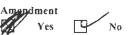
Disclosure Re Use this form for ge	neral report and committee	informat	ion, must be	signed	and sub	mitted along with o	Amendment Yes No ther detailed forms.
Do not use this form	to update information						
1. Committee Infor	mation						
a. Full Name	WINSTON-SALEM						c. ID Number
D.D. ADAMS FOR	WINSTON-SALEM						
	lude City, State and Zip Code)						d. Date Filed
3663 MARLOWE							07//10/2020
WINSTON-SALEM	И, NC 27106						
							e. Phone Number
							336-345-2153
2. Report Year	3. Period Start Date (mm/s	dd/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Full	l Name
2020	02/16/2020		06/3	0/2020		DENISE DARCE	EL ADAMS
6. Type of Committ	tee (Check One)	9. Typ	e of Report	(ci	heck onl	ly one type of report	t from one category)
Candidate Campa	aign Party	Municip			State/Co		Referendum
PAC	Referendum		Organizational			Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day	/	(Quarterly	Pre-referendum
Legal Expense Fu	und	-					
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final
"Booster Fund"		<u>'</u>	Pre-election			Second	Supplemental Final
Building Fund			Pre-runoff	1	\vdash	Third	Annual
la control de			Semi-annual Mid Year	.	البا	Fourth Semi-annual	Special
Other:			Year End	- 1		Mid Year	10. Special Report Name
		H	Final		Ħ	Year End	10. Opecar report rame
8. Number of Funda	raisers this Report		Special		F	inal	
						Special	
11. Account Inform	ation			11. Ac	count I	nformation	
a. Financial Institution F	Full Name			a. Finac	cial Insti	tution Full Name	
BBT							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Ceds
CAMPAIGN COMMITTEE	ВВ	T					T 2 19
	d. Period Begin Balance	e e					d. Period Begin Balance
	\$ 8,246.24						s III F III
CERTIFICATION							<u> </u>
I certify that the Com the NC General Statu		mmingle	ed with proh	ibited or	other r	non-disclosed funds	, & 22D-22M of Chapter 163 of I further certify that this report
is complete, due and			by the ive s			Contractions.	7/0/2012
	Printed Name of Signer		Si	gnature o	f Appoint	ed Treasurer	Date
FOR OFFICE USE O	ONLY				1/	/	
Date Received:	7/16/20		Employee:		de		Delivery Method Normal Mail
Date Postmarked	d:		Employee:				Registered Mail Hand Delivered
Date Scanned:			Employee:				Electronically Filed Signer has not received
Date Data Enter	ed:		Employee:				mandatory training
Please Note: Thi						the committee addr	ess, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary





