Disclosure Report Cover
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			and the second second second		the second s	
a. Full Name						
DD Adams	for U	linston -	Salem		c. ID Number	
b. Mailing Address (include City,	State and Zip Co	de)	Jacon		d. Date Filed	
DOGI NAXIO	ME AKE	5			u. Date Flied	7 5
US, NC 271	06				OA 27 e. Phone Numbe	2024
					77/ 41	5 015
2. Report Year 3. Period St	art Date (mm/d	d/vv) 4. Period	End Date ( 199	15 00	1006.04	2-917
2024 01/01/	12024			5. Treasur	er Full Name	
		04	7/2024	Deni	SE DARGE	1 Adam
6. Type of Committee (Chec Candidate Campaign	k One) Party	9. Type of Re	port (check only on	e type of rep	ort from one can	regory)
	Referendum		State/County		Referendum	(8019)
	Joint Fundraiser	Organization		tional	Organization	al
Legal Expense Fund	John Fundraiser	Thirty-five d	ay Quarterly		Pre-referendu	ım
		Pre-primary	First	1	Final	
. Type of Fund (if applicat	ble, check one)	Pre-election Pre-runoff	L Seco	ond	Supplemental	l Final
Booster Fund	inter one of one		Thir		Annual	
Building Fund		Semi-annual Mid Ye	Four Four		Special	
		Year En	Julia Scint-anni			
Other:		Final			10. Special Re	port Name
Number of Fundraisers th	is Report	Special	Year Year	End		
O		Special	Final			
L. Account Information		1	L Special			
Financial Institution Full Name			11. Account Inform	ation		
TRUIST BANK		1 dente des	a. Financial Institution	Full Name		
Purpose						
2 Contraction of the second se	c. Account Co	đe	b. Purpose	I	c. Account Code	
Ampakin	NNH	$\mathcal{C}$	And a data of the second second second		Could	- 23 53
201100		<u>u</u>	C			2 3
	d. Period Begin	n Balance		c	l. Period Begin Ba	lance
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certify that the Committee or Fu f the NC General Statutes and the	\$ 74	nce with all appli	cable provisions of Artic	cle 22A, 22B	<b>e</b>	
certify that the Committee or Fu of the NC General Statutes and the	\$ 74	nce with all appli	cable provisions of Artic prohibited or other non-	cle 22A, 22B	<b>e</b>	
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certify that the Committee or Fu f the NC General Statutes and the eport is complete, true and corre	\$ 74 and is in complia that no funds are of that I have	nce with all appli	cable provisions of Artic prohibited or other non- the NC State Board of E	cle 22A, 22B	<b>e</b>	
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Detailed Summary	Amendment		
Use this form to summarize all disclosure reporting forms 1. Committee Full Name (and Fund if applicable)	and to total m	onetary information	Yes No
DD Adams for Ulasto Suf	2. Туре с	of Report 3	. ID Number
Start of Election Cycle: January 1, 20).		Total this	Total this
4) Cash on Hand at Start	¥	Reporting Period	Election Cycle
RECEIPTS		\$ 74,00	\$ 0
5) Aggregated Contributions from Individuals		-	
6) Contributions from Individuals	(CRO-1205		\$
	(CRO-1210	\$11,556,97	\$ 11,556,97
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 2,995,55	\$ 3500.55
10) Refunds/Reimbursements to the Committee	(CRO-1240)		\$ 82.112
11) Other Receipt Sources		CALLES .	UDAZ_
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizatio	ns (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)		\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,1	lc 11d and 11e		\$
EXPENDITURES	re, rre and rre)	\$ 14,635,94	\$ 15,140,94
13) Disbursements		The same and the same	
13a) Operating Expenditures	(CRO-1310)	\$ 10 36868	
13b) Contributions to Candidates/Political Committee		\$ 10,369,68 \$	1.140
13c) Coordinated Party Expenditures	(CRO-1310)		\$
14) Aggregated Non-Media Expenditures		\$	\$
15) Loan Repayments	(CRO-1315)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1420)	\$	\$
17) In-Kind Contributions	(CRO-1320)	\$ 311.97	\$ 311.97
	(CRO-1510)	\$4,000,00	\$4000,00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 14,680,65	\$ 15.111.65
19) Cash on Hand at End (Add lines 4 and 12 together, then su ADDITIONAL INFORMATION	ubtract line 18	\$ 29,29	\$ 29,29
20) Non-Monetary Gifts Given to Other Committees	(CR0 1330)	¢.	
1) Outstanding Loans (incl. ones from other campaigns)		\$	
2) Debts and Obligations owed by the Committee		\$ 505,00	
3) Debts and Obligations owed to the Committee		\$	
	-	\$	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
8) Contributions to be Refunded RO-1100 NC State Bar	(CRO-1215)	\$	\$

