1. Committee Inform	ation				
a. Full Name					c. ID Number
D.D. ADAMS FOR V	WINSTON-SALEM				
L M-11 1-11 01	1 6: 6 1 1 1				
3663 MARLOWE A	de City, State and Zip Code)				d. Date Filed
WINSTON-SALEM,			Amen	ded	Q6 /08/2020
					e. Phone Number
					336-345-2153
2. Report Year 3	. Period Start Date (mm	/dd/yy) 4. Perio	od End Date	5. Treasurer I	
2020	02/16/2020	0	6/30/2020	DENISE DAR	RCEL ADAMS
6. Type of Committee		9. Type of Repo			port from one category)
Candidate Campaig		Municipal	State/C		Referendum
PAC Independent	Referendum	Organization	onal	Organizational	Organizational
Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five	day	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primar	y 🗆	First	Final
"Booster Fund"		Pre-election	n 🗵	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annu	al 🗌	Fourth	Special
_		Mid Y		Semi-annual	
Other:		Year	End	Mid Year	10. Special Report Name
	X TO SERVICE OF THE S	Final Final		Year End	
8. Number of Fundra	isers this Report	Special		Final Special	
11. Account Informat	tion		11. Account 1	Information	
a. Financial Institution Ful	l Name		a. Financial Inst	itution Full Name	
BBT					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN COMMITTEE	В	ВТ			
	d. Period Begin Balan	ce			d. Period Begin Balance
	\$ 8,246.24				\$
CERTIFICATION					
he NC General Statute	es and that no funds are correct and that I have been	commingled with pr	ohibited or other	non-disclosed fur elections.	2B, & 22D-22M of Chapter 163 of onds. I further certify that this report
FOR OFFICE USE ON					THE PARTY OF THE P
Date Received:		Employe	e:		Delivery Method Normal Mail
Date Postmarked:	Name of the last o	Employe	e:		Registered Mail Hand Delivered
Date Scanned:	9/4/20	Employe	e: 2	\sum	Electronically Filed Signer has not received
Date Data Entered		Employe	e.		mandatory training

Amendment

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

CRO-1000 NC State Board of Elections August 2008

		m Individuals		Pg	of	20	Amendment Yes No
1. Com	mittee Full Name	lividual contributions (and Fund if application)	over \$5	60 or contributions und	er \$50 if form CR		
7	A I	(and Fund if applies	(arore)			2. ID Nur	nber
50	2. Adam		35.4c	n-Salem	•	1	
	ributor Informati				nove		
	ime, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profession		d. Commen	ts
				15elfendo	red Apta	J	
<u> </u>	11/60056			c. Employer's Name/Sp		1	
7/2	> redeel / Z	کلای				 	
MS	Moore Fearell 2 , NC 271	01-345				e. Election S	ium to Date
						\$ 7	5, 0 0
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	BBT	Check	-	<u> </u>	03/03/2	020	\$ 75.00
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	<u> </u>	<u> </u>	<u> </u>		_		\$
	ibutor Informatio			Add Rem	ove	·	
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comment	s
	Men Bon	ham		Funeral [Director		
(S) 7)	CAD	sed Due.		c. Employer's Name/Spe	cific Field		
				Proceed 1	ensino)	- Plantau C	
MS	, NC 271	O)		HOME		e. Election S	um to Date
			,		_	<u> </u>	0,00
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	BBT	CASO			93/05/2	၁၃ဝ	\$ 50,00
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							\$
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	ne, Mailing Address & city, state, & zip)	k Phone		b. Job Title/Profession		d. Comments	
Incipac	city, state, & zip)						
				c. Employer's Name/Spe	oitio Field		Ī
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					cine Field		
					eme rieu	e. Election Sc	ım to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-K			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	\$	k. Amount
f. Prior	g. Account Code	h. Form of Payment	i. In-K			\$	k. Amount
f. Prior	g. Account Code	h. Form of Payment	i. In-K			\$	k. Amount
	g. Account Code		i. In-K			\$ yy)	k. Amount \$ \$ \$
			i. In-K			\$ yy)	k. Amount \$

