

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

07/10/2026

e. Phone Number

336-416-0190

2. Report Year

2025

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

01/01/2026

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

06/30/2026

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

\$ 9,147.28

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

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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Clark for City Council Committee		Mid Year		HCQ681	
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 9,147.28		\$ 11,209.75	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 122.27		\$ 489.80	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 122.27		\$ 489.80	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 835.00		\$ 3265.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
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)		\$ 835.00		\$ 3265.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,434.55		\$ 8,434.55	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	

Other Receipt Sources

Pg 1 of 1

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Clark for City Council Committee				HCQ681	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income					
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Triad Business Bank 1501 Highlands Blvd Greensboro, NC 27410					
			c. Outside Source Explanation		
			e. Election Sum to Date \$ 489.80		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
TBB1	draft		01/31/26	\$ 21.99	
TBB1	draft		02/28/26	\$ 19.40	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Triad Business Bank 1501 Highlands Blvd Greensboro, NC 27410					
			c. Outside Source Explanation		
			e. Election Sum to Date \$ 489.80		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
TBB1	draft		03/31/26	\$ 20.05	
TBB1	draft		04/30/26	\$ 19.43	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Triad Business Bank 1501 Highlands Blvd Greensboro, NC 27410					
			c. Outside Source Explanation		
			e. Election Sum to Date \$ 489.80		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
TBB1	draft		05/31/26	\$ 21.05	
TBB1	draft		06/30/26	\$ 20.35	
5. Total only this Page				\$ 122.27	
6. Total of ALL CRO-1250 Pages <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>				\$ 122.27	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Clark for City Council Committee					HCQ681	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Winston-Salem Street School						
630 West 6th Street Winston-Salem, NC 27101			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
TBB1	check	O	02/25/2026	\$500.00	Donation	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Rotary Club Of Winston-Salem P O Box 21642 Winston-Salem, NC 27104						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 905.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
TBB1	check	O	02/24/2026	\$235.00	Dues	
		O		\$0	Dues	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
NC Republican Party 1506 Hillsborough St. Raleigh, NC 27605						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$	)	
TBB1	check	O	01/13/2026	\$100.00	Donation	
5. Total only this Page					\$ 535.00	
6. Total of ALL CRO-1310 Pages					\$ 835.00	
<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>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other