Constructive Full Name (and Fund 1 applicable)  Constructive fund fund (applicable)  Constructive Full Name (and Fund 1 applicable)  Constructive Full Name (and Fund 1 applicable)  Constructive fund fund (applicable)  Constructive	<b>Contributions from Individuals</b>	Da	3 , 76	Amendment
Contributor Information     Comments     Contributor Information     Contal only this Page     Contal only this Page     Contributor Info	Use this form to report individual contributions over \$50 c	or contributions under	\$50 if form CRO	1205 is not used
3. Contributor Information       Add       Remove         PMI Nume, Multing Address & Plane (notade eity, state, & sip)       b. Job Title/Profession       a. Continents         CAPOI Z; El       Control Election Sum to Date       s       5.00.000         Control Differences       DUH (S       s       b. Date (numodify)         Control Differences       J. Date (numodify)       k. Amount         Control Differences       J. Date (numodify)       k. Amount         DHAC       Add       Remove         BUNNE       S       S       S         Contributor Information       Add       Remove       s         BUNNE       Non-State       S       S       S         Contributor Information       Add       Remove       s       S         Full Nume, Multing Address & Phone (instate div, state, & sip)       S       S       S       S         Total of ALL Control S       S       S       S       S       S       S         Contributor Information       Line-Kind Description       J. Date (num/ddfyryy)       k. Amount       S       S       S         Contributor Information       Add       Remove       s       S       S       S       S       S       S       <	recommender Fun ivanie (and Fund if applicable)			
> Add       Remove         Full Name, Mailing Address & Phase (Include city, state, & zip)       b. Job Till/Profession       d. Comments         CARPOI       Zipel       b. Job Till/Profession       d. Comments         CARPOI       Zipel       b. Job Till/Profession       d. Comments         CARPOI       Zipel       b. Job Till/Profession       d. Comments         Carpoint       Add       DULH S       e. Election Sum to Date         E. Prior       g. Account Code       b. Form of Payment       L In-Kind Description       j. Deter Immuddly7777)       k. Ansonnt         D       DATOC       Add       Remove       s       S         B. Full Name, Mailing Address & Phone       D. Job Till/Profession       d. Comments         Greater       D. Job Till/Profession       d. Comments         B. Job Till/Profession       G. Comments       S         Contributor Information       Add       Remove       s         Full Name, Mailing Address & Phone       D. Job Till/Profession       d. Comments         Greater       D. Job Till/Profession       d. Comments         DATOC       Acting Address & Phone       S       S         Greater       S. Account Code       h. Form of Payment       Lin-Kind Description       J. Deb	DD Adams for Winston-	Solen		
(include city, rate, & zip)       In North Ocean (Include City)         (ARO [ Zig]       (ARO [ Zig]         (ARO [ Zig]       (ARO [ Zig]         (Include City, rate, & zip)       (Around Specific Field         (Include City, rate, & zip)       (Around Specific Field)         (Include City, rate, & zip)       (Include City, rate, & zip)         (Include City, rate, & zip)       (Include City, rate, & zip)         (Include City, rate, & zip)       (Include City, rate, & zip)         (Include City, rate, & zip)       (Include City, rate, & zip)         (Include City, rate, & zip)       (Include City, rate, & zip)         (Include City, rate, & zip) <td>p. Contributor Information</td> <td></td> <td>ve</td> <td></td>	p. Contributor Information		ve	
CAROI Zigl       Mailing Address & Phone         1       Defining Specific Field         2       Specific Specific Field	a. Full Name, Mailing Address & Phone	b. Job Title/Professio	n d.	Comments
I. Prior       g. Account Code       b. Form of Payment       b. In-Kind Description       j. Date (num/dd/yyyy)       k. Amount         Image: Difference of Differen		Medical	Dala	
I. Prior       g. Account Code       b. Form of Payment       b. In-Kind Description       j. Date (num/dd/yyyy)       k. Amount         Image: Difference of Differen	LAROT ZIEL	c. Employer's Name/S	Specific Field	
I. Prior       g. Account Code       b. Form of Payment       b. In-Kind Description       j. Date (num/dd/yyyy)       k. Amount         Image: Difference of Differen	4020 CENTURY CAKE LO			
I. Prior       g. Account Code       b. Form of Payment       b. In-Kind Description       j. Date (num/dd/yyyy)       k. Amount         Image: Difference of Differen	WS, NC 27106	DUHS	e. F	Election Sum to Date
In Flore       g. Account Code       h. Form of Payment       L. In-Kind Description       j. Date (mm/dd/yyyy)       k. Amount         Image: Distributor Information       Add       Remove       s         Image: Distributor Information       Add       Remove         Image: Distributor Information       Image: Distributor Information       Image: Distributor Information         Image: Distributor Information       Add       Remove         Imale Addition of Paymeent       Im			\$	50.00
Image: Second Code       Image: Se	. In-Kind Desc	ription j. I		1
Image: Second Code       Image: Se	DD4CC Act Bu		n loo h w	50000
3. Contributor Information       Add       Remove         a. Full Name, Mailing Address & Phone (Include city, state, & zip)       b. Job Title/Profession       d. Comments         JAM & B. Jakes       JAM & B. Jakes       JAM & B. Jakes       e. Employer's Name/Specific Field         JOP Holding 6 Jac       e. Election Sum to Date       \$ 2,500.00         Contributor Information       J. In-Kind Description       J. Date (mm/ddyryy)       k. Amount         Philo Name, Mailing Address & Phone       In-Kind Description       J. Date (mm/ddyryy)       k. Amount         Philo Rame, Mailing Address & Phone       In-Kind Description       J. Date (mm/ddyryy)       k. Amount         Pull Name, Mailing Address & Phone       In-Kind Description       J. Date (mm/ddyryy)       k. Amount         Pull Name, Mailing Address & Phone       B. Job Title/Profession       d. Comments         Debra, Hotening       Add       Remove       Remove         Pull Name, Mailing Address & Phone       B. Job Title/Profession       d. Comments         Debra, Hotening       Add       Remove       Remove         Pull Name, Mailing Address & Phone       B. Job Title/Profession       d. Comments         Debra, Hotening       S. Goot       S. Goot       S. Goot         Prior       g. Account Code       h. Form of Payment<		C	1000002	50.00
3. Contributor Information       Add       Remove         Full Name, Mailing Address & Phone       b. Job Title/Profession       d. Comments         (include city, state, & zip)       DAMES       PRAVINS       C. Employer's Name/Specific Field         JAMES, ACCount Code       h. Form of Payment       h. In-Kind Description       j. Date (mm/dd/yyyr)       k. Amount         Prior       g. Account Code       h. Form of Payment       h. In-Kind Description       j. Date (mm/dd/yyyr)       k. Amount         Philo Rame, Mailing Address & Phone       in-Kind Description       j. Date (mm/dd/yyyr)       k. Amount         Philo Rame, Mailing Address & Phone       In-Kind Description       j. Date (mm/dd/yyyr)       k. Amount         Philo Rame, Mailing Address & Phone       in-Kind Description       j. Date (mm/dd/yyr)       k. Amount         DebRA, Hotning       Add       Remove       s.       s.         Bull Name, Mailing Address & Phone       in-Kind Description       j. Date (mm/dd/yyr)       k. Amount         DebRA, Hotning       J. In-Kind Description       j. Date (mm/dd/yyr)       k. Amount         DebRA, Hotning       J. In-Kind Description       j. Date (mm/dd/yyr)       k. Amount         DebRA, Hotning       S.       S.       S.       S.         Prior       g. Accoo				\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Job Title/Profession       d. Comments         JAMAES PERKINS       c. Employer's Name/Specific Field       c. Election Sum to Date       \$ \$ 2,500,000         (1. Prior       g. Account Code       h. Form of Payment       l. In-Kind Description       j. Date (mm/dd/yyyy)         (1. Prior       g. Account Code       h. Form of Payment       l. In-Kind Description       j. Date (mm/dd/yyyy)         k. Anount       1/108/2024       \$ 2,500,000         S       1/108/2024       \$ 2,500,000         Image: State S				\$
(include city, state, & zip)       a. Comments         JAMES PERKins       OWNER         BOT N. IRAJE SH.       OWNER         WS, MC 27[0]       I. In-Kind Description         DATE (mm/dd/yyy)       k. Amount         Image (mm/dd/yy)       k. Amount         Image (mm/dd/yy)       k. Amount         Image (mm/dd/yy)       k. Amount         Image (mm/dd/yy)       k. Amount         Image (mm/dd/yyy)       k. Amount         Image (mm/dd/y				
JAMES PERKins       OWNER         807 N. IRAGEST.       OWNER         WS, NC 27[0]       Employer's Name/Specific Field         Pholdings FC       Election Sum to Date         2,500.00       \$2,500.00         DYTCC       Add Blo         1. In-Kind Description       J. Date (mm/dd/yyyy)         k. Amount       \$2,500.00         3. Contributor Information       Add Remove         8. Full Name, Mailing Address & Phone       S         Outcode ity, state, & zip)       b. Job Title/Profession       d. Comments         DEBRA Holkning       D. Job Title/Profession       d. Comments         Prior       g. Account Code       h. Form of Payment       1. In-Kind Description       d. Comments         DEBRA Holkning       D. Job Title/Profession       d. Comments       S         MS, MC 27106       Employer's Name/Specific Field       e. Election Sum to Date       S         Prior       g. Account Code       h. Form of Payment       1. In-Kind Description       j. Date (nm/dd/yyyy)       k. Amount         Debra Holkning       S       S       S       S       S         Prior       g. Account Code       h. Form of Payment       1. In-Kind Description       j. Date (nm/dd/yyyy)       k. Amount		b. Job Title/Profession	d. C	Comments
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#### NC State Board of Elections

