

Disclosure Report Form

2022-2023

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	Cline for School Board			e. ID Number
b. Mailing Address (include City, State and Zip Code)	7510 Nottingham Dr Charlotte, NC 28226			d. Date Filed 9/15/22
				e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	05/01/2022	06/20/2022	Susan Bushel

6. Type of Committee (Check One)	7. Type of Fund (if applicable, 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"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum 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
		10. Special Report Name

11. Account Information	11. Account Information
a. Financial Institution Full Name SBI Bank	a. Financial Institution Full Name
b. Purpose Bank Checking	c. Account Code AT
d. Period Begin Balance	b. Purpose
\$ 1250.00	c. Account Code
	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 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.

Susan Bushel
Printed Name of Signer

Susan Bushel
Signature of Appointed Treasurer

9/15/22
Date

FOR OFFICE USE ONLY

Date Received: _____
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: _____
Employee: _____
Employee: _____
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

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
Clinton for School Board	Organizational	280000
Start of Election Cycle: January 1, 2022		
4) Cash on Hand at Start	\$ 2500	\$ 2500
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1500	\$ 17200
6) Contributions from Individuals (CRO-1210)	\$ 1500	\$ 17200
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-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 15000	\$ 17200
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1164.50	\$ 1478.54
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)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1164.50	\$ 1478.54
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 541.44	\$ 1497.44
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)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

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	
Cline for School Board					
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	
<i>Caroline Horne 5104 Dorothy St Charlotte, NC 28211 38266</i>		<i>retired</i>			
c. Employer's Name/Specific Field					
<i>retired</i>					
e. Election Sum to Date					
		<i>\$ 50.00</i>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>15/01/2002</i>	<i>\$ 50.00</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>
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	
<i>Linda Everett 6065 Charing Place Charlotte, NC 28211</i>		<i>INSIDE SALES</i>			
c. Employer's Name/Specific Field					
<i>Presidio Metamorphic So/</i>					
e. Election Sum to Date					
		<i>\$ 25.00</i>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>06/01/2002</i>	<i>\$ 25.00</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>
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	
<i>Debra Leibek 120 W. Main Street Summerfield 156 29473</i>		<i>OWNER</i>			
c. Employer's Name/Specific Field					
<i>Frank Leibek Leibek's</i>					
e. Election Sum to Date					
		<i>\$ 25.00</i>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>A</i>	<i>Electronic</i>		<i>06/01/2002</i>	<i>\$ 25.00</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>
4. Total only this Page					
5. Total of ALL CRO-1210 Pages					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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

Pg 1 of 2

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Cline for School Board	

3. Contributor Information		Add <input type="checkbox"/> Remove <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession <i>real estate</i>			
<i>Tonya Marshall 7300 Quail Meadow Ln Charlotte, NC 28210</i>		c. Employer's Name/Specific Field <i>self</i>			
		d. Comments			
		e. Election Sum to Date \$ <i>500</i>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>check</i>		<i>06/06/22</i>	\$ <i>500</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information		Add <input type="checkbox"/> Remove <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession			
		c. Employer's Name/Specific Field			
		d. Comments			
		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		Add <input type="checkbox"/> Remove <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession			
		c. Employer's Name/Specific Field			
		d. Comments			
		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	\$ <i>500</i>
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ <i>500</i>

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)

GOT Point - 60000

2. ID Number**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 Information

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

*GOT Point - 60000
Burton, CA 95314*

Add Remove

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal

County:

State

Municipality:

d. Comments

e. Election Sum to Date

\$ *144.17*

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

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debit

B

01/01/2002

\$ 113.40

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Disbursements

Pg of Amendment Yes

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)		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) <i>Frederick 1348 Poydras St Suite 100 New Orleans, LA 70112</i>		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date <i>\$ 113.40</i>	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks <i>A</i> <i>Check</i> <i>0</i> <i>05/02/2012</i> <i>\$ 280</i> <i>A</i> <i>Check</i> <i>0</i> <i>06/07/2012</i> <i>\$ 390</i>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Frederick 1348 Poydras St New Orleans, LA 70112</i>		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date <i>\$ 119.60</i>	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks <i>A</i> <i>Check</i> <i>0</i> <i>06/09/2012</i> <i>\$ 280</i> <i>A</i> <i>Check</i> <i>0</i> <i></i> <i>\$</i>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i></i>		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date <i>\$</i>	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks <i></i> <i></i> <i></i> <i></i> <i>\$</i> <i></i> <i></i> <i></i> <i></i> <i>\$</i>			
5. Total only this Page		\$ <i>119.60</i>	
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 (List detailed expenditure code in (h.) above)		A* - Media <input type="checkbox"/> B* - Printing <input type="checkbox"/> C* - Fundraising <input type="checkbox"/> D - To Another Candidate E - Salaries <input type="checkbox"/> F* - Equipment <input type="checkbox"/> G - Political Party <input type="checkbox"/> H* - Holding Public Office Expenses I - Postage <input type="checkbox"/> J - Penalties <input type="checkbox"/> K* - Office Expenses <input type="checkbox"/> Q* - Donation to Legal Expense Fund O* - Other <input type="checkbox"/>	
* Codes require detailed explanation in required remarks field (k)			