

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed form

Do not use this form to update information

1. Committee Information	
a. Full Name TONYA CLINKSCALE FOR CITY COUNCIL	c. ID Number
b. Mailing Address (include City, State and Zip Code) P O BOX 5852 GREENSBORO, NC 27435	d. Date Filed 10/28/2007
	e. Phone Number

2. Report Year 2007	3. Period Start Date (mm/dd/yy) 09/25/2007	4. Period End Date (mm/dd/yy) 10/22/2007	5. Treasurer Full Name TONYA CLINKSCALE
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name COMMUNITY MUTUAL SAVINGS BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCE FUNDS	c. Account Code 90005926	b. Purpose	c. Account Code
	d. Period Begin Balance \$		d. Period Begin Balance \$

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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

Tonya Clinkscale Printed Name of Signer [Signature] Signature of Appointed Treasurer 10/28/2007 Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: _____ Delivery Method: Normal Mail

Date Postmarked: OCT 29 2007 Employee: _____ Registered Mail

Date Scanned: **GUILFORD COUNTY BOARD of ELECTIONS** Employee: _____ Hand Delivered

Date Data Entered: _____ 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.

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	2. ID Number
TONYA CLINKSCALE FOR CITY COUNCIL	2007 Pre-Election	
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 213.58	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 150.00	\$ 377.50
6) Contributions from Individuals (CRO-1210)	\$ 200.00	\$ 850.00
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	\$ 40.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.24
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>	\$ 350.00	\$ 1,267.74
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 173.67	\$ 577.83
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
15) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0.00	\$ 0.00
16) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 300.00
17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>	\$ 173.67	\$ 877.83
18) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 17)</i>	\$ 389.91	\$ 389.91
ADDITIONAL INFORMATION		
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 140.00	
21) Debts and Obligations owed By the Committee (CRO-1610)	\$ (547.97)	
22) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0.00	
23) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
24) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
25) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
26) 48-Hour Notice Reports Sum	\$ 0.00	\$ 0.00

1. Committee Full Name (and Fund if applicable)				2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	90005926	Check		10/18/2007	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	90005926	Check		10/16/2007	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	90005926	Check		09/27/2007	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 150.00
5. Total of ALL CRO-1205 Pages					\$ 150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HAL JONES NC			RETIRED TEACHER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	90005926	Cash		09/25/2007	\$ 50.00	
<input type="checkbox"/>	90005926	Cash		09/27/2007	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS TERRELL JR 529 PARKKWAY AVE HIGH POINT, NC 27262			ATTORNEY			
			c. Employer's Name/Specific Field			
			SMITH MOORE		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	90005926	Check		10/17/2007	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 200.00	

Disbursements

1. Committee Full Name (and Fund if applicable)						2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL							
3. Type of Disbursement <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			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACE HARDWARE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 73.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
90005926	Debit Card		09/26/2007	\$ 10.68	PRINTING		
90005926	Debit Card		09/28/2007	\$ 26.74	PRINTING		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACE HARDWARE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 73.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
90005926	Debit Card		10/01/2007	\$ 5.34	PRINTING		
90005926	Debit Card		10/01/2007	\$ 12.01	PRINTING		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
EXXONMOBIL NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
90005926	Debit Card		10/15/2007	\$ 10.00	GAS - CANVASSING		
				\$			
5. Total only this Page						\$ 64.77	
6. Total of ALL CRO-1310 Pages						\$ 178.67	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 14c 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	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

1. Committee Full Name (and Fund if applicable)						2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL							
3. Type of Disbursement <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			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FAIRWAY #8 NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
90005926	Debit Card		09/25/2007	\$ 5.00	GAS - CANVASSING		
90005926	Debit Card		10/01/2007	\$ 5.00	GAS - CANVASSING		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FEDEX KINKOS TATE STREET GREENSBORO, NC 27406							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 41.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
90005926	Debit Card		10/09/2007	\$ 1.59	PRINTING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FOOD MART NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
90005926	Debit Card		09/26/2007	\$ 10.00	FOOD FOR WORKERS		
				\$			
5. Total only this Page						\$ 21.59	
6. Total of ALL CRO-1310 Pages						\$ 178.67	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 14c 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	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

1. Committee Full Name (and Fund if applicable) TONYA CLINKSCALE FOR CITY COUNCIL	2. ID Number
---	---------------------

3. Type of Disbursement <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

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) FOODLION NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 9.24

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
90005926	Debit Card	O	09/25/2007	\$ 2.99	BOTTLED WATER
90005926	Debit Card		10/01/2007	\$ 6.25	FOOD FOR WORKERS

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) GREAT STOP NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 15.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
90005926	Debit Card		09/28/2007	\$ 5.00	GAS - CANVASSING
90005926	Debit Card		10/01/2007	\$ 5.00	GAS - CANVASING PRECINCT 54