<b>Contributions from Individuals</b>	Pg <u>4</u> of <u>26</u> <u>Yes</u> <u>No</u>			
Use this form to report individual contributions over \$50 or o	contributions under \$50 if form CRO 1205 is not used			
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NC State Board of Elections

<b>Contributions from Individuals</b>		. 5	Amendment	
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State Board of Elections

<b>Contributions from Individuals</b>	Pg 7 of	Amendment Yes No
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DD Adams for Minston-	Solem	
3. Contributor Information	Add 🔲 Remove	
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NC State Board of Elections

<b>Contributions from Individuals</b>	Pg 8 of 2	Amendment
Use this form to report individual contributions over \$50 or a	contributions under \$50 if form Cl	C 1205 is not used
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NC State Board	of Elections	April 2007

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<b>Contributions from Individuals</b> Use this form to report individual contributions	Sover \$50 or contributions	Pg $10$ of 2	Amendment Yes No NO
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NIC NC ARIAN	Cft	of Kls	e. Election Sum to Date
MS, ML acrob			
f. Prior g. Account Code h. Form of Payment i.	In-Kind Description	j. Date (mm/dd/yy	\$ 31(197 yy) k. Amount
D. NUCI		J. Date (minuteryy	yy) K. Amount
Debitard		02/16/20	24 \$ 44.96
Debit Cord		02/15/20	24 \$ 17.01
Check #213		01/31/20	24 \$ 2,50,00
3. Contributor Information	🗖 Add 🗖 1	Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Pr	ofession	d. Comments
(include city, state, & zip)	165	and found	
Brian Jackson	c. Employer's	Name/Specific Field	-
307 Cole Drive		and opecate a left	
JACKEONVILLE, NIC 2854	0		e. Election Sum to Date
			\$ 50,00
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(include city, state, & zip)	ALLA	DC.U	
Michael Grace, Se. 200 West First St.		NE/ ame/Specific Field	
200 Mest tild St.	010	/ A	
ULS, NC 27101	Delt	-smptyea	e. Election Sum to Date
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	n-Kind Description	j. Date (mm/dd/yyyy	y) k. Amount
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4. Total only this Page			\$ 3361.97
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(This line must be on line 6 of Detailed Summary Page C	the second se		\$ 11,556.91
CRO-1210	NC State Board of Elections	and the second	April 2007

<b>IC</b>	State	Board	of Elec	ctions
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## **Loan Proceeds**