1. Committee Full Name (and Fund if applicable) 2. T	ype of Report		3. ID Number
D.D. ADAMS FOR WINSTON-SALEM	ST OTR PLU		1000 1000
	117 AIK	Total this	Total this
	<u>020</u>	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 8,246.24	\$ 9,428,20
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 8,350.00	0 \$ 9,120.00
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)	\$ 90.66	s 90.66
11) Other Receipt Sources		\$ 90.66	\$ 90.66 \$ 47.49
11a) Interest on Bank Accounts	(CRO-1250)	\$ 47.49	\$ 47,49
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 He)	\$ 8,488,15	5 \$ 9,258.15
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 13,336,68	3 8 15308 GA
13b) Contributions to Candidates/Political Committees	(CDO (310)	/ A ====	16 17-00
.,	(CRO-1310)	\$ 250, <u>00</u>) \$ 250,∞
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 250,00	\$ 250,00
,	,	320100	000,00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures	(CRO-1310) (CRO-1315)	\$	\$ \$ \$
13c) Coordinated Party Expenditures14) Aggregated Non-Media Expenditures15) Loan Repayments	(CRO-1310) (CRO-1315) (CRO-1420)	\$ \$ \$	\$ \$ \$
 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510)	\$ \$ \$ \$ 156,00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510)	\$ \$ \$ \$ 156,00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510)	\$ \$ \$ \$ 156,00 \$ \$ 13,742.66	\$ \$ \$ 156.00 \$ \$ 15,714.64
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 1)	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510)	\$ \$ \$ \$ 156,00 \$ \$ 13,742.66	\$ \$ \$ 156.00 \$ \$ 15,714.64
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract to the committee subtract t	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) and 17)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ 156.00 \$ \$ 15,714.64
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 1) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) and 17) time 18)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ 156.00 \$ \$ 15,714.64
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 1) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) and 17) ane 18) (CRO-1330) (CRO-1430)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 1 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed By the Committee	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) (Ind 17) (Ind 17) (Ind 17) (Ind 17) (Ind 17) (Ind 17) (Ind 17) (Ind 17) (Ind 17)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 1 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed By the Committee 23) Debts and Obligations owed To the Committee	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) (Ind 17) (Ind 17) (I	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 8 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed By the Committee 23) Debts and Obligations owed To the Committee 24) Account Transfers Within the Committee 25) Administrative Support	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) (Ind 17) (Ind 17) (I	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 1) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed By the Committee 23) Debts and Obligations owed To the Committee 24) Account Transfers Within the Committee 25) Administrative Support 26) Forgiven Loans	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) (CRO-1510) (CRO-1330) (CRO-1430) (CRO-1610) (CRO-1620) (CRO-1720) (CRO-1710)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 8 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed By the Committee 23) Debts and Obligations owed To the Committee 24) Account Transfers Within the Committee 25) Administrative Support	(CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) and 17) ane 18) (CRO-1330) (CRO-1430) (CRO-1610) (CRO-1620) (CRO-1720) (CRO-1710) (CRO-1440)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Contr	ibutions fro	m Individuals		P	g (of	20	Amendmen Yes	_
Use this	form to report indi	ividual contributions	over \$50					
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nun	nber	
D.D.AD	AMS FOR WINST	TON-SALEM						
3. Contr	ibutor Informatio	on	\boxtimes	Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
(include	city, state, & zip)			BUSINESS OWN	NER			
JAMES	H. PERKINS							
807 N. T	RADE AVE.			c. Employer's Name/S	Specific Field			
WINSTO	ON-SALEM, NC 2	7101						
						e. Election S	Sum to Date	
						\$	2,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	yyy)	k. Amount	
	BBT	CHECK			02/19/2	2020	\$	2,800.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🔲 Ro	emove			
a. Full Name, Mailing Address & Phone				b. Job Title/Professio	n	d. Commen	ts	
(include city, state, & zip)				BUSINESS OWN	NER			
JOSE A.	ISASI							
3989 HUDDINGTON CT.				c. Employer's Name/S	Specific Field			
WINSTO	N-SALEM, NC 2	7106-6362						
						e. Election S		
						\$	5,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	yyy)	k. Amount	
	BBT	CHECK			02/19/2	.020	\$	5,400.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
(include	city, state, & zip)			MINISTER				
REV. PA	UL FORD							
700 HIG	HLAND AVE			c. Employer's Name/	Specific Field	4		
WINSTO	ON-SALEM, NC 2	27101				a Flaction S	Sum to Date	
						\$	25.00	
	10.1	h Carrier SD.	7: 1:	Kind Description	j. Date (mm/dd/y		k. Amount	
f. Prior	g. Account Code	h. Form of Payment	1. 10-	Kina Description				
	BBT	CHECK			02/26/2	2020	\$	25.00
							\$	
							\$	2 20 21 21
	l only this Pag					\$		8,225.00
5. Tota	of ALL CRO	1210 Pages				\$ 6	2050	\sim

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		m Individuals		Pg	of	20	Amendmen Yes	t No
				0 or contributions unde	er \$50 if form CR	O 1205 is no		
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nun	ber	
DI). Adam	S tor Win	5.10	2-SALER				
	ibutor Informatio			Add Ren	nove			
1	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	3	
	city, state, & zip)	89)		acle N	ad Asta			
John	J 1/ Kasse	-		c. Employer's Name/Sp	cific field			
1923	Moore, Fearell 2 , NC 27k	VE						
MS	, NC 27K	01-2445				e. Election S	um to Date	
	,					\$		
f. Prior	g. Account Code	b. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	BBT	Chack			03/03/2	020	\$ 750	
					0,0,1		\$	
							\$	
3. Contri	ibutor Informatio	on		Add □ Rem	iove			
	ne, Mailing Address &			b. Job Title/Profession		d. Comments	5	
(include	city, state, & zip)			r , T	\((
CAPI	MEN BON	have.		tuneral L)iRector			
822	CARL D.	sed! Due.		c. Employer's Name/Spo	- 0			
				RESEE! 1	terson	e. Election Si	ım to Date	
1000	, MC 2711	J1		HOME				
			1			\$ 50	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	BBT	Cash			03/05/2	020	\$ 50	00
					/		\$	
							\$	
3. Contri	ibutor Informatio	n		Add Rem	iove			Mark I
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)							
				c. Employer's Name/Spe	scific Field			
				C. Disployer 5 Patients per	THE REED			
						e. Election St	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-f	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Refunds/Reimbursements To the Committee