Refunds/Reimbursements To the Committee

Pg 3

or 25

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	r	
DD.Ada	MS	for Wins	Jan-SA	lem				
3. Contributor In	formatio	n		Add	Remove			
a. Full Name, Mailing	Address &	& Phone		d. Type of Co			g. Co	omments
(include city, state,	& zip)	,		Candi	date	PAC		
Wal-Ma	R+#	6263			endum	Party		
1029 I	NIVE>	Shy Thas			stered (Specify)		h. O	riginal Expenditure Date
WS,NC	271		7	Federa State		County: Municipality:	Q	3/03/2020
		_					i. Or	fginal Expenditure Amt
		r					\$	90.66
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	f. Purpose			j. Ele	ection Sum to Date
				Detres	ed une	sed tool	\$	90,66
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	otion	n. Date (mm/d	d/yyyy)		o. Amount
BBT		FRY			63/06	/2020		\$ 90,66
3. Contributor In	formatio	n		_Add _	Remove	<i>y</i>		
a. Full Name, Mailing	Address &	2 Phone		d. Type of Co	mmittee		g. Co	omments
(include city, state,	& zip)			Candi	date	PAC		
				Refere		Party		
					tered (Specify)		h. Oı	riginal Expenditure Date
				Federa	al 📙	County:		
				State		Municipality:		
							ı. Or	iginal Expenditure Amt
	900						\$	
b. Job Title/Profession	1	c. Employer's Nam	e/Specific Field	f. Purpose			j. Ele	ection Sum to Date
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								\$
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a. Full Name, Mailing	Address &	2 Phone		d. Type of Co	mmittee		g. Co	omments
(include city, state,	& zip)	\$ 1		Candi	date	PAC		
				Refere		Party		
					tered (Specify)		h. O	riginal Expenditure Date
				Federa	al 📙	County:		
				State		Municipality:		F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
							i. Or	iginal Expenditure Amt
					-		\$	
b. Job Title/Profession	1	c. Employer's Nam	e/Specific Field	f. Purpose			j. Ele	ection Sum to Date
							\$	
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	otion	n. Date (mm/d	ld/yyyy)		o. Amount
								\$
4. Total only this	Page						\$	40.00
5. Total of ALL C		O Pages	mae CRO-1100)				\$	90.66

Other Receipt Sources

	11	7 -	Amen	dment	
Pg	4	of 20_	X	Yes	No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc. 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) Interest Contributions from Not-for-Profit Organizations Outside Sources of Income 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) c. Outside Source Explanation e. Election Sum to Date f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) c. Outside Source Explanation e. Election Sum to Date \$ f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ \$ 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) c. Outside Source Explanation e. Election Sum to Date \$ f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ 5. Total only this Page 6. Total of ALL CRO-1250 Pages (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

Disbursements
Use this form to report

Pg 10 of 20 Amendment Yes

2 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Use this form to report expenditures from the co	mmittee for, operating expenses, contributions to candidate/political
committees and coordinated party expenditures.	

