

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			c. ID Number	
VOTE TOM ADAMS COMMITTEE			MOO-74J0E8-C-001	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 1350 NORWOOD, NC 28128			07/08/2024	
			e. Phone Number	
			(828) 776-2774	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024	02/18/2024	06/30/2024	JINGER KELLEY	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party		Municipal		
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC		<input type="checkbox"/> Organizational		
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<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 type="checkbox"/> Year End		
		<input type="checkbox"/> Final		
		<input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Organizational		
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Quarterly		
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> First		
<input type="checkbox"/> NC Public Campaign Financing Fund		<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		
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report		10. Special Report Name		
0				
3. Account Information				
a. Financial Institution Full Name				
FIRST CITIZENS BANK				
b. Purpose		c. Account Code		
TRACK CAMPAIGN CONTRIBUTIONS & EXPENSES		01		
		d. Period Begin Balance		
		\$ 26,414.04		
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				
<u>Jinger Kelley</u> Printed Name of Signer		<u>Jinger Kelley</u> Signature of Appointed Treasurer		<u>07/08/2024</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>7/16/2024</u>	Employee:	<u>APB</u>	Delivery Method <u>postage stamped 7/10/24</u>
Date Postmarked:		Employee:		<input checked="" 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		2024 Second Quarter	MOO-74J0E8-C-001
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 26,414.04	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$ 200.00	
6) Contributions from Individuals (CRO-1210)	\$ 3,888.67	\$ 32,480.52	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 500.00	\$ 1,700.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 5,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 4,438.67	\$ 39,380.52	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 23,596.14	\$ 31,035.41	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 290.00	\$ 290.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 96.79	\$ 668.48	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 288.67	\$ 805.52	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 24,271.60	\$ 32,799.41	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6,581.11	\$ 6,581.11	
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	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1

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

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
VOTE TOM ADAMS COMMITTEE				MOO-74J0E8-C-001	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	Check		03/02/2024	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$50.00
5. Total of ALL CRO-1205 Pages				\$	\$50.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
VOTE TOM ADAMS COMMITTEE					MOO-74J0E8-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ED BLACKWELL 75 PINE LAKE DR WHISPERING PINES, NC 28327				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 88.67		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	CMPN EVENT FOOD/BEV	02/21/2024	\$ 88.67	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JAMES L BOLES JR 72 PINE RIDGE DR WHISPERING PINES, NC 28327				FUNERAL DIRECTOR		
				c. Employer's Name/Specific Field BOLES FUNERAL HOME, SO PINES		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		03/02/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM TOM BRADY PO BOX 1466 CARTHAGE, NC 28327				REAL ESTATE		
				c. Employer's Name/Specific Field WILLIAM BRADY		
				e. Election Sum to Date		
				\$ 3,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		03/02/2024	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,188.67	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,888.67	

Contributions from Individuals

Pg 2 of 3

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used.

1. Committee Full Name (and Fund if applicable) VOTE TOM ADAMS COMMITTEE					2. ID Number MOO-74J0E8-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBORAH Y DALY 1010 FIRE TOWER RD CARTHAGE, NC 28327			b. Job Title/Profession REAL ESTATE		d. Comments	
			c. Employer's Name/Specific Field DEBORAH DALY			
			e. Election Sum to Date \$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		02/20/2024	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL JONES 145 CREST RD SOUTHERN PINES, NC 28387			b. Job Title/Profession ASSOCIATE		d. Comments	
			c. Employer's Name/Specific Field SWELBAR-ZHONG CONSULTING			
			e. Election Sum to Date \$ 1,500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		02/21/2024	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CONNIE LOVELL 45 CYPRESS POINT SOUTHERN PINES, NC 28374			b. Job Title/Profession NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED			
			e. Election Sum to Date \$ 750.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		02/20/2024	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,888.67	

Contributions from Individuals

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Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) VOTE TOM ADAMS COMMITTEE					2. ID Number MOO-74J0E8-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES B O'MALLEY 121 NATIONAL DRIVE PINEHURST, NC 28374			PRESIDENT			
			c. Employer's Name/Specific Field			
			O'MALLEY DEVELOPMENT CO			
					e. Election Sum to Date	
					\$ 6,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		02/21/2024	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA VREEDE 155 CREST ROAD SOUTHERN PINES, NC 28387			PHOTOGRAPHER			
			c. Employer's Name/Specific Field			
			LISA VREEDE			
					e. Election Sum to Date	
					\$ 900.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	PHOTOGRAPHY SERVICES	03/05/2024	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,888.67	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
VOTE TOM ADAMS COMMITTEE				MOO-74J0E8-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC REALTORS PAC 4511 WEYBRIDGE LN GREENSBORO, NC 27407			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:					
					\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		05/23/2024	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 500.00	