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) GREAT STOP NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 15.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
90005926	Debit Card		10/01/2007	\$ 5.00	GAS CANVASSING
				\$	

5. Total only this Page	\$ 24.24
--------------------------------	----------

6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 178.67
--	-----------

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL				
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
YAHOO NC				
			b. Description of Creditor	
			WEB HOSTING	
c. Beginning Balance		d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ (8.96)		\$ 11.95	\$ 0.00	\$ (20.91)
g. Incurred Debts (what the committee received)				
g1. Date (mm/dd/yyyy)		g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
		\$		\$
g3. Item Description			g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
WAL-MART SO ELM EUGENE GREENSBORO, NC				
			b. Description of Creditor	
			SUPPLIES	
c. Beginning Balance		d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ (60.37)		\$ 17.05	\$ 0.00	\$ (77.42)
g. Incurred Debts (what the committee received)				
g1. Date (mm/dd/yyyy)		g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
		\$		\$
g3. Item Description			g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page				
<i>(This should be the sum of all item '3f' from this page)</i>			\$	(98.33)
5. Total of ALL CRO-1610 Pages				
<i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>			\$	(322.97)

1. Committee Full Name (and Fund if applicable)		2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
VAN WILSON ENTERPRISES NC		b. Description of Creditor GAS	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 5.00	\$ 0.00	\$ (5.00)
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
TEXACO NC		b. Description of Creditor GAS	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ (10.00)	\$ 10.00	\$ 0.00	\$ (20.00)
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page (This should be the sum of all item '3f' from this page)		\$ (25.00)	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ (322.97)	

1. Committee Full Name (and Fund if applicable)				2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL					
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.		
SHELL SERVICE STATION NC					
			b. Description of Creditor		
			GAS		
c. Beginning Balance		d. Total Amount Paid		e. Total Amount Incurred	
\$ 0.00		\$ 5.00		\$ 0.00	
				f. Remaining Balance	
				\$ (5.00)	
g. Incurred Debts (what the committee received)					
g1. Date (mm/dd/yyyy)		g2. Amount		g1. Date (mm/dd/yyyy)	
		\$			
g3. Item Description			g3. Item Description		
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.		
OFFICE DEPOT NC					
			b. Description of Creditor		
			OFFICE & PRINTING SUPPLIES		
c. Beginning Balance		d. Total Amount Paid		e. Total Amount Incurred	
\$ (13.87)		\$ 3.73		\$ 0.00	
				f. Remaining Balance	
				\$ (17.60)	
g. Incurred Debts (what the committee received)					
g1. Date (mm/dd/yyyy)		g2. Amount		g1. Date (mm/dd/yyyy)	
		\$			
g3. Item Description			g3. Item Description		
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		
4. Total only this Page (This should be the sum of all item '3f' from this page)				\$ (22.60)	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)				\$ (322.97)	

1. Committee Full Name (and Fund if applicable)		2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
LITTLE CEASAR NC		b. Description of Creditor FOOD	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 5.34	\$ 0.00	\$ (5.34)
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
KWIK BUY NC		b. Description of Creditor GAS	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 5.00	\$ 0.00	\$ (5.00)
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page		\$ (10.34)	
<i>(This should be the sum of all item '3f' from this page)</i>			
5. Total of ALL CRO-1610 Pages		\$ (322.97)	
<i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>			

1. Committee Full Name (and Fund if applicable)		2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
GREAT STOP NC			
		b. Description of Creditor	
		GAS STATION	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 15.00	\$ 0.00	\$ (15.00)
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
FOODLION NC			
		b. Description of Creditor	
		GROCERY ITEMS	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 6.25	\$ 0.00	\$ (6.25)
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page <i>(This should be the sum of all item '3f' from this page)</i>		\$	(21.25)
5. Total of ALL CRO-1610 Pages <i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>		\$	(322.97)

1. Committee Full Name (and Fund if applicable)			2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL				
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
FOOD MART NC			b. Description of Creditor FOOD	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance	
\$ 0.00	\$ 10.00	\$ 0.00	\$ (10.00)	
g. Incurred Debts (what the committee received)				
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount	
	\$		\$	
g3. Item Description		g3. Item Description		
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
FEDEX KINKOS TATE STREET GREENSBORO, NC 27406			b. Description of Creditor PRINTING SERVICES	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance	
\$ (40.17)	\$ 1.59	\$ 0.00	\$ (41.76)	
g. Incurred Debts (what the committee received)				
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount	
	\$		\$	
g3. Item Description		g3. Item Description		
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		
4. Total only this Page <i>(This should be the sum of all item '3f' from this page)</i>				
			\$ (51.76)	
5. Total of ALL CRO-1610 Pages <i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>				
			\$ (322.97)	