			Amendment
D	of	26	<b>Yes</b>

Pg

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applic	cable)	2. ID Number
DD Adams for White	Son-Sulan	
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Defield	u. Comments
Donise D. Adrug	GI	10
3661 Marton A	Cleated Office	e. Start Date (mm/dd/yyyy)
Dontse D-Adams 3661 Martause Ade WS. NC 27106	c. Employer's Name/Specific	Field 01/03/2024
MS, MC J.(106	CAY OF LUS	f. End Date (mm/dd/yyyy)
	,	(
g. Rate h. Security Pledged	i. Account Code j. Form of Payr	
	Form of Pays	ment k. Amount
. Full Name of Lending Institution	DD4CC Check	\$1,000.00
0 0		m. Loan Number
Self		
4. Endorsers/Makers (The people who guarantee)	the loan.)	
. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
(menuae city, state, & zip)		1 V
	d. Percentage	e. Amount
Full Name, Mailing Address & Phone		% \$
(include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	9	6 \$
Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)		
	d. Percentage	e. Amount
	%	\$
Full Name, Mailing Address & Phone	b. Job Title/Profession	
include city, state, & zip)	5. JUD FIGHT TOTESSION	c. Employer's Name/Specific Field
	d. Percentage	
		e. Amount
Tetal PATT OTO 144	%	\$
Total of ALL CRO-1410 Pages		\$2,995.55 April 200
This line must be on line 9 of Detailed Summary Page CR		



## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

<ul> <li>Name of committee to receive loan:</li> <li>Person or committee to make loan:</li> <li>Date of loan to committee: <u>OV/O3/</u></li> <li>Name of lending institution (source):</li> </ul>	LOSE D. Adams
<ul> <li>Amount of loan: <u></u></li> <li>Description (if in-kind loan):</li> <li>Names of all parties responsible for particular particu</li></ul>	yment of loan (guarantors):
<ul> <li>Period of loan:</li></ul>	
I, Defect Adams (Person lending money to committee) provided is complete, true, and accurate. I furthat has an outstanding balance to any source Signature of Lender Signature of Treasurer of Committee	_, acknowledge that all of the information urther understand I may not forgive a loan e. <u>Or/63/2024</u> Date Signed <u>Or/63/2024</u> Date Signed

CRO-6100

Loan Proceeds Statement

### **Loan Proceeds**

_	12		٦٢.	Amendment		
Pg	12	of	20	Yes	D No	
373						

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applica	ible)	2. ID Number
DDAdams for Win	Stor-Salem	
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	Refixed/Ele	chad
DENISE D. Adams		
Solo Madaue Ave	c. Employer's Name/Spe	e. Start Date (mm/dd/yyyy)
Denise D. Adams 3661 Martonse Aue WS, NC 27106		Olan Izand
Misine ausp	CHYOT W	f. End Date (mm/dd/yyyy)
Rate h. Security Pledged	i. Account Code j. Form of )	Payment k. Amount
O % NA	ANICO COLO	101
Full Name of Lending Institution	JUTIC REOL	FCard \$1,995,55
Self		m. Loan Number
Endorsers/Makers (The people who guarantee th		
Endorsers/Makers (The people who guarantee th Full Name, Mailing Address & Phone		
(include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
		% \$
Full Name, Mailing Address & Phone	b. Job Title/Profession	
(include city, state, & zip)		c. Employer's Name/Specific Field
	d. Percentage	e. Amount
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include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	
	u. I CIUCHIAge	e. Amount
ull Nome Melling A BL Cont		% \$
ull Name, Mailing Address & Phone nclude city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
and the second s		
	d. Percentage	e. Amount
		% \$
Fotal of ALL CRO-1410 Pages		
his line must be on line 9 of Detailed Summary Page CRO	-1100)	\$ 2,995,55



## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of committee to receive loan: DD Adams for Winches Super-
Person or committee to make loan: Denise D. Adams
Date of loan to committee: 01/09/2024
Name of lending institution (source):
• Amount of Ioan: \$1,995,55
Description (if in-kind loan):
<ul> <li>Names of all parties responsible for payment of loan (guarantors):</li> </ul>
Period of loan:
• Rate of interest of loan:
Security pledged for loan:
I, Denise DAdames, acknowledge that all of the information
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
The function of the standing balance to any source.
Signature of Lender
Dering O. Cladery 01/09/2024
Signature of Treasurer of Committee Date Signed
CRO-6100 Loan Proceeds Statement

# **Refunds/Reimbursements To the Committee**

Pg 15 of 26 Strendment

D No

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

1. Committee	Full Nam	e (and Fund if	annlicable)		in the a providu	-	
Tr			- 1 /	0			2. ID Number
3. Contributor	-dan		Vinston-	MER			
a. Full Name, Mai	ing Addres	Cion		L Add [	Remove		
(include city, sta	te, & zin)			d. Type of		g	. Comments
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wo ni	- 24	05			Lo wancipan	_	Original Expenditure Ami
							Series Series
b. Job Title/Profess	ion	c. Employon's	Name/Specific Fiel				\$ 83.42
		c. Emboyer s	Name/Specific Fiel	d f. Purpose		j.	Election Sum to Date
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Spiler	CRE	SUCI			IL Date (IIIII/00/	уууу)	o. Amount
Contributer					02/01/26	14	\$83.42
. Contributor 1 . Full Name, Mailin				🗆 Add 🗖	Remove		1 With
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				Federal	County:	4. 01	riginal Expenditure Date
				State	Municipality:		
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ob Title/Profession		c. Employer's Na	me/Specific Field	f. Purpose			
				pose		j. Ele	ction Sum to Date
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0-1240	and the second division of the second divisio	, in the second s		rd of Elections		- X	5,242

December 2007

Pg 160 of 26 Yes

Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political D No committees and coordinated party expenditures

