

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

Committee Information

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



Report Year 2020	3. Period Start Date (mm/dd/yy) 01/01/2021	4. Period End Date (mm/dd/yy) 06/30/2021	5. Treasurer Full Name DENISE DARCEL ADAMS						
Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund Other:		10. Special Report Name							
Number of Fundraisers this Report 0									

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

CERTIFICATION

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

DENISE D. ADAMS

Printed Name of Signer

Signature of Appointed Treasurer

08/18/2021
Date

FOR OFFICE USE ONLY

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

Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
D.D. ADAMS FOR WINSTON-SALEM		MID YEAR			
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	
RECEIPTS					
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	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 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 11e)		\$ 197.00		\$ 9,603.05	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 269.00	
13b) Contributions to Candidates/Political Committees		(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 subtract 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 campaigns)		(CRO-1430)		\$	
22) Debts and Obligations owed By the Committee		(CRO-1610)		\$	
23) Debts and Obligations owed To the Committee		(CRO-1620)		\$	
24) Account Transfers Within the Committee		(CRO-1720)		\$	
25) Administrative Support		(CRO-1710)		\$	
26) Forgiven Loans		(CRO-1440)		\$	
27) 48-Hour Notice Reports Sum		(CRO-2220)		\$	
28) Contributions to be Refunded		(CRO-1215)		\$	

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) D.D. ADAMS FOR WINSTON-SALEM					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BBT 2815 REYNOLDA RD WS, NC 27106			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		
				\$ 72.00	
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	05/10/2021	\$36.00	OVER DRAFT FEE
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			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
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
			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
				\$	
				\$	
5. Total only this Page					\$ 72.00
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 269.00
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

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

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
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
O* - Other			

* 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
D.D. ADAMS FOR WINSTON-SALEM					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BBT 2815 REYNOLDA RD. WS, NC 27106			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		
				\$ 122.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	DEBIT	O	01/07/2021	\$12.00	MAINT FEE
BBT	DEBIT	O	02/04/2021	\$12.00	MAINT FEE
4. Payee Information <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		
				\$ 146.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	DEBIT	O	03/04/2021	\$12.00	MAINT FEE
BBT	DEBIT	O	04/07/2021	\$12.00	MAINT FEE
4. Payee Information <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
BBT	DEBIT	O	05/06/2021	\$12.00	MAINT FEE
BBT	DEBIT	O	06/04/2021	\$12.00	MAINT FEE
5. Total only this Page					\$ 72.00
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 269.00
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
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		
O* - Other					
* 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) D.D. ADAMS FOR WINSTON-SALEM	2. ID Number
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3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
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a. Full Name, Mailing Address & Phone <i>(Include city, state, & zip)</i> MARGO MYERS 4965 OLD THOMASVILLE RD WS, NC 27107	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	CK 1057	O	04/27/2021	\$40.00	WRITTEN FROM WRONG ACCT
				\$	

4. Payee Information	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
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a. Full Name, Mailing Address & Phone <i>(Include city, state, & zip)</i> ROGER SWARTZ MARLOWE AVE WS, NC 27106	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	CK 1056	O	04/27/2021	\$50.00	WRITTEN FROM WRONG ACCT
				\$	

4. Payee Information	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
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a. Full Name, Mailing Address & Phone <i>(Include city, state, & zip)</i> MELINDA WILSON 2548 HUNTINGTON WOODS DR WS, NC 27103	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBT	CK 1055	O	04/27/2021	\$35.00	WRITTEN FROM WRONG ACCT
				\$	

5. Total only this Page	\$ 125.00
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6. Total of ALL CRO-1310 Pages	\$ 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>	

7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
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
O* - Other			
* Codes require detailed explanation in required remarks field (k)			

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

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

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

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

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

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