

# Disclosure Report Cover

Amendment

Yes

No ☒

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

## 1. Committee Information

<b>a. Full Name</b> D.D. ADAMS FOR WINSTON-SALEM		<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> 3663 MARLOWE AVE. WINSTON-SALEM, NC 27106		<b>d. Date Filed</b> 05/10/2022
		<b>e. Phone Number</b> 336-345-2153

<b>2. Report Year</b> 2022	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2021	<b>4. Period End Date (mm/dd/yy)</b> 04/30/2022	<b>5. Treasurer Full Name</b> DENISE DARCEL ADAMS
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign PAC Independent Expenditure Legal Expense Fund	<input type="checkbox"/> Party Referendum Joint Fundraiser	<input type="checkbox"/> Municipal Organizational Thirty-five day	<input type="checkbox"/> State/County Organizational Quarterly First Second Third Fourth Semi-annual Mid Year Year End Final Special
<b>7. Type of Fund (if applicable, check one)</b> "Booster Fund" Building Fund Other:		<b>10. Special Report Name</b>	
<b>8. Number of Fundraisers this Report</b>			

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> TRUIST		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAIGN COMMITTEE	<b>c. Account Code</b> TRUIST	<b>b. Purpose</b>	<b>c. Account Code</b>
<b>d. Period Begin Balance</b> \$ 83.78		<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.

  
Printed Name of Signer

 MAY 10, 2022  
Signature of Appointed Treasurer Date

## FOR OFFICE USE ONLY

Date Received:	Employee:	<b>Delivery Method</b> Normal Mail Registered Mail Hand Delivered Electronically Filed 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.

# Detailed Summary

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Amendment

Yes

No

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		FIRST QTR PLUS			
<b>Start of Election Cycle:</b>		<b>January 1, 2022</b>		<b>Total this</b>	
		<b>Reporting Period</b>		<b>Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 83.78		\$ 9,428.20	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$		\$	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$		\$	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$		\$ 9,148.90	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$		\$	
<b>9) Loan Proceeds (CRO-1410)</b>		\$		\$	
<b>10) Refunds/Reimbursements To the Committee (CRO-1240)</b>		\$		\$ 406.66	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$		\$ 47.49	
<b>11b) Contributions from Not-for-Profit Organizations (CRO-1250)</b>		\$		\$	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$		\$	
<b>11d) Legal Expense Fund – Other Sources (CRO-1270)</b>		\$		\$	
<b>11 e) Exempt Purchase Price Sales (CRO-1265)</b>		\$		\$	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$		\$ 9,603.05	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$ 83.78		\$ 16,479.42	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$		\$ 1,800.00	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$		\$	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$		\$	
<b>15) Loan Repayments (CRO-1420)</b>		\$		\$	
<b>16) Refunds/Reimbursements From the Committee (CRO-1320)</b>		\$		\$ 751.83	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$		\$	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 83.78		\$ 19,031.27	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 0.00		\$ 0.00	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$			
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$			
<b>22) Debts and Obligations owed By the Committee (CRO-1610)</b>		\$			
<b>23) Debts and Obligations owed To the Committee (CRO-1620)</b>		\$			
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$			
<b>25) Administrative Support (CRO-1710)</b>		\$		\$	
<b>26) Forgiven Loans (CRO-1440)</b>		\$		\$	
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$		\$	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$		\$	

# Disbursements

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Amendment

Yes

No

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>						
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures	
<b>4. Payee Information</b>						
<b>Add</b>		<b>Remove</b>				
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
TRUIST 2815 REYNOLDA RD WS, NC 27106						
		<b>c. Level Registered (Specify)</b>				
		Federal County:				
		State Municipality:				
					<b>e. Election Sum to Date</b>	
					\$ 290.50	
<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>	
TRUIST	DEBIT	O	07/02/2021	\$12.00	MAINT FEE	
TRUIST	DEBIT	O	08/04/2021	\$12.00	MAINT FEE	
<b>4. Payee Information</b>						
<b>Add</b>		<b>Remove</b>				
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
TRUIST						
		<b>c. Level Registered (Specify)</b>				
		Federal County:				
		State Municipality:				
					<b>e. Election Sum to Date</b>	
					\$ 314.50	
<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>	
TRUIST	DEBIT	O	09/03/2021	\$12.00	MAINT FEE	
TRUIST	DEBIT	O	10/01/2021	\$12.00	MAINT FEE	
<b>4. Payee Information</b>						
<b>Add</b>		<b>Remove</b>				
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
TRUIST						
		<b>c. Level Registered (Specify)</b>				
		Federal County:				
		State Municipality:				
					<b>e. Election Sum to Date</b>	
					\$ 338.50	
<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>	
TRUIST	DEBIT	O	11/04/2021	\$12.00	MAINT FEE	
TRUIST	DEBIT	O	12/03/2021	\$12.00	MAINT FEE	
<b>5. Total only this Page</b>					\$ 72.00	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 83.78	
<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		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)						

# Disbursements

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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.

<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>						
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures	
<b>4. Payee Information</b>						
<b>Add</b>		<b>Remove</b>				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
TRUIST 2815 REYNOLDA RD WS, NC 27106		<b>c. Level Registered (Specify)</b>			<b>e. Election Sum to Date</b> \$ 362.28	
		Federal County:				
		State 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>	
TRUIST	DEBIT	O	01/06/2022	\$12.00	MAINT FEE	
TRUIST	DEBIT	O	02/03/2022	\$11.78	MAINT FEE	
<b>4. Payee Information</b>						
<b>Add</b>		<b>Remove</b>				
<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>			<b>e. Election Sum to Date</b> \$	
		Federal County:				
		State 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>						
<b>Add</b>		<b>Remove</b>				
<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>			<b>e. Election Sum to Date</b> \$	
		Federal County:				
		State 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>						
					\$ 23.78	
<b>6. Total of ALL CRO-1310 Pages</b>						
					\$ 83.78	
<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	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)						