Pg 3

20

Amendment Yes

No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Ful	l Name (and Fund if appl	icable)			2. ID Number		
DD. A	JAM	s foe W	125ton-C	meson				
3. Contributor In	formatio	n		Add	Remove		10115	
a. Full Name, Mailing	Address &	k Phone		d. Type of Co	ommittee		g. Comments	
(include city, state,				Cand	idate 🗍	PAC Party		
JV1 - 12JJ	1P1-46	02/03			stered (Specify)	, arcy	h. Original Exp	enditure Date
5039 Un	NVERC	Sity Kury	•	Feder	ral 📗	County:	- 0 _	
INSAC	2710	02/03 Hy fkwy 060		State	<u>\$</u>	Municipality:	1.0/2/2015	
							i. Original Exp	engiture Ami
							\$	
b. Job Title/Profession	1	c. Employer's Name	e/Specific Field	f. Purpose			j. Election Sum	to Date
				Return	ed unuse	ed tood	\$	
k. Account Code	I. Form o	of Payment	m. In-Kind Descrip	otion	n. Date (mm/c	ld/yyyy)	o. Amoun	t
BBT	De	=6:4			03/06	12020	\$90	266
3. Contributor In				Add [] Remove			
a. Full Name, Mailing	Address &	¿ Phone		d. Type of Co	ommittee		g. Comments	
(include city, state,	& zip)			Cand	idate	PAC		
				-	rendum	Party		
					stered (Specify)		h. Original Exp	enditure Date
				Feder State	al []	County: Municipality:		
				State		Wallerparty.	i. Original Exp	enditure Amt
							\$	
b. Job Titte/Profession	1	c. Employer's Name	e/Specific Field	f. Purpose			j. Election Sum	to Date
							\$	
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	otion	n. Date (mm/c	ld/yyyy)	o. Amoun	t
							\$	
3. Contributor In	formatio	n - Burgaria		Add [Remove			
a. Full Name, Mailing				d. Type of Co	ommittee		g. Comments	
(include city, state,	& zip)			Cand		PAC		
					stered (Specify)	Party	h. Original Exp	renditure Date
				Feder		County:	a. Original Ex	Additure Date
				State	=	Municipality:		
							i. Original Exp	enditure Amt
							\$	
b. Job Title/Profession	1	c. Employer's Nam	e/Specific Field	f. Purpose			j. Election Sum	to Date
_							\$	
k. Account Code	l. Form	of Payment	m. In-Kind Descrip	otion	n. Date (mm/c	ld/yyyy)	o. Amoun	t
							\$	
4. Total only this	Page						s 90	,66
5. Total of ALL C	RO-124	0 Pages Detailed Summary P.	age CRO-1100)				<u>\$ 40</u> \$ 90,	66

Other:	Receipt	Sources
--------	---------	---------

0.41 70 1 1 0		1			Ameno	lment		
Other Receipt Sources	Pg	4	of	20		Yes		No
Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.								

1. Committee F	ull Name (and Fund if	applicable)			2. ID	Number	
DDA	duns for l	Vinston-Salero	>				
3. Type of Rece	ipt Source	(Please use separate CRO-12	50 forms	for each type of I	Recei	pt Source.)	
Interest		Contributions from Not-for-I	rofit Orga	nizations	Outs	side Sources of Income	
4. Contributor	Information	☐ Add		☐ Remov	e e		
a. Full Name, Maili	ng Address & Phone		b. Not-fo	or-Profit Federal ID #		d. Comments	
(include city, stat	e, & zip)						
BBT 2815 R	Eynolda Pol 27186		c. Outsic	le Source Explanation	1	9	
2116 116	77181					e. Election Sum to Date	
145, 110	A()00				-	e. Election Spin to Date	
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	y)	j. Amount	
RAT	TRAVEST		_	02/18/20	20	\$ 47,49	
				7700		\$	
4. Contributor		Add		Remove	e		
	ng Address & Phone		b. Not-fo	r-Profit Federal ID#		d. Comments	
(include city, stat	e, & zip)						
			c. Outside Source Explanation				
					-	. Place Company	
					-	e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	y)	j. Amount	
						\$	
						\$	
4. Contributor	Information	☐ Add		Remove	e		
a. Full Name, Maili	ng Address & Phone		b. Not-fo	r-Profit Federal ID#		d. Comments	
(include city, stat	e, & zip)						
			c. Outsid	le Source Explanation	1		
					-	e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy)	y)	j. Amount	
						\$	
				_		\$	
5. Total only	this Page				\$	47.49	
	LL CRO-1250 Page	S					
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) \$ 47,49							
(This line goes in	line 11b of Detailed Summary	Page CRO-1100 if Not-for-Profit Con	tribution)		Ψ	, , ,	
(This line goes in	line 11c of Detailed Summary	Page CRO-1100 if Outside Sources of	(Income)				