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	sing f			0			2. ID Number
. Type of Disburse	the second se	or Minos	CDO I	DUREN	>		
Operating Expenses	- Annual Contraction	se use separate	CRU-13	siu forms fe	or each type o		
. Payee Information	n	ontributions to Can		the second se	the second se	Coordin	ated Party Expenditures
. Full Name, Mailing		Phone			Remove		
nclude city, state, & zip	)			D. Coorai	nated Committe	e Name	d. Comments
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Act Blue 366 Sum Somervill	. Chari	HES In	۴.	C. Lavel D-	gistered (Specify		
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Samuell		reel		State			e. Election Sum to Date
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				/	\$	- 19	
<b>Payee Information</b>				Add	Remove	-	
ull Name, Mailing Add				1.1.1	ted Committee N	Jama	0
nclude city, state, & zip	)				ou committee r		l. Comments
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Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures No No

1. Committee	Full Name (and Fu	expenditures	)		-		_	A WEAT
NO	A (	1 2 2		0				2. ID Number
3. Type of Dis	HOARDS to	r Winst	on-I	Men	)			
Operating E	and the second s	se use separate (	<u>CRO-131</u>	0 forms for	r each	<b>Execution</b>		
4. Payee Infor		ontributions to Cand	idates/Poli	and the second se			oordina	ted Party Expenditures
and the second se	Mailing Address & F	hone	L	Add [	Ren	and the second se		
(include city, stat		none		b. Coordin	ated Co	mmittee Nar	ne	d. Comments
		õ						
5719 ]	R. Adams Indiana A	- ΦΕ		c. Level Re		(Specify) County:		
MEN	C 22106	_		State		Municip		e. Election Sum to Date
								\$320.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy	) j. Am	ount	k. R	equired Remarks
DOLCC	Check	E	01/2	8/2024	\$2	20.00	D	tartaina
			1	1	\$		10	1 ar sque
4. Payee Infor				Add	Rem	ove	-	
a. Full Name, Ma	iling Address & Phone				and the second se	omittee Nam	e	d. Comments
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4150 7	MAGE CL			c. Level Reg		-		
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WSNC	27106			State	L	Municipal	lity: e	. Election Sum to Date
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			/	·/ ·	\$		CA	MOAGA Strategy
5. Total only th					1.1.2	1,5/8000		\$ 545 49
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(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Opera	uting Expense	es)			
(This line goes in	line 13b of Detailed Sum	mary Page CRO-11	00 if Contr	ih to Candida	ites/Polis	tical Comm)		\$14,680,65
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Coord	linated Party	Expendi	tures)		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	bove)			ñ	
A* - Media	B* - Printin	g	C* - Fu	ndraising		D - To A	nothe	er Candidate
E - Salaries I - Postage	F* - Equips			tical Party		H* - Ho	lding	Public Office Expenses
D* Other	J - Penaltie	5	K* - Of	fice Expens	ses	Q* - Dor	nation	n to Legal Expense Fund
	e detailed explanation	n in required w	moste	iold (b)				
CRO-1310				of Elections	-			December 2009
-								

Pg 18 of 16 Tyes

Amendment

No 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 Fu	if applicable	)				-	
DD	Adams for	Winsta		Ro				2. ID Number
3. Type of Dis	- Alexandream	the support of the local division of the loc						
Operating En		e use separate ( antributions to Cand	idates/Poli	tical Committe	eacn i	and the second s		and the second se
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(include city, stat					ated Con	Interest 14810		u. Comments
Alson	Raphics						. 1	
DOR	INC IZ			c. Level Rep		(Specify)		
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MS,M	× 11643 C 27116			L State	ļ	Municipa	ality:	e. Election Sum to Date
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US, U	C 27103			L State	ļ	Municipa 🛛	lity: e	e. Election Sum to Date
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inte	Ocean and		01/2	2024	14 R.	242	PRI	nter Jok
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4. Payee Inform				Add 🔲	Remo			
a. Full Name, Mail (include city, sta	ling Address & Phone			b. Coordinat	ed Comr	nittee Name	d	. Comments
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(This line goes in	line 13b of Detailed Sum	nary Page CRO-11	00 if Cont	rib to Candida	tes/Politi	ical Comm)	3	614,000.65
(This line goes in	line 13c of Detailed Sum	nary Page CRO-11	00 if Coord	dinated Party	Expendit	ures)		
. Purpose Co		expenditure code	e in (h.) a	above)			1	
A* - Media	B* - Printin	0		ndraising		D - To A	nothe	r Candidate
E - Salaries - Postage	F* - Equipn			tical Party		H* - Hol	ding	Public Office Expenses
• Postage <b>)* Other</b>	J - Penaltie	8	K* - Of	fice Expense	ses	Q* - Don	ation	to Legal Expense Fund
	e detailed explanatio	n in required r	marke	field (b)				
CRO-1310				l of Elections	-		-	Dans t. 2002
		62.55						December 2009

Pg 19 of 26 🗆 Yes No No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Amendment

