

# Disclosure Report Cover

Amendment

☐ Yes☒ No

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 Information

### a. Full Name

Clark for City Council Committee

### c. ID Number

HCQ681

### b. Mailing Address (include City, State and Zip Code)

2815 Country Club Road  
Winston-Salem, NC 27104

### d. Date Filed

07/12/23

### e. Phone Number

336-765-1777

## 2. Report Year

2022

## 3. Period Start Date (mm/dd/yy)

01/01/23

## 4. Period End Date (mm/dd/yy)

06/30/23

## 5. Treasurer Full Name

Robert C Clark

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ Joint Fundraiser  
☐ Referendum  
☐ Party  
☐ PAC  
☐ 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

Triad Business Bank

### b. Purpose

checking  
account

### c. Account Code

TBB1

### d. Period Begin Balance

\$ 12,028.69

## 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

Printed Name of Signer

Signature of Appointed Treasurer

07/12/23

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

Amendment

☐

Yes

☒

No

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

|                                                                                            |  |                                      |  |                                  |  |
|--------------------------------------------------------------------------------------------|--|--------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>Clark for City Council Committee |  | <b>2. Type of Report</b><br>Mid Year |  | <b>3. ID Number</b><br>HCQ681    |  |
| <b>Start of Election Cycle:</b> January 1, <u>2021</u>                                     |  | <b>Total this Reporting Period</b>   |  | <b>Total this Election Cycle</b> |  |
| <b>4) Cash on Hand at Start</b>                                                            |  | \$ 12,028.69                         |  | \$ 13,525.09                     |  |
| <b>RECEIPTS</b>                                                                            |  |                                      |  |                                  |  |
| <b>5) Aggregated Contributions from Individuals</b> (CRO-1205)                             |  | \$                                   |  | \$                               |  |
| <b>6) Contributions from Individuals</b> (CRO-1210)                                        |  | \$                                   |  | \$                               |  |
| <b>7) Contributions from Political Party Committees</b> (CRO-1220)                         |  | \$                                   |  | \$                               |  |
| <b>8) Contributions from Other Political Committees</b> (CRO-1230)                         |  | \$                                   |  | \$                               |  |
| <b>9) Loan Proceeds</b> (CRO-1410)                                                         |  | \$                                   |  | \$                               |  |
| <b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)                              |  | \$                                   |  | \$                               |  |
| <b>11) Other Receipt Sources</b>                                                           |  |                                      |  |                                  |  |
| <b>11a) Interest on Bank Accounts</b> (CRO-1250)                                           |  | \$ 194.91                            |  | \$ 418.51                        |  |
| <b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)                     |  | \$                                   |  | \$                               |  |
| <b>11c) Outside Sources of Income</b> (CRO-1250)                                           |  | \$                                   |  | \$                               |  |
| <b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)                                  |  | \$                                   |  | \$                               |  |
| <b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)             |  | \$ 194.91                            |  | \$ 418.51                        |  |
| <b>EXPENDITURES</b>                                                                        |  |                                      |  |                                  |  |
| <b>13) Disbursements</b>                                                                   |  |                                      |  |                                  |  |
| <b>13a) Operating Expenditures</b> (CRO-1310)                                              |  | \$ 920.00                            |  | \$ 1940.00                       |  |
| <b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)                    |  | \$                                   |  | \$                               |  |
| <b>13c) Coordinated Party Expenditures</b> (CRO-1310)                                      |  | \$                                   |  | \$ 700.00                        |  |
| <b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)                                    |  | \$                                   |  | \$                               |  |
| <b>15) Loan Repayments</b> (CRO-1420)                                                      |  | \$                                   |  | \$                               |  |
| <b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)                            |  | \$                                   |  | \$                               |  |
| <b>17) In-Kind Contributions</b> (CRO-1510)                                                |  | \$                                   |  | \$                               |  |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)                 |  | \$ 920.00                            |  | \$ 2640.00                       |  |
| <b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)        |  | \$ 11,303.60                         |  | \$ 11,303.60                     |  |
| <b>ADDITIONAL INFORMATION</b>                                                              |  |                                      |  |                                  |  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)                         |  | \$                                   |  |                                  |  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)                  |  | \$                                   |  |                                  |  |
| <b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)                          |  | \$                                   |  |                                  |  |
| <b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)                          |  | \$                                   |  |                                  |  |
| <b>24) Account Transfers Within the Committee</b> (CRO-1720)                               |  | \$                                   |  |                                  |  |
| <b>25) Administrative Support</b> (CRO-1710)                                               |  | \$                                   |  | \$                               |  |
| <b>26) Forgiven Loans</b> (CRO-1440)                                                       |  | \$                                   |  | \$                               |  |
| <b>27) 48-Hour Notice Reports Sum</b> (CRO-2200)                                           |  | \$                                   |  | \$                               |  |
| <b>27) Contributions to be refunded</b> (CRO-1215)                                         |  | \$                                   |  | \$                               |  |