1. Committee Full Name (and Fund if applicable)			2. ID Number	
TONYA CLINKSCALE FOR CITY COUNCIL				
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
FAIRWAY #8 NC				
			b. Description of Creditor	
			GAS	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance	
\$ 0.00	\$ 10.00	\$ 0.00	\$ (10.00)	
g. Incurred Debts (what the committee received)				
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount	
	\$		\$	
g3. Item Description			g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
EXXONMOBIL NC				
			b. Description of Creditor	
			GAS	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance	
\$ 0.00	\$ 10.00	\$ 0.00	\$ (10.00)	
g. Incurred Debts (what the committee received)				
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount	
	\$		\$	
g3. Item Description			g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page				
<i>(This should be the sum of all item '3f' from this page)</i>			\$ (20.00)	
5. Total of ALL CRO-1610 Pages				
<i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>			\$ (322.97)	

Committee Name: Jonny Clinkscale for City Council
Report Name: 2007 Pre-Election RPT
Date of Audit: 10-30-07
Staff member: Bmw

AUDIT CHECKLIST

1. Check forms for completeness and accuracy. (See specific forms listed on back of sheet)
2. Check for proper signature of the candidate or treasurer.
3. Check to confirm report covers the period appropriate dates as set out in the Reporting schedule.
4. Determine that all receipts, expenditures, loans and debts have been properly reported.
5. Contributions in excess of \$100 are listed by contributor's name, complete mailing address, occupation and employer information, date of receipt, form of payment, account to which it was deposited, amount, and election sum to date.
6. No anonymous or joint contributions (ex. Mr. and Mrs. Joe Smith) have been accepted. (AIC) contributions are not considered anonymous contributions unless they are over \$100.
7. All (AIC) contributions are listed individually with a date, form of payment, and account code.
8. No contributions (including loans) have been received from a business entity or other prohibited contributor.
9. Check all contributors whose election sum to date exceeds \$4,000. Confirm contribution limitation has not been exceeded for the election. Candidates and family members (spouse, mother, father, and siblings) may give unlimited contributions.
10. All in-kind contributions have been listed on both the Contributions from Individuals, Political Party, or Other Political Committee form AND the In-Kind Contributions form.
11. All expenditures are listed by payee's name, complete mailing address, purpose for which the payment was made, form of payment, account from which it was made, date and amount, and election sum to date.

Campaign Finance Office-NC State Board of Elections

- 12. All expenditures for media expenses have been made with a check or other verifiable method of payment.
- 13. All expenditures for non-media expenses of more than \$50 have been made with a check, except postage.
- 14. Check the mathematical correctness for:
 - Election Sum to Date Totals
 - Page Totals
 - Totals provided on detailed pages are equivalent to the totals provided on the Detailed Summary Page.

Check each form completed, or form that should have been completed, for this report. Provide details of any information not provided on each form.

- Disclosure Report Cover Sheet (CRO-1000) _____
- Detailed Summary (CRO-1100) _____
- Aggregated Contributions from Individuals (CRO-1205) _____
- Contributions from Individuals (CRO-1210) _____
- na Contributions from Political Party Committees (CRO-1220) _____
- na Contributions from Other Political Committees (CRO-1230) _____
- na Refunds and Reimbursements to the Committee (CRO-1240) _____
- na Other Receipt Sources (CRO-1250) _____
- na Goods and Services (including Fundraisers) (CRO-1260) _____

Campaign Finance Office-NC State Board of Elections

- ✓ Disbursements (CRO-1310) _____
- na Refunds and Reimbursements to the Committee (CRO-1320) _____
- na Non-Monetary Gifts Given to Other Committees (CRO-1330) _____
- na *Loan Proceeds (CRO-1410) _____
- na Loan Repayments (CRO-1420) _____
- na Outstanding Loans (CRO-1430) _____
- na **Forgiven Loans (CRO-1440) _____
- na In-Kind Contributions (CRO-1510) _____
- ✓ Debts and Obligations Owed By the Committee (CRO-1610) _____
- na Debts and Obligations Owed To the Committee (CRO-1620) _____
- na Administrative Support (CRO-1710) _____
- na Account Transfers Within the Committee (CRO-1720) _____
- na *Loan Proceeds Statement (CRO-6100) _____
- na **Forgiven Loan Statement (CRO-6200) _____

*Must include Loan Proceeds Statement
 ** Must include Forgiven Loan Statement

Comments: _____

List ALL correspondence made with committee:

DATE	TYPE OF CORRESPONDENCE	COMMENTS
10-26-07	Called to Remind 2007 Pre Election RPT	