

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 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 1/25/2008
	e. Phone Number

2. Report Year 2007	3. Period Start Date (mm/dd/yy) 10/22/2007	4. Period End Date (mm/dd/yy) 12/31/2007	5. Treasurer Full Name Tonya Clinkscale
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input 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	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Community Mutual Savings Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code 90005926	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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).
 Tonya Clinkscale _____ 1/25/2008
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: _____
 Date Postmarked: **JAN 25 2008** Employee: _____
 Date Scanned: **GUILFORD COUNTY BOARD of ELECTIONS** 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	
Tonya Clinkscale for City Council Committee	Final		
Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 389.91	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 377.50
6) Contributions from Individuals	(CRO-1210)	\$	\$ 850.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 140.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 0.24
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 389.91	\$ 1367.74
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 389.91	\$ 967.74
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)	\$	\$ 100.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 300.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 389.91	\$ 1367.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0
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)	\$ 40.00	\$ 40.00
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
27) Contributions to be refunded	(CRO-1215)	\$	\$

Disbursements

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
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Post Office 201 N. Murrow Blvd		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 389.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	10/25/07	\$389.91	
				\$	
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	
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
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	
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages <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 <i>(List detailed expenditure code in (h) above)</i>					
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)					

Forgiven Loans

Use this form to report any loan which has been forgiven by the lender.
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Tonya Clinkscale for City Council			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
Tonya Clinkscale 617 Doak Street Greensboro, NC			
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		07/31/2007	\$ 0
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$ 40.00	12/31/2007
e. Remaining Loan Balance	h. Forgiven Amount		
\$ 40.00	\$ 40.00		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
			\$
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$	
e. Remaining Loan Balance	h. Forgiven Amount		
\$	\$		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
			\$
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$	
e. Remaining Loan Balance	h. Forgiven Amount		
\$	\$		
4. Total only this Page		\$ 140.00	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 140.00	
<i>The lender information should contain the same information as supplied under the original loan proceed.</i>			



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
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(919) 733-7173
Fax: (919) 715-8047

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report

Name of Lender: Tonya Clinkscale

Committee receiving loan: Tonya Clinkscale for City

Date of loan: 07/13/2007

Amount of original loan: 40.00

***Amount of loan to be forgiven:** 40.00

I, Tonya Clinkscale do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.



Signature of Lender



Signature of Committee Treasurer

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.