

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				
a. Full Name DD Adams for Winston-Salem		c. ID Number		
b. Mailing Address (include City, State and Zip Code) 3661 MARLOWE AVE. WIS, NC 27106		d. Date Filed 01/08/2025		
		e. Phone Number 336-345-2153		
2. Report Year 2024	3. Period Start Date (mm/dd/yy) 10/20/2024	4. Period End Date (mm/dd/yy) 12/31/2024	5. Treasurer Full Name Denise Darce Adams	
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) Municipal <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 type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <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 Referendum <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		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name JAN 8 PM 12:58		
8. Number of Fundraisers this Report				
11. Account Information		11. Account Information		
a. Financial Institution Full Name Truist		a. Financial Institution Full Name		
b. Purpose Campaign Committee		b. Purpose		c. Account Code
c. Account Code DD4CC				d. Period Begin Balance
d. Period Begin Balance \$ 537.93				\$
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		[Signature]		01/08/2025
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	Employee:	Delivery Method		
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail		
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail		
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered		
		<input type="checkbox"/> Electronically Filed		
		<input type="checkbox"/> 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.				

Detailed Summary

Amendment

☐ Yes☐ No

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
DD Adams for US			
Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 537.93	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$ 15,281.97	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 1,950.00	
9) Loan Proceeds (CRO-1410)	\$	\$ 3,500.55	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ 83.42	
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)	\$ 0.00	\$ 20,815.94	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 356.00	\$ 14,680.65	
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)	\$	\$ 3500.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$ 311.97	
17) In-Kind Contributions (CRO-1510)	\$	\$ 4,000.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 356.00	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 161.93	\$ 161.93	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.55		
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)	\$	\$	

Disbursements

Pg ____ of ____

Amendment

☐ Yes ☐ 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 Fund if applicable)

DD Adams for Winston-Salem

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
(include city, state, & zip)

Trust Bank
2815 Reynolda Rd.
WIS, NC 27106

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal☐ County:☐ State☒ 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

DD4CC

Debit

0

10/21/2024

\$ 20.00

Ser Chg

DD4CC

Debit

0

11/21/2024

\$ 20.00

Ser Chg

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Trust Bank
2815 Reynolda Rd.
WIS, NC 27106

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal☐ County:☐ State☒ 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

DD4CC

Debit

0

12/23/2024

\$ 20.00

Ser Chg

DD4CC

Debit

0

12/23/2024

\$ 20.00

Ser Chg

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Constant Contact
1601 Trapela Rd.
Waltham, MA 02451

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal☐ County:☐ State☐ 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

DD4CC

Debit

0

11/02/2024

\$ 110.00

Email Ser

DD4CC

Debit

0

12/9/2024

\$ 110.00

Email Ser

5. Total only this Page

\$ 300.00

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)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 366.00

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)

CRO-1310

NC State Board of Elections

December 2009

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ 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 Fund if applicable) DD Adams for Winston-Salem						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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) Square Space 8 Clarkson St. New York, NY 10014				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
DD4CC		Debit		0		11/06/2024	
DD4CC		Debit		0		12/06/2024	
						j. Amount	
						\$ 33.00	
						k. Required Remarks	
						Email ser	
						\$ 33.00	
						Email ser	
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	
						\$	
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	
						\$	
5. Total only this Page \$ 66.00							
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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 366.00							
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)							

CRO-1310

NC State Board of Elections

December 2009