Disclosure Report Cover		Yes No
Use this form for general report and committee in	nformation, must be signed and	submitted along with other detailed forms.
Do not use this form to update information. 1. Committee Information		
a. Full Name		c. ID Number
DD Adams for Wa	Sten-Silven	W ARE AVERAGES
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
360 MARIOWE AGE.		07/10/2024
US, NC 27106		e. Phoné Number
2. Report Year 3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/vv	5. Treasurer Full Name
2024 02/18/2024	06/20/2024	Denise DARCH Adams
6. Type of Committee (Check One) 9.	Type of Report (check only or	ne type of report from one category)
Candidate Campaign Party Mu	nicipal State/County	Referendum
PAC Referendum	Organizational Organiz	
Independent Expenditure Joint Fundraiser	Thirty-five day Quarterl	
Legal Expense Fund	Pre-primary Fir	
7. Type of Fund (if applicable, check one)		cond Supplemental Final
Booster Fund	Pre-runoff The Semi-annual For	
Building Fund	Mid Year Semi-an	urth Special
	Year End Mi	d Year 10. Special Report Name
Other:		ar End
8. Number of Fundraisers this Report	Special Final Special	
11. Account Information	11. Account Infor	mation
a. Financial Institution Full Name	a. Financial Institutio	
Truist Bank		
b. Purpose c. Account Code	b. Purpose	c. Account Code
Campaign DOHEC	-3	
Committee d. Period Begin Ba		d. Period Begin Balance
CERTIFICATION	1	\$
I certify that the Committee or Fund is in compliance of the NC General Statutes and that no funds are con report is complete, true and correct and that I have be	mingled with prohibited or other n	on-disclosed funds. I further certify that this
DeniseD. Adams	D'OGC	Dec 07/10/2024
Printed Name of Signer FOR OFFICE USE ONLY	Signature of Appointed Tree	asurer Date
		Dellara M. d. 1
Date Received:	Employee:	Delivery Method Normal Mail
Date Postmarked:	Employee:	Registered Mail Hand Delivered
Date Scanned:	Employee:	Electronically Filed
Date Data Entered:		Signer has not received
	Employee:	mandatory training

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 Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 900 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$, OO 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-For-Profit Organizations (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,11c,11d and 11e) \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$15604,19 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) ,000.00 16) Refunds/Reimbursements from the Committee (CRO-1320) 0 ~50 17) In-Kind Contributions 7,00 \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)\$ 500,55 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) \$

...I I (3)

		rom Individua		Pi	s 3 or 2	4	Amendment Yes No
1. Cor	nmittee Full Na	individual contributione (and Fund if app	ons over \$50 or o	contributions un	der \$50 if form C		
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3. Cor	tributor Inform	AS TON IN	nesten (DALEW DR	The second second		
	vame, Mailing Add			Add Re	ession	a c	Comments
(inclu	de city, state, & zip			7) [(u. (Comments
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ILIC	5, NC 27.					e. E	lection Sum to Date
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	tributor Information and Mailing Address				move	es con	
(inclu	le city, state. & zin)			b. Job Title/Profe	ssion	d. C	omments
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121	ff Morg	, , , , , , , , , , , , , , , , , , ,		c. Employer's Nar	ne/Specific Field		
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	e city, state, & zip)	22 of Litting		b. Job Title/Profes	sion	d. Co	omments
Tax	NA Mel	aniel		c. Employer's Nam	Parks		
Po	Box 214	2					
We	S, NC 27	7120		Self eo	uboked ,	•	ection Sum to Date
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l. Tota	al only this Pa	ige				\$	45000
5. Tota	d of ALL CR	O-1210 Pages	ENTER STATE				700,00
(This lie	e must be on line 6	of Detailed Summary Pag	e CRO-1100)			\$ _	3,575,00

Contributions from Individuals	Pg 4 of	24	Amendment Yes No
Use this form to report individual contributions over \$50 o	r contributions under \$50 if form	CRO	1205 is not used
1. Committee Full Name (and Fund if applicable)		2.	ID Number
DD. Aduls for Winsten.	SHER		
3. Contributor Information	Add Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. (Comments
	Petited		
Denise Aleton 2552 Dilworth St.	c. Employer's Name/Specific Field		
		-	N 41 / /
WS, UC 27101			Election Sum to Date
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc	ription j. Date (mm/dd/	\$	50.00
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. C	omments
Defend William Andrew	THE LAGUE	1	~ C
report washington working!	c. Employer's Name/Specific Field		_E
MYO Langreen Leive	BOBSNIC	o El	lanking Court D. A
Debersh Whenington-McNeill 990 Longreen Drive Kernersville, NC27284		\$	lection Sum to Date
f. Prior g. Account Code h. Form of Payment i. In-Kind Descr	iption j. Date (mm/dd/)		k. Amount
DOYCC ACTRIC		1031	
	2400/0	(COS)	\$
			\$
3. Contributor Information	Add Remove		Ψ
. Full Name, Mailing Address & Phone	b. Job Title/Profession	d, Co	mments
(include city, state, & zip)	HILE C.C	1	***************************************
Brook Johnson Suiter	c. Employer's Name/Specific Field	_	
Brook Johnson Suiter 334 Penneylvania Ave	C. Employer's Name/Specific Field		
WS, NC 27104			ection Sum to Date
		\$	100,06
Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/y		k. Amount
DIVEC ACTS 6	02/23/2	224	\$100.00
			\$
			\$
. Total only this Page		\$ 8	250.00
Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)			3.575.00

