	ation		Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Co	mmittee Na	ame	d. Cor	nments		
(include city, state,	& zip)								
,			c. Level Registered	(Specify)		1			
			Federal		County:				
			State	Ц	Municipality:	e. Elec	ction Sum to Date		
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	уууу)	j. Amount	k. Req	juired Remarks		
NBBC1	check	0			\$				
11001	CHOCK				Ψ				
					\$				
4. Payee Inform	ation		Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Cor	mmittee Na	ime	d. Con	nments		
(include city, state,	& zip)								
		:	c. Level Registered	(Specify)					
			Federal		County:				
			State		Municipality:	e. Elec	tion Sum to Date		
						\$			
	- an	h Domeso Code	T						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	уууу)	j. Amount	k. Req	uired Remarks		
					\$				
					\$				
5. Total only thi	s Page				L.	\$	510.00		
	CRO-1310 Pages								
	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expens	es)		•	510.00		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candid	ates/Politice	al Comm)	\$	510.00		
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party	Expenditu	res)				
7. Purpose Code	es (List detailed exp	enditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fun			D - To Anoth	ner Can	ıdidate		
E - Salaries	F* - Equipmen	t G - Politi	cal Party		H* - Holding	g Publi	ic Office Expenses		
I - Postage	J - Penalties		ce Expenses		O* - Other				
* Codes require	e detailed explanati	on in required re	marks field (k)						