

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

### Committee Information

<b>Full Name</b> D. ADAMS FOR WINSTON-SALEM	<b>c. ID Number</b>
<b>Mailing Address (include City, State and Zip Code)</b> 561 MARLOWE AVE. WINSTON-SALEM, NC 27106	<b>d. Date Filed</b> 07/26/2021
	<b>e. Phone Number</b> 336-345-2153

<b>Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2021	<b>4. Period End Date (mm/dd/yy)</b> 06/30/2021	<b>5. Treasurer Full Name</b> DENISE DARCEL ADAMS
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<b>Type of Committee (Check One)</b>		<b>9. Type of Report</b> (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>Type of Fund</b> (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>Account Information</b>		<b>11. Account Information</b>	
<b>Financial Institution Full Name</b> BT/ TRUIST		<b>a. Financial Institution Full Name</b>	
<b>Purpose</b> AMPAIGN COMMITTEE	<b>c. Account Code</b> BBT	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 155.78		<b>d. Period Begin Balance</b> \$

### 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.

DENISE D. ADAMS

Printed Name of Signer

Signature of Appointed Treasurer

Date

### FOR OFFICE USE ONLY

Date Received:	8/3/21	Employee:	[Signature]	<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		

**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.

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
D.D. ADAMS FOR WINSTON-SALEM		MID YEAR			
<b>Start of Election Cycle:</b> January 1, <u>2020</u>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 155.78		\$ 9,428.20	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)		\$		\$	
<b>6) Contributions from Individuals</b> (CRO-1210)		\$		\$	
<b>7) Contributions from Political Party Committees</b> (CRO-1220)		\$		\$ 9,148.90	
<b>8) Contributions from Other Political Committees</b> (CRO-1230)		\$		\$	
<b>9) Loan Proceeds</b> (CRO-1410)		\$		\$	
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)		\$ 197.00		\$ 406.66	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b> (CRO-1250)		\$		\$ 47.49	
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)		\$		\$	
<b>11c) Outside Sources of Income</b> (CRO-1250)		\$		\$	
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)		\$		\$	
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)		\$		\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 197.00		\$ 9,603.05	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b> (CRO-1310)		\$ 269.00		\$ 16,395.64	
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)		\$		\$ 1,800.00	
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)		\$		\$	
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)		\$		\$	
<b>15) Loan Repayments</b> (CRO-1420)		\$		\$	
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)		\$		\$ 751.83	
<b>17) In-Kind Contributions</b> (CRO-1510)		\$		\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 269.00		\$ 18,947.49	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 83.78		\$ 83.78	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)		\$			
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)		\$			
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)		\$			
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)		\$			
<b>24) Account Transfers Within the Committee</b> (CRO-1720)		\$			
<b>25) Administrative Support</b> (CRO-1710)		\$		\$	
<b>26) Forgiven Loans</b> (CRO-1440)		\$		\$	
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)		\$		\$	
<b>28) Contributions to be Refunded</b> (CRO-1215)		\$		\$	

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
D.D. ADAMS FOR WINSTON-SALEM					

  

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DENISE D. ADAMS 3661 MARLOWE AVE. WS, NC 27106		<b>d. Type of Committee</b> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>g. Comments</b>  <b>h. Original Expenditure Date</b> 05/13/2021 <b>i. Original Expenditure Amt</b> \$ 197.00
<b>b. Job Title/Profession</b> COUNCIL MEMBER RETIRED	<b>c. Employer's Name/Specific Field</b> City of Winston Salem	<b>f. Purpose</b> Cks written to wrong acct		<b>j. Election Sum to Date</b> \$ 197.00
<b>k. Account Code</b> BBT	<b>l. Form of Payment</b> TRANSFER	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b> 05/13/2021	<b>o. Amount</b> \$ 197.00

  

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>g. Comments</b>  <b>h. Original Expenditure Date</b>  <b>i. Original Expenditure Amt</b> \$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose</b>		<b>j. Election Sum to Date</b> \$
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b> \$

  

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>g. Comments</b>  <b>h. Original Expenditure Date</b>  <b>i. Original Expenditure Amt</b> \$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose</b>		<b>j. Election Sum to Date</b> \$
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b> \$

  

<b>4. Total only this Page</b>				\$ 197.00
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 197.00

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
D.D. ADAMS FOR WINSTON-SALEM					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  BBT 2815 REYNOLDA RD. WS, NC 27106		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 230.50	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BBT	DEBIT	O	05/10/2021	\$36.00	OVER DRAFT FEE
BBT	DEBIT	O	06/04/2021	\$12.00	MAINT FEE
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 48.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 269.00
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office 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.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
D.D. ADAMS FOR WINSTON-SALEM					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  BBT 2815 REYNOLDA RD. WS, NC 27106			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b>		
				\$ 122.50	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BBT	DEBIT	O	01/07/2021	\$12.00	MAINT FEE
BBT	DEBIT	O	02/04/2021	\$12.00	MAINT FEE
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b>		
				\$ 146.50	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BBT	DEBIT	O	03/04/2021	\$12.00	MAINT FEE
BBT	DEBIT	O	04/07/2021	\$12.00	MAINT FEE
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  ROGER SWARTZ 3663 MARLOWE AVE WS, NC 27106			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b>		
				\$ 35.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BBT	CHECK 1056	O	04/26/2021	\$35.00	WRITTEN TO WRONG ACCT
				\$	
<b>5. Total only this Page</b>					\$ 83.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 269.00
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office 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.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
D.D. ADAMS FOR WINSTON-SALEM					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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
BBT	CHECK	O	04/27/2021	\$50.00	WRITTEN TO WRONG ACCT
BBT	CHECK	O	05/04/2021	\$40.00	WRITTEN TO WRONG ACCT
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
		BBT 2815 REYNOLDA RD WS. NC 27106			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	DEBIT	O	05/04/2021	\$36.00	OVER DRAFT FEE
BBT	DEBIT	O	05/06/2021	\$12.00	MAINT FEE
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 138.00
<b>6. Total of ALL CRO-1310 Pages</b>					
(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)					\$ 269.00
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					