se this form for general report and committee information, must be signed and submitted along with other detailed forms. > not use this form to update information

in to update information					
rmation					
				c. ID Number	
R WINSTON-SALEM	2109 Liji,	UG - 3 PM 3	: 15		
clude City, State and Zip Code)		N. Ind		d. Date Filed	
AVE.		and the states		07/26/2021	
M, NC 27106				0772072021	
				e. Phone Number	
				336-345-2153	
3. Period Start Date (mm/	dd/vv)		5. Treasurer Full	Name	
			DENISE DARCE	EL ADAMS	
ttee (Check One)	9. Type of Repor	t (check onl	ly one type of report	from one category)	
paign 🗌 Party	Municipal			Referendum	
Referendum	Organizationa		Organizational	Organizational	
Joint Fundraiser	Thirty-five da	iy (Quarterly	Pre-referendum	
	Pre-primary		First	Final	
(ij applicable, check one)	1 =			Supplemental Final	
	Pre-runoff		Third	Annual	
	Semi-annual		Fourth	Special	
	Mid Yea	ar S	Semi-annual		
	Year En	d 🗌	Mid Year	10. Special Report Name	
	Final		Year End		
draisers this Report	Special	I I	Final		
0			Special		
mation		11. Account I	nformation		
Full Name		a. Financial Institution Full Name			
c. Account Code		b. Purpose		c. Account Code	
RI	зт				
DI	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			
d. Period Begin Balanc	e.			d. Period Begin Balance	
\$ 155.78				S	
	rmation R WINSTON-SALEM clude City, State and Zip Code) AVE. M, NC 27106 3. Period Start Date (mm/ 01/01/2021 ttee (Check One) paign Party Referendum Joint Fundraiser Fund (if applicable, check one) draisers this Report 0 mation Full Name c. Account Code BH d. Period Begin Balance	rmation R WINSTON-SALEM AVE. AVE. M, NC 27106 3. Period Start Date (mm/dd/yy) 01/01/2021 06/ ttee (Check One) 9. Type of Repor paign Party Referendum Joint Fundraiser Thirty-five data (if applicable, check one) Pre-primary Pre-clection Pre-runoff Semi-annual Mid Yea 0 mation Full Name e. Account Code BBT d. Period Begin Balance	rmation R WINSTON-SALEM stude City, State and Zip Code) AVE. AVE. M, NC 27106 3. Period Start Date (mm/dd/yy) 01/01/2021 06/30/2021 ttee (Check One) 9. Type of Report (check one) 9. Thirty-five day 0 Pre-relection Semi-annual 0 0 10	Imation Imate of the second secon	

ERTIFICATION

certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of e NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report complete, true and correct and that I have been trained by the NC State Board of Elections.

DENISE D. AD.	AMS	\square	J. loba	- 07/26/2021
Printed Name of Signer		Signature of Appointed Treasurer		/ / Date
OR OFFICE USE ONLY	0[]			Delivery Method
Date Received:	8321	Employee:	10	Normal Mail
Date Postmarked:		Employee:		Registered Mail Hand Delivered
Date Scanned:		Employee:		 Electronically Filed Signer has not received
Date Data Entered:		Employee:		mandatory training

'lease 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.

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

Use this form to summarize all disclosure reporting forms a		information.	
1. Committee Full Name (and Fund if applicable) D.D. ADAMS FOR WINSTON-SALEM	2. Type of Report MID YEAR		3. ID Number
D.D. ADAIND FOR WIND FOR BALEIVI			
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 155.78	\$ 9,428.20
<u>RECEIPTS</u>	• • • •		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 9,148.90
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 197.00	\$ 406.66
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$ 47.49
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250</i>)	\$	\$
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, 1.	1c, 11d and 11e)	\$ 197.00	\$ 9,603.05
EXPENDITURES	n i se		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 269.00	\$ 16,395.64
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$	\$ 1,800.00
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)	\$	\$ 751.83
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 269.00	\$ 18,947.49
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 83.78	\$ 83.78
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (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)	\$	\$
CRO_1100 NC State Board of E	· · · ·		August 2008