1 Committee Fr	ill Name (and Fund	if annlicable)		— - -	2. ID Number		
	AMS TO	Viasion -	XXED)				
(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C							
3. Type of Disbu		Contributions to Can	didates/Political Committees	Coo	rdinated Party Expenditures		
Operating Ex	P****	Condibutions to Can	Add	Remove			
4. Payee Inform			b. Coordinated Committee N		d. Comments		
a. Full Name, Mailit	ng Address & Phone	ŀ	D. COUPUIBACE COMMITTEE IVE	mt .			
(include city, state, &	& zip)						
1/1/1225-C)-	Calen le		c. Level Registered (Specify)				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		_	Federal Federal	County:	` .		
314 TX	lions Ave			Municipality:	e. Election Sum to Date		
MES, NC	22105		State X	returnosparity.			
1000,000	0101-5				\$ (205,65		
<u> </u>		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
f. Account Code	g. Form of Payment	n. Purpose Code	i. Date (mandwyyyy)	J. Zkinodat	1:10		
227	7-69		102 hillson	\$605,65	Campaign LE States		
	_ LEBIT		- CHARTADA-	030,00	, , , , , , , , , , , , , , , , , , ,		
Ì	İ		'	\$			
			Add 🔲	Remove			
4. Payee Inform			b. Coordinated Committee N		d. Comments		
a. Full Name, Maili	ng Address & Phone		D. Containated Committee 1				
(include city, state,	& zip)				1		
Speedwa	uc Gaa M	tan	c. Level Registered (Specify)		1		
1 - 1	/ -/ -/	901		County:	† 1		
Mian Musi	VEREIDY PKW	У	Federal Sad	Municipality:	e. Election Sum to Date		
Maleneton-	Sycomitic	<u> 2011</u>	State	Munosparty.			
יייייין		,			\$ 78,93		
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19191	LEDIT_		_ <u>U</u>		/		
			′	\$			
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a. Full Name, Mail	ling Address & Phone		D. Coordinated Committee				
(include city, state	, & zip)		_				
Dillane	Dector was	_	c. Level Registered (Specify)	7		
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1,517 (0)	Pestauran Seem De. 27106		State	Municipality:	e. Election Sum to Date		
11/c n(27500		Jane uza		0 97 7		
IMOIM	- ACIO				\$ 93000		
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f. Account Code	g. Form of Payment	u. i ui puse coue	10 trace (mm on 1111)		To c nxl		
122-	1 Tred	<u> </u>	0/22/2020	\$93, <i>3</i> 0	SAMONION 18/49		
	1 1 25-	 	- John Harry	 	7		
		1	,	\$			
	<u> </u>	<u> </u>			\$ 739.23		
5. Total only t	his Page						
C Total of AT	T CDO-1310 Pages	n CDC 1	100 IC Oncenting Expenses)		1017 FOI 19		
(This line goes	in line 13a of Detailed Su	mmary Page CKU-1	100 if Operating Expenses) 100 if Contrib to Candidates/Pol	itical Comm)	\$ 13,586.68		
(This line goes	in line 13b of Detailed Su	mmary rage CKV-1.	100 if Contrib to Candidates/Pol	litures)			
(This line goes	in line 13c of Detailed Su	mmary Page CRO-1	100 if Coordinated Party Expending (h.) above)	and the second second			
	des (List detailed e	xpenditure code i	m (n.) above) Indraising	D - To Ano	ther Candidate		
A* - Media	B* - Printing		interaising litical Party	H* - Holdi	ng Public Office Expenses		
E - Salaries	F* - Equipmer J - Penalties		ffice Expenses	Q* - Donat	tion to Legal Expense Fund		
I - Postage O* - Other					•		
* Codes rean	ire detailed explana	tion in required	l remarks field (k)		December 2009		
Cours rade		1	IC State Board of Flections		December 2003		

committees and	report expenditures coordinated party ex	penditures.	e for		Pg nses, o	of 2	andidate/political
	ull Name (and Fun		, 	Ò			2. ID Number
		<u> √,52500 - 5</u>	<u></u>	<u> </u>			
3. Type of Disb		se use separate C Contributions to Car					ent.) ordinated Party Expenditures
4. Payee Inform		Conditionations to Car	Add		-	Remove	idinated Party Expenditures
	ng Address & Phone			oordinated Commit	tee Na		d. Comments
(include city, state,	-						
The Tent	h Newbork oxidence In		e. Le	vel Registered (Spe Federal	cify)	County:	
MS, MC	20156			State	X	Municipality:	e. Election Sum to Date
	·	·					\$ 1,695,00
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yyyy)	<u>)</u>	j. Amount	k. Required Remarks
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				<u> </u>		\$	
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	ng Address & Phone		b. Co	oordinated Commit	tee Na	me	d. Comments
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1 Anya L	, Adams		c. Le	vel Registered (Spe	cify)		
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WS, NC	2710	/ * /		State	X _	Municipality:	e. Election Sum to Date
140 614C	<i>0</i> 000						\$4047.50
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BBT	Check	E	<u>e</u>	2/28/202	∑ ©	\$300,00	Campaign DiR
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4. Payee Inform	ation		Add			Remove	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a. Full Name, Maili	ng Address & Phone		b. Co	oordinated Commit	tee Na	me	d. Comments
(include city, state,							
JENERE	Adams		c. Le	vel Registered (Spe	cify)		į l
5819 I	diam Dos			Federal		County:	
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BBT	Check	0	c	2/28/202	ے	\$45,00	Canassing
_	۱ م. ۱	1	l			l _	· ·

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) \$ 13,586,65

(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) C* - Fundraising A* - Media B* - Printing F* - Equipment G - Political Party E - Salaries