Contributions from Individuals Use this form to report individual acceptables	Pg	5 or 24	Amendment Yes No
1. Committee Full Name (and Fund if applical	over \$50 or contributions und		
DD Adays Collis		Z.	. ID Number
3. Contributor Information	□ Add □ Re		
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	move d.	Comments
(include city, state, & zip)			· ·
Susan Mitchell	c. Employer's Na		
321 Spangwater (1		~ (
321 Springwater Ct. WS, NC 27106	Harse	of Mante.	Election Sum to Date
		\$	2500
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DOLCC ANBL		02/23/2022	\$25,88
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			\$
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(include city, state, & zip)	b. Job Title/Profes	sion d. (Comments
John Klinedinst	Not E	DOGREG	
836 Oak St.	c. Employer's Nan	ne/Specific Field	
		e. E	Election Sum to Date
WS, NC 28101		\$	100.00
	Kind Description	j. Date (mm/dd/yyyy)	k. Amount
DO4CC ACTBLO		02/23/2024	\$50.00
DOYCC Lot Blue		01/15/2024	\$50.50
		1 1 201	\$
3. Contributor Information	☐ Add ☐ Rem	ove	
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profess	ion d. C	omments
Michael Sugas Na20 Loughborough Ct. Kernersville, LLC 2728	Ourner		
1620 Lanh Komunch Ct	c. Employer's Name		
Kar 5 (1 116 2028	IL Bodyan	(Soul e.E.	ection Sum to Date
representation and	7		250,00
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		from Individu		Pi	g <u>(e</u> of â	14	Amendment Yes No
Use th	is form to report	individual contribut	ions over \$50 or	contributions un	der \$50 if form (RO	1205 is not used
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	ame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ssion	d. C	omments
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		O-1210 Pages					2,500.00
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Contributions from Other Political Committees Pg No. Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate ☐ PAC Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) i. Amount hedc# 1581 3. Contributor Information Add Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate ☐ PAC Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ \$ 4. Total only this Page 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)

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1. Committee	Full Name (and Fu	nd if applicable		Mary Mary			2. ID Number
DDA	tames for	Most	n-C	salem			
3. Type of Disl	bursement (Pleas	e use separate ('RO-13	10 forms for	each type of	Dichure	omant)
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4. Payee Inform				Add	Remove	Covidina	act any Expenditures
a. Full Name, N	Mailing Address & Pl	hone			ted Committee !	Name	d. Comments
(include city, state						1444	W. Commence
LEAL V	Ville			c. Level Reg	istered (Specify)	
355 No	sethoaks I	Schoe		☐ Federal	Cour	nty:	
WIS, NO	27105			State	X Mun	nicipality:	e. Election Sum to Date
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	ling Address & Phone				ed Committee N	lame	d. Comments
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						11	\$ 675.00
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)* Other					· · · ·	~ variably	" " A YAGUI EAPEIISE EUIIU
* Codes require	e detailed explanation	on in required r	emarks	field (k)			Company of the last of the las

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1. Committee	Full Name (and Fun	d if applicable)				2. ID Number
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3. Type of Disl		use separate C	RO-131	0 forms for	each type of Dis	bursement.)
Operating Ex		ntributions to Candid	dates/Politi	ical Committee	s 🔲 Co	ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	Mailing Address & Ph	one		b. Coordinat	ted Committee Nan	d. Comments
(include city, state	& zip)					
Uentee	KAMSOUR			a I aval Basi	otomod (Caralla)	
30050	harlose Dr			Federal	istered (Specify) County:	
CREENS	has IICa	72/2		State	Municip	e. Election Sum to Date
	Pansaur Pharlois Dr boso, NC2				•	\$125.00
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16/8/160	Dunsuar Speinghoux 20102	_	, ,,,,,	State	Municipa	ality: e. Election Sum to Date
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IUS, W	22107			State	Municipa Municipa	dity: e. Election Sum to Date
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WILL	0,701		000	5/2024	135.00	6071
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5. Total only th	is Page					\$ 265,00
6. Total of ALL	CRO-1310 Pages					\$ 265.00
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(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(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* - Printin	4.5		undraising		Another Candidate
E - Salaries	F* - Equipr			itical Party		olding Public Office Expenses
I - Postage	J - Penaltie	S	K* - O	ffice Expens	ses O* • Do	onation to Legal Expense Fund
O* Other					V 100	The state of the s

