

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 VOTE TOM ADAMS COMMITTEE			c. ID Number <i>Pending</i>																																				
b. Mailing Address (include City, State and Zip Code) PO BOX 1350 NORWOOD, NC 28128			d. Date Filed 11/22/2023																																				
			e. Phone Number (828) 776-2774																																				
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 11/16/2023	4. Period End Date (mm/dd/yy) 11/22/2023	5. Treasurer Full Name JINGER KELLEY																																				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input checked="" type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report 0																																							
3. Account Information a. Financial Institution Full Name FIRST CITIZENS BANK		3. Account Information a. Financial Institution Full Name																																					
b. Purpose TRACK CAMPAIGN CONTRIBUTIONS & EXPENSES	c. Account Code 01	b. Purpose RECEIVED DEC 01 2023	c. Account Code																																				
	d. Period Begin Balance \$ 0.00		d. Period Begin Balance \$																																				
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board																																							
<i>Jinger Kelley</i> Printed Name of Signer		<i>Jinger Kelley</i> Signature of Appointed Treasurer																																					
		11/22/2023 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	<u>12/1/2023</u>	Employee:	<u>APB</u>																																				
Date Postmarked:		Employee:																																					
Date Scanned:		Employee:																																					
Date Data Entered:		Employee:																																					
		Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <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
VOTE TOM ADAMS COMMITTEE	2023 Organizational	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 0.00
		\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 5,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 5,000.00
		\$ 5,000.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00
		\$ 0.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,000.00
		\$ 5,000.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 5,000.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

Loan ProceedsPg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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 applicable)		2. ID Number												
VOTE TOM ADAMS COMMITTEE														
3. Lender Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>ADMINISTRATOR</td> <td></td> </tr> <tr> <td rowspan="2">THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272</td> <td>c. Employer's Name/Specific Field</td> <td>e. Start Date (mm/dd/yyyy)</td> </tr> <tr> <td>SEABOARD ASSOC MANAGEMENT SERVICES</td> <td>11/20/2023</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ADMINISTRATOR		THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	SEABOARD ASSOC MANAGEMENT SERVICES	11/20/2023
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	ADMINISTRATOR													
THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)												
	SEABOARD ASSOC MANAGEMENT SERVICES	11/20/2023												
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount										
%		01	Check	\$ 5,000.00										
l. Full Name of Lending Institution			m. Loan Number											
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td rowspan="2"></td> <td>d. Percentage</td> <td>e. Amount</td> </tr> <tr> <td>%</td> <td>\$</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field				d. Percentage	e. Amount	%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field												
	d. Percentage	e. Amount												
	%	\$												
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>														
\$ 5,000.00														

CRO-1410

NC State Board of Elections

April 2007

Outstanding LoansPg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) VOTE TOM ADAMS COMMITTEE		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	b. Job Title/Profession ADMINISTRATOR	d. Comments	
	c. Employer's Name/Specific Field SEABOARD ASSOC MANAGEMENT SERVICES	e. Start Date (mm/dd/yyyy) 11/20/2023	
		f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 5,000.00	j. Remaining Loan Balance \$ 5,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 5,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 5,000.00	

CRO-1430

NC State Board of Elections

December 2007