	Full Name (and Fur					-		2. ID Number
DD	Adamasto	Norsto	7-5	SER				
3. Type of Dis	bursement (Pleas	e use separate C	RO-131	0 forms for	each typ	e of Dis	burse	ement.)
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4. Payee Infor		1997 - 1997 -		Add 🗖	Remov	e		
	Mailing Address & Pl	none		b. Coordina	ted Comm	ittee Nam	1e	d. Comments
(include city, state								
IshVA.	L. Adams	2		a Tamal Day	1.4			
5726 -	L. Adams larpezs Fei 27106	aty Rd-		c. Level Reg		County:	_	
ING NO	- 17106			State	X	Municip		e. Election Sum to Date
VUO, C								
f. Account Code	g Form of Downset	h Dumoss Cada	I. D. (		1			\$200.00
100	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)			1	equired Remarks
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				/	\$			,
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	ling Address & Phone			b. Coordinat			e	d. Comments
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AllegRA	Lesign Lesly Drive 27:103							
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ILIS NIC	27107			State		-	litze	e. Election Sum to Date
che, he	- au			ind State		municipe	anty.	c. Election Sum to Date
	47							\$3746.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amoun	t	k. Re	equired Remarks
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(include city, sta				o. Coordinate	ea Commi	ttee Name	e  0	d. Comments
Staples	-							
DE-DA		T P	A	c. Level Regis	stered (Sp	cify)		
2509A.	Laoisidle C	ennors.	XI ¢	E Federal		County:		
Clemma	ons, NC 22	102		State		Municipa	lity:	e. Election Sum to Date
								\$106.99
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A* - Media	B* - Printir			indraising		D. To	Anoth	er Candidate
E - Salaries	F* - Equip	0		itical Party				g Public Office Expenses
I - Postage	J - Penaltic			fice Expension	ses	0* - Do	natio	on to Legal Expense Fund
O* Other				-		0		
	e detailed explanati	on in required r	emarks	field (k)				
CRO-1310		NC S	State Boar	d of Elections				December 2009

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Pg 20 of 26 🛛 Yes

Amendment

No 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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	Mailing Address & Ph	one		b. Coordinat	ted Con	unittee Nan	ie	d. Comments
(include city, state								
M GREAS	tire							
541-A	five North Trad	e Street		c. Level Reg	[	County:		
USAC	22101			L State		K Municip	ality:	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. Amo	ount	k. Re	equired Remarks
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				/	\$			)
4. Payee Inform				Add 🔲	Remo	ove		
	ling Address & Phone			b. Coordinat	ed Com	mittee Nam	e	d. Comments
(include city, sta	ite, & zip)							
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450 D	Aniels Stan Ave D 20101	2 Fakon	Pointe	c. Level Regi	stered (	Specify) County:		
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an, al								\$
f. Account Code	g. Form of Payment	h. Purpose Code			1 4			250.00
A R management	1 1	n. r ur pose coue	I. Date (	mm/dd/yyyy)			K. Re	quired Remarks
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4. Payee Inform				Add 🔲	Remo	ve		
	ing Address & Phone			b. Coordinate	d Com	nittee Name		d. Comments
(include city, sta								
Semi	Warren							
2801 10	IL SOLO			c. Level Regis				
LOH IS	ily goore			Federal				
MS NG	Ty Synne 22106			State	D	Municipa 🛛	lity: e	e. Election Sum to Date
								\$65.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amor	int	k. Rec	uired Remarks
NALCC.	Cherk#105	E	02 /	1 /2025	\$1.5	.00	01	( Education
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5 Total only th	ia Dogo				\$			
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the state of the s	line 13c of Detailed Sum			the second se	Expendi	tures)		
7. Purpose Co	odes (List detailed							
A* - Media	B* - Printin	0		indraising				er Candidate
E - Salaries	F* - Equipn			itical Party		H* - Ho	lding	Public Office Expenses
I - Postage	J - Penaltie	S	K* - O	fice Expens	ies	Q* - Do	natio	n to Legal Expense Fund
0* Other * Codes mention	a datailed - I - I							
	e detailed explanation				-		1.1	
CRO-1310		NC.	state Boar	d of Elections				December 2009

Pg 2 of 2 No

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

	Full Name (and Fu					-		2. ID Number
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3. Type of Dis	bursement (Pleas	e use separate C.				ne of Dis	hurs	omont)
Operating Ex	penses 🔲 Co	ntributions to Candid	lates/Polit	ical Committee	es	and the second se		ited Party Expenditures
4. Payee Infor				Add	Remo		oruntu	neo I arty Expenditures
a. Full Name, M	Mailing Address & Pl	none		b. Coordina	ted Com	mittee Nan	ne	d. Comments
(include city, state								
Winsto	-Solem I	EES						
3714 I	-Solem T	E		c. Level Reg	C	County:		
WS,NO	2 27105			L State	8	S Municip	ality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	E Data (		1		li n	\$ 529,65
NEWCC	01101	n. I ui pose code	I. Date (	mm/dd/yyyy)		wheelers upon	K. R	equired Remarks
which	Credit Card	13	0/1	3/2024	\$ 52	9.65	C	unpagn lee Shiele
			<i></i>	0	\$			2 at 1
4. Payee Inform				Add 🔲	Remo	ve		
	ling Address & Phone			b. Coordinat	ted Comr	nittee Nam	e	d. Comments
(include city, sta								
ALEZA.	Simmons leaf st.			. Touring	1 1 (0			
941 W	leat st.			c. Level Regi	istered (S	County:		
				State			alitye	e. Election Sum to Date
WS,N	-2001			Guite	<u>19</u>	2 winnerpa	anty.	e. Election Sum to Date
								\$10.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (I	nm/dd/yyyy)	j. Amou	unt	k. Re	equired Remarks
DD4CC	Chack 107	E	02/10	5/2014	\$ 60	00.	Ro	tastdoorhangers
DD4CC	Check#109	E	02/1	6/2024	\$50	0,00	D.	fast dooshances
4. Payee Inform	nation		Ó	Add 🔲	Remov	the second s	1	t dor dorningo
	ing Address & Phone			b. Coordinat	ed Comm	ittee Name	e	d. Comments
(include city, sta			_					
Christie	Sandors							
941 Kle	ef St.			c. Level Regis			_	
				State		County: Municipa	134m	e. Election Sum to Date
WS,NK	-200			- Otate		Municipa	my:	e. Election Sum to Date
P.A. 107.1								\$110.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amou	nt	k. Re	quired Remarks
DD4CC	Check 108	E	02/15	12024	\$60	$\infty$	Pa	tast door hargens
DOLAC	Check 110	F	02/16	12024	\$ 50	00	Do	fast door hance of
5. Total only th	is Page			1				\$ 749,65
6. Total of ALL	CRO-1310 Pages					THE OF		* 11 mgs
	line 13a of Detailed Sum	mary Page CRO-110	00 if Oner	ating Expense	s)			
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(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coord	linated Party	Expendit	ures)		, .
	odes (List detailed							
A* - Media	B* - Printin			ndraising		D - To A	Anoth	er Candidate
E - Salaries	F* - Equipn	nent	G - Poli	tical Party				g Public Office Expenses
I - Postage	J - Penaltie	S	K* - Of	fice Expens	ses	Q* - Do	natio	on to Legal Expense Fund
O* Other * Codes require	a detailed - 1 - 4							
* Codes require CRO-1310	e detailed explanation						8 10	
VALU-IJIU		INC S	ale Board	l of Elections				December 2009