CRO-1230

NC State Board of Elections

April 2007

Disbursements

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Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) VOTE TOM ADAMS COMMITTEE				2. ID Number MOO-74J0E8-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input type="checkbox"/> Operating Expenses <input checked="" 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) MOORE COUNTY REPUBLICAN MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28388			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date \$ 290.00		
f. Account Code 01	g. Form of Payment Check	h. Purpose Code G	i. Date (mm/dd/yyyy) 05/16/2024	j. Amount \$ 290.00	k. Required Remarks
				\$	
5. Total only this Page					\$ 290.00
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)					\$ 290.00
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)					

Disbursements

Pg 1 of 3

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) VOTE TOM ADAMS COMMITTEE					2. ID Number MOO-74J0E8-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <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) GOTPRINT.COM 7651 N. San Fernando Rd BURBANK, CA 91550				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 \$ 349.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	02/24/2024	\$ 131.18	PRINTING BUSINESS	
				\$	CARDS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) J-BOOKS SERVICES, INC 236 SUMMERHOUSE POINT NORWOOD, NC 28128				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 \$ 1,045.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	03/18/2024	\$ 1,045.88	CMPN REPORTING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARTIN AND BLAINE: THE DIFFERENTIATORS PO BOX 17623 RALEIGH, NC 27619				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 \$ 20,103.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	03/01/2024	\$ 20,103.25	DIRECT MAIL	
				\$		
5. Total only this Page					\$ 21,280.31	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 23,596.14	
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)						

Disbursements

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
VOTE TOM ADAMS COMMITTEE						MOO-74J0E8-C-001	
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)				b. Coordinated Committee Name		d. Comments	
PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374							
				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	
						\$ 559.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	03/05/2024	\$ 559.60	WATCH PARTY		
				\$	FOOD/BEV		
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	
PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374							
				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	
						\$ 94.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	03/06/2024	\$ 94.91	WATCH PARTY		
				\$	FOOD/BEV		
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	
SIZZLING STEAK OR EGGS 1850 US-1 SOUTHERN PINES, NC 28387							
				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	
						\$ 93.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	03/05/2024	\$ 93.82	CMPN TEAM MEAL		
				\$			
5. Total only this Page						\$ 748.33	
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)						\$ 23,596.14	
(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 - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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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)					2. ID Number	
VOTE TOM ADAMS COMMITTEE					MOO-74J0E8-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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)				b. Coordinated Committee Name		d. Comments
THE PILOT LLC 145 W Pennsylvania Ave SOUTHERN PINES, NC 28387				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		
						\$ 2,821.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	02/23/2024	\$ 598.50	AD BUY	
				\$		
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
THE PILOT LLC 145 W Pennsylvania Ave SOUTHERN PINES, NC 28387				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		
						\$ 969.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	03/18/2024	\$ 370.50	AD BUY	
01	Debit Card	O	03/18/2024	\$ 598.50	AD BUY	
5. Total only this Page					\$ 1,567.50	
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)					\$ 23,596.14	
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)						

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
VOTE TOM ADAMS COMMITTEE					MOO-74J0E8-C-001	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	01	Draft	O	02/23/2024	\$ 40.30	CC FEES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Debit Card	O	02/29/2024	\$ 26.50	EMAIL SERVICE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Debit Card	O	03/16/2024	\$ 29.99	CMPN INTERNET
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 96.79	
5. Total of ALL CRO-1315 Pages					\$ 96.79	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

Pg 1 of 1

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

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	
VOTE TOM ADAMS COMMITTEE		MOO-74J0E8-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ED BLACKWELL 75 PINE LAKE DR WHISPERING PINES, NC 28327		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 88.67	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CMPN EVENT FOOD/BEV		02/21/2024	\$ 88.67
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
LISA VREEDE 155 CREST ROAD SOUTHERN PINES, NC 28387		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 900.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PHOTOGRAPHY SERVICES		03/05/2024	\$ 200.00
			\$
			\$
4. Total only this Page			\$ 288.67
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 288.67

CRO-1510

NC State Board of Elections

December 2007

Outstanding Loans

Pg 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)		2. ID Number	
VOTE TOM ADAMS COMMITTEE		MOO-74J0E8-C-001	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272		ADMINISTRATOR	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		SEABOARD ASSOC MANAGEMENT SERVICES	11/20/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 5,000.00	\$ 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 (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 5,000.00

CRO-1430

NC State Board of Elections

December 2007