

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 <i>Tondalayo Clark</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>704 S Taylor St. Goldsboro, NC 27530</i>		d. Date Filed <i>02-19-2024</i>	
e. Phone Number <i>(919) 344-1717</i>			
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
	<i>12/23/2023</i>	<i>12/31/2023</i>	<i>Tondalayo Clark</i>
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Municipal <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report			
10. Special Report Name			
11. Account Information			
a. Financial Institution Full Name		b. Purpose	
		<i>RECEIVED WCBOE</i>	
b. Purpose		c. Account Code	
		<i>FEB 20 2024</i>	
d. Period Begin Balance		e. Account Code	
		<i>BY \$</i>	
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of 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.</p>			
<i>Tondalayo Clark</i> <small>Printed Name of Signer</small>		<i>Tondalayo Clark</i> <small>Signature of Appointed Treasurer</small>	
<i>2/19/2024</i> <small>Date</small>			
FOR OFFICE USE ONLY			
Date Received:		Employee:	
Delivery Method			
<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
<input type="checkbox"/> 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

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

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Tondalayo Clark	Semi-Annual	
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0.00	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 133.76	\$ 239.89
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)		
11b) Contributions from Not-For-Profit Organizations (CRO-1260)		
11c) Outside Sources of Income (CRO-1260)		
11d) Legal Expense Fund - Other Sources (CRO-1270)		
11e) Exempt Purchase Price Sales (CRO-1265)		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e), \$	133.76	239.89
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)		
13b) Contributions to Candidates/Political Committees (CRO-1310)		
13c) Coordinated Party Expenditures (CRO-1370)	FEB 20 2024	
14) Aggregated Non-Refundable Expenditures (CRO-1315)		
15) Loan Repayments (CRO-1420)	BY	
16) Refunds/Reimbursements from the Committee (CRO-1320)		
17) In-Kind Contributions (CRO-1310)	133.76	239.89
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17), \$	133.76	239.89
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18), \$	0.00	0.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		
21) Outstanding Liens (incl. ones from other campaigns) (CRO-1430)		
22) Debts and Obligations owed by the Committee (CRO-1510)		
23) Debts and Obligations owed to the Committee (CRO-1520)		
24) Account Transfers Within the Committee (CRO-1720)		
25) Administrative Support (CRO-1710)		
26) Forgiven Loans (CRO-1660)		
27) 48-Hour Notice Reportable (CRO-2220)		
28) Contributions to Be Refunded (CRO-1215)		

Contributions from Individuals

Amendment

Pg ____ of ____ Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Tondalayo Clark						
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 Teacher		d. Comments
Tondalayo Clark 704 S. Taylor St. Goldsboro, NC 27530				c. Employer's Name/Specific Field Education		
						e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		debit	envelopes	12/30/24	\$ 38.41	
<input type="checkbox"/>		debit	copies	12/30/24	\$ 29.35	
<input type="checkbox"/>		debit	stamps	12/30/24	\$ 66.00	
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
				c. Employer's Name/Specific Field		
						e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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
				c. Employer's Name/Specific Field		
						e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page				\$ 133.76		
5. Total of ALL CRO-1210 Pages				\$ 133.76		
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

In-Kind Contributions

Amendment

Pg ____ of ____ Yes 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
<i>Tondalayo Clark</i>		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
<i>Tondalayo Clark 704 S Taylor St. Goldsboro, NC 27530</i>		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
<i>envelopes</i>	<i>12/30/24</i>	\$ <i>38.41</i>
<i>Copies</i>	<i>12/30/24</i>	\$ <i>29.35</i>
<i>stamps</i>	<i>12/30/24</i>	\$ <i>66.00</i>
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ <i>133.76</i>
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ <i>133.76</i>