J - Penalties

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

D - To Another Candidate

I - Postage O* - Other

* Codes require detailed explanation in required remarks field (k)

K* - Office Expenses

Disbursements		سن ر	o –	Amer	idment	
Disbut sements	D٠	(7)	of 20	X	W	_
Use this form to report expenditures from the committee from	rg	· <u></u> .	or Z	ĻΑJ	Yes	 И

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 Fur	ad if applicable)					2. ID Number
10.10.10	AMS						
3. Type of Dish		<u>ase use separate (</u>	<u>CRO</u>	0-1310 forms for each t	ype of Disbursem	ent.)	
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	mation ling Address & Phone		$\overline{}$	Goordinated Committee N	Remove	T :	<u> </u>
(include city, state,	-		υ.	. Coordinated Committee Na	ame	d. Co	mments
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	•	. 7	c.	Level Registered (Specify)		1	
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MS, MC	27106			State 🔀	Municipality:	e. Ele	ection Sum to Date
00-	· ————————————————————————————————————						
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f. Account Code	g. Form of Payment	h. Purpose Code	\dashv	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
BBT	Check	0		03/02/2020	\$ 100,000	Sí.	an Posting
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4. Payee Inform			A		Remove		
•	ing Address & Phone		b.	Coordinated Committee Na	ıme	d. Cor	mments
(include city, state,			-				
(00/n_1	bishad VIII	, -		Level Registered (Specify)			
5335 R	abinhood Uill	IAGE DT.	F	Federal T	County:	1	
WS, NK	276x	, , ,] —	ᄩ	State	Municipality:	e. Elec	ction Sum to Date
work	ding						· ·
		T to Day of Code	Ļ			\$ 1	524:13
f. Account Code	g. Form of Payment	h. Purpose Code	\dashv	i. Date (mm/dd/yyyy)	j. Amount	k. Reg	quired Remarks
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4. Payee Inform			Ac		Remove		<u> </u>
	ing Address & Phone	ļ	b. (Coordinated Committee Na	me	d. Con	oments
(include city, state,	_		ł				
Christin	e Shaw		C. 1	Level Registered (Specify)	-		
53031	hest, Hall	i (iacle !		Federal	County:		
11/c 1/C	body Hall	. 00		State X	Municipality:	e. Elec	ction Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	\top	i. Date (mm/dd/yyyy)	j. Amount	k. Req	pired Remarks
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			\top	- Charles	\$		The state of the s
5. Total only thi	is Page	<u> </u>				\$	128,53
	CRO-1310 Pages						1.001.7
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				Coordinated Party Expenditur	<u>'es)</u>		<u> </u>
	es (List detailed exp				D T- 44h-	- C di	.d
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			D - To Anothe H* - Holding		Office Expenses
I - Postage	J - Penalties	K* - Offic					gal Expense Fund
O* - Other	e detailed explanati	: : : :		-tra Gald (IA)			
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committees and		ependitures.	tee for; operating exper	Pg ises,	of 2 contributions to c	andidate/political
	CAMS 100		Calem			2. ID Number
3. Type of Disb			RO-1310 forms for ea		on of Dist	
Operating F		Contributions to Car	ndidates/Political Committee	<u>:Cn Ty</u> =c		ordinated Party Expenditures
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	ing Address & Phone		b. Coordinated Committee	tee Na		d. Comments
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DERRY PE	11 5		1			
EUI JE	A A		c. Level Registered (Spe-	cify)		
DAY DAY	mer AKE		Federal [コー	County:	
MS, MC	_ みひみて		State	<u> </u>	Municipality:	e. Election Sum to Date
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			, ,		\$	
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a. Full Name, Maili	ng Address & Phone		b. Coordinated Committ	ee Na	me	d. Comments
(include city, state,						
MalMa	el#6263 Nucretty Pki 22106				<u> </u>	
R029 1	West Let Die	-4.7	c. Level Registered (Spec	ify)_		
	72106 PK	Ny .	Federal [퓌	County:	
MOJIUC	, 2()00		State .	X	Municipality:	e. Election Sum to Date
	•					\$ 253.15
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BBT	Debit	0	03/03/2029	<u>a</u>	\$238,00	Food Realt Posty
7.0.7			07/01/10		\$ 1515	F991. D. (1).