A. J. R. J.R.	BREE C	**	40.00

rg 10 or 24 L res L 170

1. Committee l	Full Name (and Fun	d if applicable)				2. ID Number
DDA	dams for	Windo	N	Salen	^	
3. Type of Dist		e use separate C	RO-131	forms for	each type of Dis	bursement)
Operating Exp	NAME AND ADDRESS OF TAXABLE PARTY.	ntributions to Candid	dates/Politi	cal Committee	s 🔲 Co	ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	failing Address & Ph	one		b. Coordinat	ted Committee Nam	d. Comments
(include city, state						
Autoro	CERSER			7 17		
181-G1	Lichard A	عد		☐ Federal	istered (Specify) County:	
WS, NC	27101	-		State	Municip	
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1 Power Inform				111 F	14	
4. Payee Inform	ing Address & Phone			Add	Remove	
(include city, sta				b. Coordinate	ed Committee Nam	e d. Comments
				-		
MAN	i Miller to Rd			c. Level Regi	stered (Specify)	
1917 D	12 Rd			☐ Federal	County:	
				State	Municipa	ality: e. Election Sum to Date
WS, 100	27106					\$125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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			1	1	\$	
4. Payee Inform	nation			Add	Remove	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
(include city, stat	te, & zip)					
Perand	all Perce	< &				
27-1	018 1990	76			stered (Specify)	
201 K	eyrolds Ph	150.		State	County:	ality: e. Election Sum to Date
1110 A10	77187			State	минстра	e. Election Sum to Date
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	CK#91	15	05/			
# The sub- sh	<u> </u>		1030	15 BONA	\$125.00	6011
5. Total only th						\$ 500,60
	CRO-1310 Pages					
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)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(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 E - Salaries	B* - Printi	C		indraising		Another Candidate
I - Postage	F* - Equipa J - Penaltic			itical Party ffice Expen s		olding Public Office Expenses
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at a	e detailed explanati	on in required :	remarke	field (k)		

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1	Marke Cand Pan	o I (Co. s.	- C	SALE		2. ID Number
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1. Committee I	Full Name (and Fun	d if applicable)				2, ID Number
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O* Other	re detailed explanati		A second from			

rg 15 or 24 L res L ro 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 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments include city, state, & zip) Cheristina Jones c. Level Registered (Specify) 3171 CARVER School Rd. Federal County: State Municipality: e. Election Sum to Date WS, NC27101 g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks . Account Code CK#U4 NO.00 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Mallek Wardlow Rd. 3171 Carver School Rd. c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date 5 NK 22101 \$ 60.00 i. Date (mm/dd/yyyy) j. Amount . Account Code g. Form of Payment h. Purpose Code OKEIIS 660 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) nia Bradham Pinnacle Oaks De c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State DIA HALL DOSON h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks . Account Code g. Form of Payment

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

A - Iviedia	B* - Printing	C* - Fundraising	D - 10 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
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1. Committee I	Full Name (and Fun	d if applicable)		WID SE TIME		nile i i i	2. ID Number
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A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
E - Salaries	F* - Equip			itical Party		olding Public Office Expenses		
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O* Other								
* Codes require detailed explanation in required remarks field (k)								

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1. Committee l	full Name (and Fun	d if applicable)				2. ID Number			
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Information									
a. Full Name, M	failing Address & Ph	ione		b. Coordinat	ed Committee Nam	e d. Comments			
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7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	B* - Printi			undraising		Another Candidate			
E - Salaries	F* - Equip			litical Party		olding 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)									

Loan Repayments

Por	23	of	Amendmen Yes	nt No.
IE		U	2, 1 L 163	110

Use this form to report payments on an existing loan. 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Lender Information Add Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) c. Original Loan Date d. Original Loan Amount \$ 505.00 g. Form of Payment i. Repayment Amount . Remaining Loan Balance f. Account Code h. Date (mm/dd/yyyy) \$ 505,00 \$ \$ 3. Lender Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) c. Original Loan Date d. Original Loan Amount 1000,00 i. Repayment Amount f. Account Code h. Date (mm/dd/yyyy) . Remaining Loan Balance g. Form of Payment \$ \$ 3. Lender Information Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) c. Original Loan Date d. Original Loan Amount 1,995,55 g. Form of Payment f. Account Code h. Date (mm/dd/yyyy) i. Repayment Amount

4. Total only this Page

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Outstanding Loans

	0.6		1	Amendment	
Pg	24	ο£	24	☐ Yes	□ No

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

1. Committe	ee Full Name (and Fund if applicable)	2. ID Number					
DD	Adams for Winston						
5. Lender injurmation Add Reinove							
	Mailing Address & Phone	b. Job Title/Profession			d, Comments		
(include city	, state, & zip)	Pected Official					
Deni	SE DARCE Adams	D	36	red	e. Start Date (mm/dd/yyyy)		
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336-	345-2153	K	Si	red			
g. Rate	h. Security Pledged	i.	Origin	nal Loan Amount	j. Remaining Loan Balance		
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(include city	, state, & zip)						
					e. Start Date (mm/dd/yyyy)		
		c. Emp	doyer'	s Name/Specific Field			
					f. End Date (mm/dd/yyyy)		
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