					r
Disclosure Rep	ort Cover				Amendment Yes No
	eral report and committee is	nformation, must be	signed and sub	mitted along with	other detailed forms.
	o update information		CED 9 A	71175	
. Committee Inform	nation		SEP 30	2023	
Full Name			Beaufort Coun		c. ID Number
Clark for	· Council Com	mittee	Board of Elec	ctions	39-4218856
Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
401 E.M					Sept 30, 2025
Washingy	an, NC 2788	0			e. Phone Number
	-180	/			252.495.6366 4
. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)		5. Treasurer Fu	II Name
2025	July 16th 20	25 Supt	23, 2025	Sheri M	Machel Clark
. Type of Committe	ee (Check One)	9. Type of Report	t (check on	ly one type of repo	rt from one category)
Candidate Campai	=	Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa	-	Organizational	U Organizational
Expenditure	Joint Fundraiser	Thirty-five da	y (Quarterly	Pre-referendum
Legal Expense Fur Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(y applicable, eneed only	Pre-election	smc/ H	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
7		Mid Yea		Semi-annual	10.6
Other:	* F	Year End		Mid Year Year End	10. Special Report Name
. Number of Fundr	aisers this Report	Special		Final	
0				Special	
1. Account Informa	ntion	15.00	11. Account l	Information	
Financial Institution F			a. Financial Inst	itution Full Name	
FIRST Nation					
. Purpose	c. Account Code		b. Purpose		c. Account Code
all campaign	CC-01				
ar campaign	d. Period Begin Balance				d. Period Begin Balance
CAPENSES	\$50 00 #O.	90 5mc			S
CERTIFICATION					
certify that the Com	mittee or Fund is in compli	ance with all applic	able provisions	of Article 22A, 22	B, & 22D-22M of Chapter 163 of
ne NC General Statu	tes and that no funds are co	mmingled with prol	hibited or other	non-disclosed fund	ds. I further certify that this report
	correct and that I have beer	trained by the NC	State Board of E	elections.	5-420 7025
SHEK	Printed Name of Signer		Signature of Appoin	ted Treasurer	Date
OR OFFICE USE O	The second secon		orginature of Appoint	2 (
Date Received:	9/30/25	Employee:	Cla	(45)	Delivery Method Normal Mail
Date Postmarked	i:	Employee:	_		Registered Mail Hand Delivered
Date Scanned:		Employee:	· · · · · · · · · · · · · · · · · · ·		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.

Date Data Entered:

Employee:

Detailed Summary

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

Amendment

No

3. ID Number 2. Type of Report 1. Committee Full Name (and Fund if applicable) Clark for Council Committee 39-4218856 Total this Election of this Start of Election Cycle: January 1, Reporting Period Election Cycle \$ 1 \$ (Cash on Hand at Start RECEIPTS (CRO-1205) Aggregated Contributions from Individuals 40 5) \$ (CRO-1210) Contributions from Individuals 1000 \$ (CRO-1220) Contributions from Political Party Committees \$ Contributions from Other Political Committees (CRO-1230) \$ (CRO-1410) Loan Proceeds 9) \$ (CRO-1240) Refunds/Reimbursements To the Committee 10) 11) Other Receipt Sources \$ (CRO-1250) Interest on Bank Accounts 11a) \$ \$ Contributions from Not-for-Profit Organizations (CRO-1250) 11b) \$ (CRO-1250) 11c) Outside Sources of Income \$ (CRO-1270) \$ 11d) Legal Expense Fund - Other Sources \$ (CRO-1265) 11 e) Exempt Purchase Price Sales 239 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) EXPENDITURES 13) Disbursements \$ (CRO-1310) 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ (CRO-1420) Loan Repayments 15) \$ (CRO-1320) Refunds/Reimbursements From the Committee 16) \$ (CRO-1510) In-Kind Contributions 17) \$ TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) 252,99 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees \$ (CRO-1330) \$ Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 21) (CRO-1610) 295. Debts and Obligations owed By the Committee 22) \$ Debts and Obligations owed To the Committee (CRO-1620) 23) (CRO-1720) Account Transfers Within the Committee 24) \$ \$ (CRO-1710) Administrative Support 25) \$ \$ (CRO-1440) 26) Forgiven Loans \$ \$ (CRO-2220) 27) 48-Hour Notice Reports Sum \$ (CRO-1215) \$ Contributions to be Refunded 28)

Aggregated Contributions from Individuals

RECEIVED

1 05 1

Amendmen

/ No

Optional form used to report NC Contributions From Individuals of \$500 pr less 2025

	Clark D.		1 Committee	Beaufort County, N Board of Elections	C s		· 4218856
			1 Commune			01	1210036
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AND STREET, PROPERTY OF THE PARTY OF THE PAR	ie, Mailing Address &			b. Job Title/Profession		d. Comments	S
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_	chard			c. Employer's Name/Spe	cific Field		
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SEP 3 0 2025

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Amendment

Contributions from Individuals

SEP 3 0 2025

Contri	butions from	idual contributions or	OB SEG	Pg of Country buffons unde		O 1205 is not	used
		nd Fund if applicab		d of Elections	T \$50 H TOTHI CI	2. ID Num	per
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	e, Mailing Address &			b. Job Title/Profession		d. Comments	
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Amendment Yes