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

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1. Committee Fu	l Name	and Fund if ann	licable)				2. ID Num	her		
D.D. ADAMS FO										
	<u> </u>		<u> </u>		_				_	
3. Contributor In a. Full Name, Mailing				Add		Remove				
· · ·		& Phone		d. Type o				g. (Commen	<u>ts</u>
(include city, state, DENISE D. ADA			<u> </u>	- 12	andi efere	date [_] endum []	PAC Party			
3661 MARLOW						tered (Specify)		h.(Original	Expenditure Date
WS, NC 27106					edera		County:			/13/2021
					tate		Municipality:		_	
								i. C	Priginal I	Expenditure Amt
								\$	197.0	0
b. Job Title/Profession		c. Employer's Nam		f. Purpos	_			j. E	Election S	um to Date
COUNCIL MEM RETIRED	BER	City of Winston	n Salem	Cks wr wrong a				\$	197.0	0
k. Account Code	L Form	of Payment	m. In-Kind Descrip			n. Date (mm/d	ld/yyyy)		o. Ame	ant
BBT	TRAN	SFER				05	5/13/2021		\$	197.00
3. Contributor In	formatio)n	<u> </u>	Add		Remove			· ·	
a. Full Name, Mailing	Address &	Phone		d. Type of	[Col			g. (Comment	ts
(include city, state,	& zip)			C C	andio	late	PAC			
					efere	ndum 📋	Party			
				e. Level R	egis	tered (Specify)		h. C	Original I	Expenditure Date
					edera	u 🗌	County:			
					ate		Municipality:	-		
								LO	Priginal F	xpenditure Amt
								\$		
b. Job Title/Profession	1	c. Employer's Nam	e/Specific Field	f. Purpose	<u>;</u>			j. E	lection S	um to Date
								\$		
k. Account Code	L Form o	of Payment	m. In-Kind Descrip	otion		n. Date (mm/d	d/yyyy)		o. Amo	unt
									\$	
3. Contributor In				Add		Remove				
a. Full Name, Mailing		2 Phone		d. Type of				g. C	Comment	s
(include city, state, o	& zip)				undid		PAC			
						ndum	Party) and and a l	Expenditure Date
					dera		County:	16.0		sxpenditure Date
					ate		Municipality:			
								i O	riginal E	xpenditure Amt
								\$		
b. Job Title/Profession	ı	c. Employer's Name	e/Specific Field	f. Purpose	:			j. E	lection S	um to Date
								\$		
k. Account Code	L Form a	f Payment	m. In-Kind Descrip	tion		n. Date (mm/d	d/yyyy)		o. Amo	ant
									\$	
4. Total only this]	Page							\$	197.0	0
5. Total of ALL C	RO-124	•						\$	197.0	
(This line must be or	line 10 of	Detailed Summary Po	nge CRO-1100)					φ	177.0	v

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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.

1. Committee F	full Name (and Fun	d if applicable)						2. ID Number
D.D. ADAMS	FOR WINSTON-SA	LEM						
3. Type of Disb	ursement <u>(Plea</u>	ise use separate C	RO-j	1310 forms for	each t _l	pe of Disbursem	ent.)	
Operating E		Contributions to Car						d Party Expenditures
4. Payee Inform	nation		Ad	d		Remove		
	ing Address & Phone		b. C	oordinated Comm	uittee Na		d. Co	mments
(include city, state,	-							
BBT								
2815 REYNOL			c. L	evel Registered (S	necify)		1	
WS, NC 27106				Federal		County:	-	
100, 110 27100				State	\boxtimes	-		ction Sum to Date
				Suite		Municipality:	e. Lie	ction Sunt to Date
							\$ 2	230.50
		h. Purpose Code		N (1) N	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
f. Account Code	g. Form of Payment	IL Fulpose Code	1	. Date (mm/dd/yyy	(y)	j. Amount		quired Remarks
BBT	DEBIT	0		05/10/2021		\$36.00		ER DRAFT
							FEE	
BBT	DEBIT	0		06/04/2021		\$12.00	MAI	NT FEE
4. Payee Inform	nation		Ad	đ		Remove	1	
a. Full Name, Maili	ng Address & Phone		Ъ. С	oordinated Comm	uttee Na	me	d. Co	mments
(include city, state,	& zip)							
			c. L	evel Registered (S _l	pecify)			
				Federal		County:]	
			Ď	State		Municipality:	e. Ele	ction Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i	. Date (mm/dd/yyy	/y)	j. Amount	k. Re	quired Remarks
						\$		
						•		
						\$		
4. Payee Inform	nation		Ado	d		Remove	1	
a. Full Name, Maili	ng Address & Phone		b. C	oordinated Comm	uittee Na	ime	d. Co	mments
(include city, state,	& zip)							
			c. L	evel Registered (Sj	pecify)			
				Federal		County:	1	,
			Π	State		Municipality:	e. Ele	ction Sum to Date
							_	
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code 🕐	1	. Date (mm/dd/yyy	/y)	j. Amount	k. Re	quired Remarks
						\$		
						~		
						\$		
5. Total only th	is Page	I				1	\$	48.00
	CRO-1310 Pages						1	10100
	line 13a of Detailed Sun	nmary Page CRO-110) if On	erating Expenses)				γ $($ G $$
	line 13b of Detailed Sun					al Comm)	\$	Z69, 00
	line 13c of Detailed Sun							
	es (List detailed ex						L	
A* - Media	B* - Printing	C* - Fund				D - To Anoth	er Can	lidate
E - Salaries	F* - Equipment							c Office Expenses
I - Postage	J - Penalties	K* - Offic						gal Expense Fund
O* - Other				F	•	L		
	e detailed explanat	ion in required m	mar	ks field (k)				