Amendment Pg 22 of 26 Ves

🗖 No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Committee Full Name (and Fund if applicable)     2. ID Number						
TT	Adams	0	Lan	- Sale	*		
3. Type of Dist	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating Exp	the state of the second st	tributions to Candie					ated Party Expenditures
4. Payee Inform	the second s			Add 🔲	Remove	Coordina	ned I arry Expenditures
a. Full Name, N	failing Address & Ph	one			ed Committee I	Vame	d. Comments
(include city, state							
Nova M	sound						
Nora Merdoza 941 Uleef St.							-
US, NC 22151 State Municipality: e. Election Sum to Date							e. Election Sum to Date
							\$50,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
DD4CC	check # 111	E	02/14	12024	\$ 50.00	> D	Factorshar-spa
			17	1	\$ /		- pres
4. Payee Inform	nation			Add 🔲	Remove		
a. Full Name, Mail	ling Address & Phone				ed Committee N	lame	d. Comments
(include city, sta	the second se						
JEMARE	m Miller 6 Rd			. Land Deal	4		
1917 P	GRA			c. Level Regi	stered (Specify)	· · · · · · · · · · ·	
				State		2	e. Election Sum to Date
US.NC	2(106					orpunty.	
		21					\$40.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
DD4CC	check#103	E	02/1	1/2024	\$40,00	D.	fat down hangers
				7-20	\$	1	- ou successive gree-
4. Payee Inform	nation			Add 🔲	Remove	1.22	
a. Full Name, Mail	ing Address & Phone				d Committee N	ame	d. Comments
(include city, stat							
Amava	Miller						
1917 Polo Rd-				c. Level Registered (Specify) Federal County:			
				State			a Tillastfan Cum ta Dati
USNC	2(106			State	iviulit	cipanty:	e. Election Sum to Date
							\$40,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks
DD4CC	Check#104	E	02/11	12024	\$40,00	Po	taut doos hangeds
		251	, ,		\$		1
5. Total only th	is Page				l'han to t		\$ 130,00
6. Total of ALL CRO-1310 Pages							
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(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* - MediaB* - PrintingC* - FundraisingD - To Another Candidate							
- 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)							
CRO-1310	- avenues of president			d of Elections		-	December 2009

Amendment D No

 DISDURSEMENTS
 Pg
 22
 of
 26
 Amendment

 Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures
 Image: Committee of the second se

	Committees and coordinated party experiantiles     I. Committee Full Name (and Fund if applicable)     I. D Number						
1. Committee Full Name (and Fund if applicable) 2. ID Number							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Ex	the second party	tributions to Candid					manuf Server and
4. Payee Inform		infoutions to Califord	ates/Point		and the second division of the second divisio	Coordina	ted Party Expenditures
	failing Address & Ph		لنا	Add	Remove		1
		one		b. Coordinat	ed Committe	ee Name	d. Comments
(include city, state		1.3					
Mama	.Zoe Mich Reynolda R	AELE		c. Level Regi	stored (Spec	ife)	-
2859	REMONTAR	d		Federal		ounty:	
0001	The The American			State		-	e. Election Sum to Date
WS,N	C 17106			Presed 1	Reflect ***	and party (	
·							\$68,79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
NDUCC	CreditCostd	0	and the second day of	15/2024		79 E	ad for Campaign
John	Cicara Coad		Ven	JULT	- 401		/
			1		\$		lockers
4. Payee Inform				Add 🔲	Remove		
	ling Address & Phone			b. Coordinate	ed Committe	e Name	d. Comments
(include city, sta							
Lowes	Foods Repnolda f 22106						
28901	Derrold, L	)~~~~(		c. Level Regis			
20101	reynold r			Federal		ounty:	
WS.NO	22106			State	DS M	unicipality:	e. Election Sum to Date
	0.010						\$10176
f. Account Code	g. Form of Payment	h. Purpose Code	1 Data (	(11)		1 10	\$101/36
	O UCI	n. rutpose Code	1. Date ()	mm/dd/yyyy)			equired Remarks
DD4CC	Credet Costd	O	02/1	7/2024	\$101.3	36 10	ed to Campalion
			· ·	'	\$	لع	orkens
4. Payee Information Add Remove							
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments							
(include city, sta	te, & zip)						
Shown	Dunovanti Sipeinghous	St. ~	1				
5425 9	Sprinchaus	Farm	2d	c. Level Regis			
ILC N	C 27107	e		Federal			
INS, M	C 2(W)			State	M M	unicipality:	e. Election Sum to Date
						-	\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (I	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks
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					\$		
5. Total only th	is Page						\$ 270,15
		mary Page CRO-11	00 if One	ratina Expense	e)		
6. Total of ALL CRO-1310 Pages (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) \$ 14,680,65							
(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     C* - Fundraising     D - To Another Candidate							
E - SalariesF* - EquipmentC* - FundraisingD - To Another CandidateH* - Holding Public Office Exp							
1 - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
O* Other							
* Codes require detailed explanation in required remarks field (k)							
CRO-1310				d of Elections			December 2009