# 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.

|                                                                                                               |                           |                                                                          |                                       |                                                    |                                                |
|---------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|------------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>Clark for City Council Committee                    |                           |                                                                          |                                       | <b>2. ID Number</b><br>HCQ681                      |                                                |
| <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><br>(include city, state, & zip)                              |                           |                                                                          | <b>b. Not-for-Profit Federal ID #</b> |                                                    | <b>d. Comments</b>                             |
| Triad Business Bank<br>1501 Highlands Blvd<br>Greensboro, NC 27410                                            |                           |                                                                          |                                       |                                                    |                                                |
|                                                                                                               |                           |                                                                          |                                       |                                                    |                                                |
|                                                                                                               |                           |                                                                          |                                       |                                                    | <b>e. Election Sum to Date</b><br>\$ 418.51    |
| <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>                                   |                                                |
| TBB1                                                                                                          | draft                     |                                                                          | 01/31/23                              | \$ 23.01                                           |                                                |
| TBB1                                                                                                          | draft                     |                                                                          | 02/28/23                              | \$ 23.05                                           |                                                |
| <b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                           |                                                                          |                                       |                                                    |                                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |                                                                          | <b>b. Not-for-Profit Federal ID #</b> |                                                    | <b>d. Comments</b>                             |
| Triad Business Bank<br>1501 Highlands Blvd<br>Greensboro, NC 27410                                            |                           |                                                                          |                                       |                                                    |                                                |
|                                                                                                               |                           |                                                                          |                                       |                                                    |                                                |
|                                                                                                               |                           |                                                                          |                                       |                                                    | <b>e. Election Sum to Date</b><br>\$ 418.51    |
| <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>                                   |                                                |
| TBB1                                                                                                          | draft                     |                                                                          | 03/31/23                              | \$ 34.18                                           |                                                |
| TBB1                                                                                                          | draft                     |                                                                          | 04/30/23                              | \$ 38.77                                           |                                                |
| <b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                           |                                                                          |                                       |                                                    |                                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |                                                                          | <b>b. Not-for-Profit Federal ID #</b> |                                                    | <b>d. Comments</b>                             |
| Triad Business Bank<br>1501 Highlands Blvd<br>Greensboro, NC 27410                                            |                           |                                                                          |                                       |                                                    |                                                |
|                                                                                                               |                           |                                                                          |                                       |                                                    |                                                |
|                                                                                                               |                           |                                                                          |                                       |                                                    | <b>e. Election Sum to Date</b><br>418.51<br>\$ |
| <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>                                   |                                                |
| TBB1                                                                                                          | draft                     |                                                                          | 05/31/23                              | \$ 38.80                                           |                                                |
| TBB1                                                                                                          | draft                     |                                                                          | 06/30/23                              | \$ 37.10                                           |                                                |
| <b>5. Total only this Page</b>                                                                                |                           |                                                                          |                                       | \$ 194.91                                          |                                                |
| <b>6. Total of ALL CRO-1250 Pages</b>                                                                         |                           |                                                                          |                                       | \$ 194.91                                          |                                                |
| <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>            |                           |                                                                          |                                       |                                                    |                                                |

# Disbursements

Pg 1

of 1

Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                           |                        |                                                                                                                                            |                      |                                |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                           |                        |                                                                                                                                            |                      | <b>2. ID Number</b>            |                                     |
| Clark for City Council Committee                                                                                                                                                         |                           |                        |                                                                                                                                            |                      | HCQ681                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           |                        | <b>b. Coordinated Committee Name</b>                                                                                                       |                      | <b>d. Comments</b>             |                                     |
| Winston-Salem Foundation<br>751 W Fourth St<br>W-S, NC 27101                                                                                                                             |                           |                        |                                                                                                                                            |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b>                                                                                                       |                      | <b>e. Election Sum to Date</b> |                                     |
|                                                                                                                                                                                          |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            | \$ 300.00            |                                |                                     |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| TBB1                                                                                                                                                                                     | check                     | O                      | 05/16/23                                                                                                                                   | \$300.00             | donation                       |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           |                        | <b>b. Coordinated Committee Name</b>                                                                                                       |                      | <b>d. Comments</b>             |                                     |
| Rotary Club Of Winston-Salem<br>P O Box 21642<br>Winston-Salem, NC 27104                                                                                                                 |                           |                        |                                                                                                                                            |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b>                                                                                                       |                      | <b>e. Election Sum to Date</b> |                                     |
|                                                                                                                                                                                          |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            | \$ 370.00            |                                |                                     |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| TBB1                                                                                                                                                                                     | check                     | O                      | 04/20/23                                                                                                                                   | \$370.00             | Dues                           |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           |                        | <b>b. Coordinated Committee Name</b>                                                                                                       |                      | <b>d. Comments</b>             |                                     |
| Boy Scouts of America<br>6600 Silas Creek Pkwy<br>Winston-Salem, NC 27106                                                                                                                |                           |                        |                                                                                                                                            |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b>                                                                                                       |                      | <b>e. Election Sum to Date</b> |                                     |
|                                                                                                                                                                                          |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            | \$ 250.00            |                                |                                     |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| TBB1                                                                                                                                                                                     | check                     | O                      | 03/11/23                                                                                                                                   | \$250.00             | )                              |                                     |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                            | \$                   |                                |                                     |
| <b>5. Total only this Page</b>                                                                                                                                                           |                           |                        |                                                                                                                                            |                      | \$ 920.00                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                           |                        |                                                                                                                                            |                      | \$ 920.00                      |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>                                                                                              |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>                                                                            |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>                                                                                  |                           |                        |                                                                                                                                            |                      |                                |                                     |
| <b>7. Purpose Codes</b> (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                          |