No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures. SEP 3 0 2025

	ull Name (and Fund		County	NC			2. ID Number	
Clark 4	for Counci		39-4218956					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Inform			Add			Remove		
a. Full Name, Mailir				rdinated Committe	ee Nar		d. Comments	
(include city, state,								
	l's Printing union Dr.	c, Leve	I Registered (Spec	ify)				
107 U	wion Dr.			Federal Federal	7	County:		
wash	ington, N	LC 21899		State [5	Municipality:	e. Election Sum to Date	
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	ng Address & Phone		b. Coor	rdinated Committ	ee Na	me	d. Comments	
(include city, state,								
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	ng Address & Phone		b. Coordinated Committee Name			d. Comments		
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E - Salaries	F* - Printing F* - Equipment						Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	,				n to Legal Expense Fund	
O* - Other			100 TO 2 TO	W 13 25				
* Codes requir	e detailed explanat	ion in required r	emarks	s field (k)		A STATE OF SHIPLE SHIPL	ekinektari de kirildi. Heriotekine i	

Disbursements

RECEIVED

Amendment Yes

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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) fort County, NG 2. ID Number								
39-4218854 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
3. Type of Disbu								
Operating Ex		Contributions to Cand	didates/Political Committees		ordinated Party Expenditures			
4. Payee Inform	ation		Add	Remove	duting to be a selected as a select			
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments			
(include city, state,	& zip)							
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CC-01	check	B	09/05/2025	\$29. ⁷⁸	30-flyers			
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	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments			
(include city, state,								
	e Depot		c. Level Registered (Specify)					
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Wash	ington, W	27889	State	Municipality:	e. Election Sum to Date			
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Office	e Depot		c. Level Registered (Specify)					
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E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund								
I - Postage O* - Other	J - Penalties			Q* - Donatio	on to Legal Expense Fund			

In-Kind Contributions

SEP 3 0 2025

	,		1	Amendment	
Pg		of	1	Yes	No No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Clark for Council Committee			39-4218856	
3. Contributor Information				
a. Full Name, Mailing Address & Phone	b. Type of Contri	outor	c. Comments	
(include city, state, & zip)	Individual Candidate			
Deanfort County Citizens for Party				
Better Government PAC	PAC Referendum Other Receipt Source			
7.0. Box 594			d. Election Sum to Date	
Benefort County Citizens for Better Government PAC 7.0. Box 594 Chacownity, NC 27817 252.402.5642			\$ 599.29	
e. Description		f. Date (mm/dd/yyy		
Yard SIGNS		08/04/20	s 599. ²⁹	
			\$	
			\$	
3. Contributor Information				
a. Full Name, Mailing Address & Phone	b. Type of Contributor Individual Candidate		c. Comments	
(include city, state, & zip)				
Party PAC Referendum				
			d. Election Sum to Date	
	Other Receipt Source		\$	
e. Description	f. Date (mm/dd/yyy	y) g. Fair Market Amount		
			\$	
			\$	
			\$	
3. Contributor Information	Add 🔲 Rer	nove		
a. Full Name, Mailing Address & Phone b. Type of Co		outor	c. Comments	
(include city, state, & zip)	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source			
			d. Election Sum to Date	
			\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
		w.	\$	
			\$	
4. Total only this Page			\$	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	

Amendment Debts and Obligations Owed By the Committee Pg ___ of ___ Yes Use this form to report any unpaid debts or obligations overdeby the committee, to include campaign credit card purchases. 1. Committee Full Name (and Fund if applicable) Board of Elections 2. ID Number Lank for Counci 39-4218856 pmmittee Add Remove 3. Creditor Information a. Full Name, Mailing Address & Phone Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor. (include city, state, & zip) b. Description of Creditor Sumbiotic Net A. Media Company e. Total Amount Incurred d. Total Amount Paid f. Remaining Balance c. Beginning Balance \$ 295. s 485. \$ 0 \$ ZDD. g. Incurred Debts (what the committee received this period) g1. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/vvvv) g3. Amount (include city, state, & zip) g4. Purpose Code g5. Required Remarks g2. Date (mm/dd/yyyy) g3. Amount g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) g4. Purpose Code g5. Required Remarks g2. Date (mm/dd/yyyy) g3. Amount g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) g4. Purpose Code g5. Required Remarks g1. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) g3. Amount (include city, state, & zip) \$ g4. Purpose Code g5. Required Remarks g2. Date (mm/dd/yyyy) g3. Amount g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) g4. Purpose Code g5. Required Remarks 4. Total only this Page \$ 285. This should be the sum of all items 'g3.' from this page) 5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100) 6. Pupose Codes (List detailed expenditure code in (g4.) C* - Fundraising D - To Another Candidate B* - Printing A* - Media G - Political Party H* - Holding Public Office Expenses E - Salaries F* - Equipment J - Penalties K* - Office Expenses O* - Other I - Postage

Codes require detailed explanation in required remarks field (g5.)