Amendment 🔲 No

**Refunds/Reimbursements From the Committee** Pg 22 of 26 Two Yes Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number				
DD Adams for Winston-					
3. Payee Information					
a. Full Name, Mailing Address & Phone	d. Type of Committee	h. Original Receipt Date			
(include city, state, & zip)	🔀 Candidate 🔲 PAC				
DealerED Adams	Referendum Party				
Z(L) Mul	e. Level Registered	i. Original Receipt Amount			
DeniseD. Adams 3661 Marlowe AUE WS, NC 27106	Federal County: State Municipality:	\$44,96			
WS, NC 2006	f. Purpose Code	j. Election Sum to Date			
	0	\$ 242.96			
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments	k. Account Code			
Refficed / Elected Officing City of US	Speed VISY 2700	0			
I. Form of Payment m. Required Remarks	n. Date (mm/dd/yy				
Debit Card Rachased gas Rolling	signs at 02/16/20	24 \$ 244.96			
3. Payee Information	Add  Remove				
a. Full Name, Mailing Address & Phone	d. Type of Committee	h. Original Receipt Date			
(include city, state, & zip)	Candidate DAC				
Denice D. Adams	Referendum Party				
2001 Mada or Arge	e. Level Registered	i. Original Receipt Amount			
Denise D. Adams 3661 Marlowe Aug MS, NC 27106	Federal     County:       State     Municipality:	\$ 17.01			
wo, we arrep	f. Purpose Code	j. Election Sum to Date			
	24	\$ 17.01			
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments	k. Account Code			
Refined / Heated Officials City of US	Dollar TREE				
I. Form of Payment m. Required Remarks SDACKS A	n. Date (mm/dd/yy	yy) o. Amount			
I. Form of Payment m. Required Remarks Spaces A DEDA Card Perchased - Dags to CANZY		4\$17.01			
3. Payee Information	Add 🔲 Remove				
a. Full Name, Mailing Address & Phone	d. Type of Committee	h. Original Receipt Date			
(include city, state, & zip) Denise D-Adalds	Candidate PAC Referendum Party				
21-6-1 Martin and an	granty Doctor	i. Original Receipt Amount			
3661 Marbure Ave WS, NC 27106	Federal     County:       State     Municipality:	\$250.00			
	f. Purpose Code	j. Election Sum to Date			
	0	\$ 260.00			
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments	k. Account Code			
Retried Stated Official City of INIS	Paid for Barron Site				
I. Form of Payment m. Required Remarks	hthat n. Date (mm/dd/yy				
Check+2B Paid for barron Site, Can	Daigh CKS 01/31/20	4\$250.00			
4. Total only this Page		\$ 311.97			
5. Total of ALL CRO-1320 Pages					
(This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 311.97			
	ve)	\$ 311.97			
(This line must be on line 16 of Detailed Summary Page CRO-1100)         6. Purpose Codes (List detailed disbursement code in (f) above L - Returned to Contributor       M - Overpayment for Statement for		\$ 31697 ded Contribution Limit			
(This line must be on line 16 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above	Service N - Excee				

#### **In-Kind Contributions**

200	of	26	Yes	No

Pg

Amendment

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID Number
DD Adams for Winston-S.	stem		
3. Contributor Information	Add 🔲 Rei	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments
(include city, state, & zip)	Individual		Comparign digital
Mary Jamis	Candidate		Comparign digital
Mary Jamis 541-AN, Trade St.	PAC		
	Referendum		d. Election Sum to Date
US, NC22101	Other Receipt	Source	\$ 4,000,00
e. Description		f. Date (mm/dd/yyy	
Website design, Squarespaced		01/04/20	\$4,000,00
monthly webter, Constant Contac	Fismail		\$
set-up, monthly fee and post			\$
3. Contributor Information		nove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril	outor	c. Comments
(include city, state, or zip)	Candidate		
	Party		
	D PAC		
	Referendum		d. Election Sum to Date
	Other Receipt	Source	\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information	Add 🔲 Ren	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments
(include city, state, & zip)	Individual		
	Candidate		
	PAC		
	Referendum		d. Election Sum to Date
	Other Receipt	Source	\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 4,000,00
5. Total of ALL CRO-1510 Pages			\$ 4,000,00 \$ 4,000,00
(This line must be on line 17 of Detailed Summary Page CRO-1100)			· 7,

CRO-1510

NC State Board of Elections

December 2007

#### **Outstanding Loans**

Pg 26 of 26 Amendment Yes

No No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number
DD Adams for Warston-S	NEM	
3. Lender Information		
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Deficed	
Devise D. Adams 3661 Maidovice Ave WS, NC 27106	Elected Official	e. Start Date (mm/dd/yyyy)
3661 Madowce Ave	c. Employer's Name/Specific Field	10/ 10 07
This MC 27106	CHYOFWS	$\frac{12}{12}$ $\frac{12}{2023}$ f. End Date (mm/dd/yyyy)
		1. Ead Date (nub/dwyyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
O % NA	\$ 506.00	\$ 505,00
k. Full Name of Lending Institution		l. Loan Number
Self		
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l. Loan Number
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		- Chard Date (mark)
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution	I. Loan Number	
4. Total only this Page	\$ 505.00	
5. Total of ALL CRO-1430 Pages	\$ 505.00 \$ 505.80	
(This line must be on line 21 of Detailed Summary Page CRO-1100)	* 505.00	