

COPY

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund Clark for Alderman Committee			6. Date 7/18/2002	
2. Address 2815 Country Club Road			7. ID Number	
3. City Winston-Salem	4. State NC	5. Zip 27106	8. Phone (336) 765-1777	
9. Type of Report 2002 Mid-Year Semi-Annual Report		10. Period Covered Start 1/1/2002 End 6/30/2002		11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

12. Type of Committee or Fund (Check one)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund: _____			

13. Treasurer Name

William L. Orr

14. Assistant Treasurer Name(s)

Robert Clark

15. Custodian of Books Name

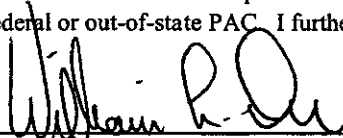
Robert Clark

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
Lexington State Bank, 161 S. Stratford Road, Winston-Salem, N.C. 27104 Acct # [REDACTED]	For all campaign receipts and expenses	LSB	\$ 1,811.79
			\$
			\$
			\$
			\$
			\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.



Signature of Appointed Treasurer or Candidate

7-18-2002

Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Clark for Alderman Committee	2002 Mid-Year Semi-Annual Report		
Start of Election Cycle: January 1, 20 02		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			\$ 1,811.79
5) Cash on Hand at Start of Present Reporting Period		\$ 1,811.79	
RECEIPTS			
6) Contributions from Individuals (CRO-1210)		\$ 50.00	\$ 50.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds and Reimbursements TO the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)		\$ 2.15	\$ 2.15
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
12) "Goods and Services" Contributions (CRO-1260)		\$ 0.00	\$ 0.00
13) Contributions based on Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
14) 48-Hour Notice Reports Sum		\$ 0.00	\$ 0.00
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)		\$ 52.15	\$ 52.15
EXPENDITURES			
16) Disbursements (CRO-1310)			
16a) Operating Expenditures (CRO-1310)		\$ 205.00	\$ 205.00
16b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 50.00	\$ 50.00
16c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
17) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
18) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
19) Refunds and Reimbursements FROM the Committee (CRO-1320)		\$ 0.00	\$ 0.00
20) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)		\$ 255.00	\$ 255.00
22) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 15 together, then subtract line 21) (For this Election Cycle, add lines 4 and 15 together, then subtract line 21)		\$ 1,608.94	\$ 1,608.94
Additional Information			
23) Non-Monetary Gifts Given to Committees (CRO-1330)		\$ 0.00	
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$ 0.00	
25) Debts and Obligations owed BY the Committee (CRO-1610)		\$ 0.00	
26) Debts and Obligations owed TO the Committee (CRO-1620)		\$ 0.00	
27) Parent Entity's Administrative Support (CRO-1710)		\$ 0.00	
28) Account Transfers (CRO-1720)		\$ 0.00	

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Clark for Alderman Committee							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	LSB	Check	1/15/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 50.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
4. Total only this Page							\$ 50.00
5. Total of ALL CRO-1210 Pages <i>(only show on last page)</i>							\$ 50.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Other Receipt Sources

1. Name of Committee or Fund			2. ID Number		
Clark for Alderman Committee					
3. Type of Receipt Source <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	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Lexington State Bank 161 S. Stratford Road Winston-Salem, N.C. 27104	LSB	Check	1/20/2002	\$ 0.39
		LSB	Check	2/20/2002	\$ 0.37
		LSB	Check	3/20/2002	\$ 0.35
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Lexington State Bank 161 S. Stratford Road Winston-Salem, N.C. 27104	LSB	Check	4/20/2002	\$ 0.38
		LSB	Check	5/20/2002	\$ 0.32
		LSB	Check	6/20/2002	\$ 0.34
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
			Check		\$
			Check		\$
			Check		\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
			Check		\$
			Check		\$
			Check		\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
			Check		\$
			Check		\$
			Check		\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 2.15
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 2.15
<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

1. Name of Committee or Fund					2. ID Number		
Clark for Alderman Committee							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	John Locke Foundation 200 West Morgan Street - Suite 200 Raleigh, N.C. 27601 919-828-3876		Luncheon/Conference	LSB	Check	1/15/2002	\$ 20.00
					Check		\$
					Check		\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 20.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	YMCA 1144 W 4th Street Winston-Salem, N.C. 27101 336-777-8055		Dinner	LSB	Check	1/31/2002	\$ 25.00
					Check		\$
					Check		\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 25.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Boy Scouts of America - Old Hickory Council 6600 Silas Creek Parkway Winston-Salem, N.C. 27106 336-760-2900		Dinner	LSB	Check	4/15/2002	\$ 150.00
					Check		\$
					Check		\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 150.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	The Winston-Salem Foundation 860 West 5th Street Winston-Salem, N.C. 27101 336-725-2382		Luncheon	LSB	Check	4/15/2002	\$ 10.00
					Check		\$
					Check		\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 10.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					Check		\$
					Check		\$
					Check		\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
5. Total only this Page						\$ 205.00	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>						\$ 205.00	
<i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							

Disbursements

1. Name of Committee or Fund					2. ID Number		
Clark for Alderman Committee							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i>							
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Forsyth County Republican Party 1001 S. Marshall Street Winston-Salem, N.C. 27101 336-724-6000		Lincoln Dinner	LSB	Check	3/18/2002	\$ 50.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
	Forsyth				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 50.00
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					Check		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					Check		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					Check		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					Check		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					Check		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
5. Total only this Page						\$ 50.00	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>						\$ 50.00	
<i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							