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

1. Committee Infor	mation							
a. Full Name					c. ID Number			
Clark for City Coun	cil Committee				HCQ681			
b. Mailing Address (include City, State and Zip Code) d. Date Filed					d. Date Filed			
2815 Country Club Road 20Winston-Salem, NC 27104					10/21/2020			
20 Whiston-Saloh, i					e. Phone Number			
					336-765-1777			
2. Report Year	3. Period Start Date (mm/c	1/yy) 4. Period End Date (mm/dd/yy)		5. Treasurer Full Name				
2017 10/17/20		12/31//20		Robert C Clark				
6. Type of Committe	tee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)			
Candidate Campaign	Party	Municipal	State/C	ounty	Referendum			
Joint Fundraiser		Organizational		Organizational	Organizational			
Referendum	Legal Expense Fund	Thirty-five day		Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	Pre-primary	in i	Furst	Final			
		Pre-election		Second	Supplemental Final			
Booster Fund Building Fund Presidential Elect NC Public Campa		Pre-runoff		Third	Annual Annual			
Presidential Elect	tion Year Candidates Fund	Semi-annual		Fourth	Special			
NC Public Campa	aign Financing Fund	Mid Year	S	Semi-annual 🏪				
Other		Ycar End		Mid Year	10. Special Report Name			
		Final		Year End				
8. Number of Fund	raisers this Report	Special	F	Pinal				
				Special				
0								
11. Account Inform	ation		11. Account I					
a. Financial Institution I	nation Full Name			nformation itution Full Name				
 Financial Institution I Triad Business Bank 	ration Full Name k		a. Financiai Insti					
 Financial Institution I Triad Business Banl Purpose 	nation Full Name				c. Account Code			
 Financial Institution I Triad Business Bank 	ration Full Name k	31	a. Financiai Insti					
 Financial Institution I Triad Business Banl Purpose checking 	Full Name k c. Account Code		a. Financiai Insti		c. Account Code			
 Financial Institution I Triad Business Banl Purpose checking 	ration Full Name k c. Account Code TBI		a. Financiai Insti		c. Accordin Code			
 Financial Institution I Triad Business Banl Purpose checking 	Full Name k c. Account Code TBI d. Period Begin Balance \$ 13,488.20		a. Financiai Insti		c. Account Code			
 Financial Institution I Triad Business Banl Purpose checking account CERTIFICATION I certify that the Con NC General Statutes 	nation Full Name k c. Account Code TBI d. Period Begin Balance 13,488.20 nmittee or Fund is in compliant that no funds are commorrect and that I have been t lark	ance with all applica ningled with prohibit rained by the NC Sta	a. Financial Inst b. Purpose ble provisions ed or other port te Board of Ele	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$ 			
 Financial Institution I Triad Business Banl Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and complete 	nation Full Name k c. Account Code TBI d. Period Begin Balance 13,488.20 s 13,488.20 nmittee or Fund is in compli- and that no funds are commorrect and that I have been t	ance with all applica ningled with prohibit rained by the NC Sta	a. Financial Inst	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$.& 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f).			
 Financial Institution I Triad Business Banl Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and complete 	nation Full Name k c. Account Code TBI d. Period Begin Balance 13,488.20 nmittee or Fund is in compliate and that no funds are commorrect and that I have been to lark Printed Name of Signer	ance with all applica ningled with prohibit rained by the NC Sta	a. Financial Inst b. Purpose ble provisions ed or other port te Board of Ele	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f). 01/11/21 Date			
 Financial Institution I Triad Business Banl b. Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and cc <u>Robert C C</u> 	nation Full Name k c. Account Code TBI d. Period Begin Balance 13,488.20 nmittee or Fund is in compliate and that no funds are commorrect and that I have been to lark Printed Name of Signer	ance with all applica ningled with prohibit rained by the NC Sta	a. Financial Inst b. Purpose ble provisions ed or other port te Board of Ele	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f). 01/11/21 Date Delivery Method Normal Mail			
 Financial Institution I Triad Business Banl Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and con Robert C C FOR OFFICE USE 	nation Full Name k c. Account Code TBI d. Period Begin Balance s 13,488.20 nmittee or Fund is in comple and that no funds are commorrect and that I have been t lark Printed Name of Signer CONLY	ance with all applica ningled with prohipit rained by the NC Sta	a. Financial Inst b. Purpose ble provisions ed or other port te Board of Ele	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f). 01/11/21 Date Delivery Method Normal Mail Registered Mail Hand Delivered			
 Financial Institution I Triad Business Banl b. Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and co <u>Robert C C</u> FOR OFFICE USE Date Received: 	nation Full Name k c. Account Code TBI d. Period Begin Balance s 13,488.20 nmittee or Fund is in comple and that no funds are commorrect and that I have been t lark Printed Name of Signer CONLY	e iance with all applica ningled with prohibit rained by the NC Sta S Employee:	a. Financial Inst b. Purpose ble provisions ed or other port te Board of Ele	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f). 01/11/21 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received			
 *. Financial Institution I Triad Business Banl b. Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and construct an	Pull Name K C. Account Code TBI d. Period Begin Balance s 13,488.20 nmittee or Fund is in compliant to funds are commorrect and that no funds are commorrect and that I have been the lark Printed Name of Signer CONLY LISI22 d:	e iance with all applice ningled with prohibit rained by the NC Sta S Employee: Employee:	a. Financial Inst b. Purpose ble provisions ed or other port te Board of Ele	of Article 22A, 22B, disclosed funds. I fi tions according to	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f). 01/11/21 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed			
 Financial Institution I Triad Business Banl b. Purpose checking account CERTIFICATION I certify that the Con NC General Statutes complete, true and co Robert C C FOR OFFICE USE Date Received: Date Postmarke Date Scanned: Date Data Enter 	Pull Name Full Name k c. Account Code TBI d. Period Begin Balance s 13,488.20 nmittee or Fund is in comple and that no funds are commorrect and that I have been to lark Printed Name of Signer C ONLY III5/21 d: red: his form cannot be used to a	e ance with all applica ningled with prohipfi rained by the NC for Employee: Employee: Employee: Employee:	a. Financial Inst	of Article 22A, 22B, disclosed funds. I fi ctions according to i incompared to the second sec	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is N.C.G.S. 163-278.7(f). 01/11/21 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received			