Dist.		i			Amend	सारक्ष	
Disbursements	Pø	\supset	of	20		Yes	٢
Use this form to report expanditures from the committee form	- 0		٠.				L,

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

	'ull Name (and Fup				2 ID Nove have
11/1/1			40		2. ID Number
3. Type of Disb			RO-1310 forms for each t	una of Dichurcan	and)
Operating E			ididates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	ordinated Farty Expenditures
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					ui Commento
		Las Ale			
LICO ALI M	osated Marke action Lathers K		c. Level Registered (Specify)		-
		15 JE JA 18 18 18 18 18 18 18 18 18 18 18 18 18	Federal	County:	
MS, NC 3	1(10)		State 🕅	Municipality:	e. Election Sum to Date
		ļ	1301		
					\$ <i>33.75</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ロシエ	1.0		1- (8 77 75	()01
<u> </u>	1 Khit	0	62/18/2020	\$33,75	Campaign Mita
				\$	·
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
Koder JI	MARTZ		1 10 1. 10 10		
, IN ASTE	206 DUE		c. Level Registered (Specify)		
ROGER SIN	27106		Federal State ⊠	County:	DI C D
,			State	Municipality:	e. Election Sum to Date
					s 450,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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Disbursements	Pg	1	of	20		Yes
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E - Salaries

F* - Equipment

J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

O* - Donation to Legal Expense Fund

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Disbursements		~~		Amendment		
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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 D.D. Adams to Winston-Salem 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 Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Kizharia ING c. Level Registered (Specify) 3617 Appenratox [Federal County: MS MC 22106 State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 6000 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & ziр) Lohin Godner c. Level Registered (Specify) 5516 Oak Semint Card Federal County: WS NC 27105 State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 60,00 \$120,00 4. Payee Information Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Level Registered (Specify) 1545 Woods Pd. Apt 101 Federal County: State Municipality: e. Election Sum to Date MS NC 27106 \$12000 h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) k. Required Remarks g. Form of Payment j. Amount 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 13,586,68 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 If Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media C* - Fundraising D - To Another Candidate B* - Printing 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

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

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Pg 11 of 20 Amendment Yes

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committees and coordinated party expenditures.				· ·			
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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- inch	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
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919 Para	ola Rd.		c. Level Registered (Specify)					
WS, MC			Federal [County:				
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A*-Media B*-Printing C*-Fundraising D-To Another Candidate E-Salaries F*-Equipment G-Political Party H*-Holding Public Office Expenses	7. Purpose Code	es (List detailed exp	enditure code in ((h.) above)		
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund	E - Salaries I - Postage	J - Penalties		-		

O* - Other

					tu. a				
Disbursem	ents		Pø	17 of	Amendment Yes No				
Use this form to	report expenditures	from the committ	ee for; operating expenses,	, contributions to c	candidate/political				
	committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number								
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5072 1	2700		Federal	County:					
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
RRT	126:1		-7 6-base	\$102,59	Poll Greeter Production				
	2013		05/05/50.30	102031	1-011 OCESTED PADICIPAL				
				\$					
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments				
(include city, state,									
Midtair	, Café a Deg	EXECUTE STORY							
1515.5	rest food Rd		c. Level Registered (Specify)						
US, NC 27104			Federal	County:					
MS, MC	anor		State	Municipality:	e. Election Sum to Date				
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
PRI	Dehit	0	02/05/2020	\$128 12	Food Day It Date				
	~~C05		eg es jourse		1 2011 1801				
				\$					
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments				
(include city, state,		16.11							
LAST COA	st Wings a	1130 b	c. Level Registered (Specify)						
2894 128	volda 2d		Federal T	County:					
MS NC	27106		State 🕅	Municipality:	c. Election Sum to Date				
40,14	01000								
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
BBT	Debit	0	03/05/2020	\$171.10	Electron Derut Porty				
				\$					
5. Total only thi	is Page	ordina i			\$ 41,82				
	CRO-1310 Pages								
_	line 13a of Detailed Sum			on Comment	\$ 13,586,68				
-) if Contrib to Candidates/Politic if Coordinated Party Expenditu		10,000				
. 0									