					\$ 2,000,60
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	Debit	A	03/03/2020	\$2,000,00	Campaign Video, Media
			/	\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)	 			i
WAINA	61-4-0562		c. Level Registered (Specify)	<u></u>	
5039 Un	iversity Pka	υV	Federal	County:	
MS, MC	el-#6263 NewHy Pki 27106	1	State X	Municipality:	e. Election Sum to Date
	\		<u></u>		\$ 253.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	Debit	0	03/03/2020	\$238,00	Election Result Posty
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	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	حسيب بال				i
tood lie	~		c. Level Registered (Specify)		
7760 Uni	versity Di	ux/	Federal	County:	
nic no	2710/2		State Z	Municipality:	e. Election Sum to Date
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	line 13a of Detailed Sun				\$ 1258668
) if Contrib to Candidates/Politics) if Coordinated Party Expenditus		\$ 13,586.68
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E - Salaries I - Postage	F* - Equipment J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other			_		-
	e detailed explanati		emarks field (k) State Board of Elections		December 2009
CRO-1310		NC S	Jane Dome of Licenois		Pagamon MAA

Disbursements Pg 17 of 20 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									
2) Did Adams to Winston Salero									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses									
4. Payee Inform		Contributions to Car	Add						
	ng Address & Phone			d Committee No	Remove	d Co	d. Comments		
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(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* - 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

I - Postage O* - Other

CRO-1310

* Codes require detailed explanation in required remarks field (k)

Disburseme	om to				i 🛭	70	Amendment	_			
		G +b	4	Pg	1 <u>8</u> of			Ш	No		
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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7 Purpose Codes (List detailed expenditure code in (h.) above)											
A* - Media B* - Printing C* - Fun				ndraicing D - 10 Alivi			her Candidate				
E - Salaries F* - Equipment G - Politica				olitical Party H* - Holding Public Office Expenses				i id			
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O* - Other	re detailed explanat	tion in required :	rem	arks field (k)	:						
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Disburser			Pg	19	Amendment Yes N	
Committees on	to report expenditure	es from the comm	ittee for; operating expense	es, contributions to	o candidate/political	
The same of the sa	a reoralitated purty	expenditures.				
	Full Name (and Fu		4		2. ID Number	
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4. Payee Infor	The state of the s	Contributions to C	Candidates/Political Committees		Coordinated Party Expenditures	
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2020 N	illsbotough s	- X	c. Level Registered (Specify)	-	
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	s (List detailed exp					
A* - Media	B* - Printing	C* - Fund	raising	D - To Anothe	er Candidate	
E - Salaries	F* - Equipment	G - Politica	al Party		Public Office Expenses	

 Salaries I - Postage

F* - Equipment J - Penalties

K* - Office Expenses

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

* Codes require detailed explanation in required remarks field (k)

Refunds/Reimbursements From the Committee Pg 20 of 20 Amendment Yes No								
Use this form to report refunds/reimbursements, including contributions returned to the contributor.								
1. Committee Full	2. ID Number							
DDAGA	MSTOK	Winston-Salem)					
3. Payee Information								
a. Full Name, Mailing	Address & Phon		d. Type of Committee		h. 6	Original Receipt Date		
(include city, state, &	The state of the s		Candidate	PAC	-	A an I a		
1 Jeniere 1	D. Ada Rlowe A 27106	MS	Referendum	Party	0	120		
3661 MA	Plaure A	Ave	e. Level Registered (Speci	1	i. 0	riginal Receipt Amount		
2000 112	27106		Federal State	County:	\$	156.00		
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			1166 - 6	1166 - (0)				
			MEDSHEE	\$	156,00			
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	k. Account Code				
Carril Mero	ber/Ret	Carof WS	Website de	sian	BBT			
1. Form of Payment	m. Required	Remarks		n. Date (mm/dd/y)	/yyyy) o. Amount			
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			Federal State	\$				
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						\$		
4. Total only this P	age				5	156,00		
		es (This line must be on line 16 of Detaile	d Summary Page CRO-1100)		9	156,00		
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit								
P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)								

Reford from Committee Note # 02/18/20
Paid for Website design. 01/26/20
Wix. com LTD, Wix. com, Inc
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San Francisco, CA 9458