Amendment

\boxtimes	No
-------------	----

Detailed Summary Lice this fo

i

Amendment Yes

 \boxtimes No

Use this form to summarize all disclosure reporting forms a	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	Pre-Election		HCQ681
Start of Election Cycle: January 1,	2017	Total this Reporting Perio	Total this Dd Election Cycle
4) Cash on Hand at Start		\$ 13,488.20	\$ 7815.98
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 100.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 7350.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 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)	\$ 36.89	\$ 89.11
11b) Contributions from Not-for-Profit Organizat	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	Ic and IId)	\$ 36.89	\$ 9039.11
EXPENDITURES	A State State State	State State	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$ 2480.00
13b) Contributions to Candidates/Political Commi	ittees (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,	\$	\$ 3330.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 13,525.09	\$ 13,525.09
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	(CRO-1430) (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)	\$	\$

	eipt Sources		Pg	<u>1</u> of	1[Amendment Yes	No No
		orted on another form. i.e. inter	est income,	, not for pr	ofit contribu	tions etc.	
	Full Name (and Fund	if applicable)			2. 11) Number	
Clark for City	Council Committee					HCO	2681
3. Type of Rec	eipt Source	<u>(Please use separate CRO</u>	-1250 form	<u>s for each</u>	<u>type of Rec</u>	eipt Source.	<u>)</u>
Interest		Contributions from Not-f	or-Profit Orga	nizations	<u> </u>	atside Sources o	of Income
4. Contributor	Information	Add			Remove		
a. Full Name, Mai	ling Address & Phone		b. Not-f	or-Profit Fee	deral ID #	d. Commen	ts
(include city, sta							
Triad Business							
1501 Highlands Blvd			c. Outsi	c. Outside Source Explanation			
Greensboro, N	C 27410						-
						e. Election S	Sum to Date
				. <u></u>		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (m	m/dd/yyyy)	j. Amount	
TBB1	draft			10/	31/20	\$	12.05
TBB1	draft			11	/30/20	\$	12.21
4. Contributor	Information	Add			Remove		
	ing Address & Phone		b. Not-fe	or-Profit Fed	ieral ID #	d. Commen	ts
(include city, sta	te, & zip)						
Triad Business	Bank						
1501 Highland			c. Outsie	c. Outside Source Explanation			
Greensboro, N	C 27410						
						e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (m	m/dd/yyyy)	j. Amount	
TBB1	draft			12	/31/20	\$	12.63
TBB1	draft					\$	
4. Contributor	Information	Add Add			Remove		
a. Full Name, Mail	ling Address & Phone		b. Not-fe	or-Profit Fea	teral ID #	d. Commen	ts
(include city, sta	ite, & zip)						
						4	
			c. Outsi	de Source Es	uplanation	-	
						A Flaction	Sum to Date
					e. Election Sum to Date		
				_		\$ 09.	
f. Account Code	g. Form of Payment	h. In-Kind Description		i, Date (m	m/dd/yyyy)	j. Amount	
						\$	
						\$	
5. Total only this Page					\$ 36.89		
6. Total of A	LL CRO-1250 Pag	ges					
		ary Page CRO-1100 if Interest)				\$ 36.89	
		ary Page CRO-1100 if Not-for-Profit					
(This line goes in	n line 11c of Detailed Summ	ary Page CRO-1100 if Outside Source	es of Income)				