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media B* - Printing

F* - Equipment
J - Penalties E - Salaries

C* - Fundraising G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

I - Postage O* - Other

Disbursem	ents			Pg	1 <u>8</u> of	Amendment O Yes No		
Use this form to	report expenditures	from the committ	ee for; operating expe	enses,	contributions to	andidate/political		
committees and	coordinated party ex	penditures.				, and the second		
1. Committee F	ull Name (and Fun	d if applicable)			1199 9	2. ID Number		
	dams troit		-SAKM					
Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating E		Contributions to Car	ndidates/Political Committe	ces	Cov	ordinated Party Expenditures		
4. Payee Inform			Add		Remove			
	ng Address & Phone		b. Coordinated Commi	ittee Na	me	d. Comments		
(include city, state,			_					
IRIAN N	unicipal AR Hubest Blv 27105	C.		5775		-		
541 NORT	hurset Bly	7	c. Level Registered (Sp	ecify)				
MIC MIC	1700		Federal		County:			
Mes, ac	SINOS		State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks		
Dat	Dobit		02/05/20	5	\$190.4	Foogles 11 Dil		
1001	Jesty		05/05/20	20	110,4	AEGIO RESUIT PROTY		
					\$			
4. Payee Inform	ation		Add		Remove			
s. Full Name, Mailing Address & Phone			b. Coordinated Commi	ttee Na	me	d. Comments		
(include city, state,	& zip)							
Releist Adams								
5219 Todison Ave			c. Level Registered (Sp	ecify)				
201 - 1014 - V			Federal		County:			
US, NC 27106			State	×	Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy)	y)	j. Amount	k. Required Remarks		
DDT	01 1		1 1		\$1 = 66	C		
1001	Check	0	03/06/20	70	\$60,00	Carresing		
			, ,		\$:3		
			411					
4. Payee Inform			Add b. Coordinated Commi	tton No	Remove	d. Comments		
	ng Address & Phone		b. Coordinated Comun	ittee iva	ше	u. Comments		
(include city, state,	& zip)		-					
NO TOTAL		c. Level Registered (Specify)						
COPY OF ANY L			Federal County:					
Joines for Mayor			State	X	Municipality:	e. Election Sum to Date		
PO Box 20357						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks		
	S. Colm of Anjanetti		7,500			Show marketo .		
BBT	Check	IA	05/30/202	20	\$500,00	to compaisindistrict		
					\$	3		
5 Total only the	is Dage					\$ 750.44		
5. Total only th	SPO 1210 P	and the later of the same						

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media B* - Printing E - Salaries F* - Equipme

F* - Equipment
J - Penalties

C* - Fundraising
G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$ 13,586.68

I - Postage
O* - Other

Disbursements

	10	_	Amendmen
Рg	17	or 🚈	Yes

No

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political

committees	and	coordinated	рацу	expenditures.
COMMITTEECCS	auu	COOLGINALCA	party	expenditures.