Codes require detailed explanation in required remarks field (k)

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. ID Number
	FOR WINSTON-SA				
3. Type of Dish			RO-1310 forms for each t adidates/Political Committees	type of Disbursem	ent.)
Operating I	ordinated Party Expenditures				
4. Payee Inform		<u> </u>	Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
BBT					
2815 REYNOL			c. Level Registered (Specify)		
WS, NC 27106			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 122.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	DEBIT	0	01/07/2021	\$12.00	MAINT FEE
BBT	DEBIT	0	02/04/2021	\$12.00	MAINT FEE
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ате	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 146.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	DEBIT	0	03/04/2021	\$12.00	MAINT FEE
BBT	DEBIT	0	04/07/2021	\$12.00	MAINT FEE
4. Payee Inform	ation		Add 🗌	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
ROGER SWAR	TZ				
3663 MARLOV	VE AVE		c. Level Registered (Specify)		
WS, NC 27106			🗌 Federai 🗌	County:	
			State 🔀	Municipality:	e. Election Sum to Date
					\$ 35.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	CHECK 1056	0	04/26/2021	\$35.00	WRITTEN TO WRONG ACCT
	5			\$	WRONG ACCI
	_ D] ·	<u> </u>
5. Total only thi					\$ 83.00
	CRO-1310 Pages line 13a of Detailed Sum	мар, Раса СРА 1100	if Anapating Frommon		
) if Contrib to Candidates/Politic	al Comm)	\$ 269,00
	-		if Coordinated Party Expenditu		
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	r Candidate
E - Salaries	F* - Equipment	G - Politic	al Party	H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donation	to Legal Expense Fund

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

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							
the second se	D.D. ADAMS FOR WINSTON-SALEM							
The second	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 Inform		Remove						
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal	County:				
			State 🛛	Municipality:	e. Election Sum to Date			
					\$			
6 Agenerat Cada	- P	h. Purpose Code		T. 2. 2.				
f. Account Code	g. Form of Payment	n. rurpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
BBT	CHECK	0	04/27/2021	\$50.00	WRITTEN TO			
					WRONG ACCT WRITTEN TO			
BBT	CHECK	0	05/04/2021	\$40.00	WRONG ACCT			
4. Payee Inform	nation		Add 🗌	Remove	WRONG ACCI			
	ng Address & Phone		b. Coordinated Committee N		d. Comments			
(include city, state,	-							
BBT			-					
2815 REYNOL	DA RD		c. Level Registered (Specify)		-			
WS. NC 27106			Federal	County:	-			
			State 🕅	Municipality:	e. Election Sum to Date			
					¢ 270.00			
		-			\$ 278.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
BBT	DEBIT	0	05/04/2021	\$36.00	OVER DRAFT			
				420.00	FEE			
BBT	DEBIT	0	05/06/2021	\$12.00	MAINT FEE			
4. Payee Inform	ation		Add	Remove				
	ng Address & Phone		b. Coordinated Committee N		d. Comments			
(include city, state,)			or coordinated contrasted (u. Commenta			
(include city, state,			-					
			c. Level Registered (Specify)		-			
			Federal	County:	-			
			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			
				\$				
				Ψ				
				\$				
5 Total only thi	e Dorro				\$ 138.00			
5. Total only thi 6. Total of ALL	CRO-1310 Pages				ψ 150,00			
	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)					
			0 if Contrib to Candidates/Politic	al Comm)	\$ 269 00			
-		=) if Coordinated Party Expenditu					
	es (List detailed exp	penditure code in	(h.) above)					
A* - Media	B* - Printing	C* - Fund	Iraising	D - To Anoth				
E - Salaries	F* - Equipment		-		y Public Office Expenses			
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donatio	on to Legal Expense Fund			
0° - Other								

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