1. Committee I	Full Name (and Fun	d if applicable)					100	2. ID Number
DD.Ad		Unsten: S	AF	w				
3. Type of Disb		use use separate C	RO-	1310 forms for	each t	pe of Disbursem	ent.)	
Operating f	Expenses	Contributions to Car	ndida	tes/Political Commi	ttees	Cox	ordinate	d Party Expenditures
4. Payee Inform	nation		Ac	dd		Remove		
a. Full Name, Mail	ing Address & Phone		b. 6	Coordinated Com	nittee Na	те	d. Co	mments
(include city, state,	& zip)							
NC Dea	roceatic tare	fi /						
2020 No	Isboough S	X	c. I	Level Registered (S	pecify)			
D. MI	isboard ?	7,		Federal		County:		
1-Kaleigh	NC 27602			State	\bowtie	Municipality:	e. Ele	ection Sum to Date
ı							\$	
			L_					
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yy	уу)	j. Amount	k. Re	quired Remarks
PRT	136,1	C.		67/2011	-	\$250.00	PL	= NC Clabalia
	Cesti		- 6	32/24/20.	20_	2000		- INCERDIATION
						\$		
4. Payee Inform	nation		Ad	ld		Remove	1	
a. Full Name, Maili	ng Address & Phone		b. (Coordinated Comm	nittee Na	me	d. Co	mments
(include city, state,	& zip)							
			c. L	evel Registered (S	pecify)			
				Federal		County:		
				State		Municipality:	e. Ele	ction Sum to Date
							\$	
		<u></u>	L_,			P	3	
f. Account Code	g. Form of Payment	h. Purpose Code	4	i. Date (mm/dd/yy	yy)	j. Amount	k. Rec	quired Remarks
						\$		
			+					
						\$		
4. Payee Inform	ation		Ad	ld		Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Cor	mments		
(include city, state,	-							
			c. L	evel Registered (S	pecify)			
			Federal County:					
				State		Municipality:	e. Ele	ction Sum to Date
							\$	
		L 8	L_	0.00				
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyy	yy)	j. Amount	k. Rec	quired Remarks
						\$		
			-			_		
						\$		
5. Total only the							\$.	250,00 3,586,68
	CRO-1310 Pages							
_	line 13a of Detailed Sun		-	= -			\$ [3 586 68
	line 13b of Detailed Sun		-				- 1,	J, 204 , 20
	line 13c of Detailed Sum				(penditu)	res)		
	es (List detailed ex					D - To Anothe	r Can l	idate
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic					-	Office Expenses
I - Postage	J - Penalties	K* - Offic		•				gal Expense Fund
O* - Other				•				•
* Codes requir	e detailed explanati	on in required re	emar	rks field (k)	1	واستعاصيها		

Refunds/Reim	burseme	ents From the Committe	e _{Pg} 20	of 20 An	nendmei 1			
Use this form to report refunds/reimbursements, including contributions returned to the contributor.								
1. Committee Full N					2. ID	Number		
DIDAGA								
3. Payee Informatio	n de la lace		dd Remove					
a. Full Name, Mailing Ac	h Ori	iginal Receipt Date						
(include city, state, & :			d. Type of Committee Candidate	PAC	11. 011	iginal Acceipt Date		
Denice	7/7	AMS	Referendum	Party				
2661 MAR	10-10-1	Z ze	e. Level Registered (Specif		i. Orig	ginal Receipt Amount		
16 176			Federal State	County: Municipality:	\$			
IMS, MIL	01(10)	3	f. Purpose Code		j. Elec	tion Sum to Date		
			CAMPIGS		\$			
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	1	k. Acc	count Code		
Carril Mont	ren Det	Cfy of MS	Depfor sig	~1.S	F	38T		
I. Form of Payment	m/Required F	Remarks'	,	n. Date (mm/dd/yy	yy) (o. Amount		
Check	CAMPS	ign Sign Deposi	+	02/18/20	30	150,00		
3. Payee Informatio)		/ /				
a. Full Name, Mailing Ad			d. Type of Committee		h. Original Receipt Date			
(include city, state, & 2	ap)		Candidate	PAC Party				
			e. Level Registered (Specif		i. Original Receipt Amount			
			Federal	County:	S			
			State	Municipality:				
			f. Purpose Code		j. Election Sum to Date			
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b. Job Title/Profession		c. Employer's Namc/Specific Field	g. Comments		k. Account Code			
I. Form of Payment	m. Required F	temarks		n. Date (mm/dd/yy	vv) lo	o. Amount		
					5 5			
3. Payee Information		☐ Ad	ld Remove					
a. Full Name, Mailing Ad			d. Type of Committee		h. Oris	ginal Receipt Date		
(include city, state, & z			Candidate	PAC		<u> </u>		
			Referendum	Party				
			e. Level Registered (Specify		i. Orig	inal Receipt Amount		
			Federal	County: Municipality:	\$			
			f. Purpose Code	j. Election Sum to Date				
				**	\$			
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Acc	ount Code		
		•						
l. Form of Payment	m. Required R	· · · · · · · · · · · · · · · · · · ·		n. Date (mm/dd/yy	vv) ^	o. Amount		
	as reconstant			Date (mandary)	55) 5			
4 Water - Late B					•	150 OF		
4. Total only this Pa		S (This line must be on line 16 of Detailed	Summary Page CDO 1100		\$	156.00		
L - Returned to Contribu		M - Overpayment for Service		Contribution Limit	10	13600		
P* - Reimbursement of		O* Other						