

# 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.

<b>1. Committee Information</b>																																							
<b>a. Full Name</b> VOTE TOM ADAMS COMMITTEE		<b>c. ID Number</b> MOO-74J0E8-C-001																																					
<b>b. Mailing Address (include City, State and Zip Code)</b> PO BOX 1350 NORWOOD, NC 28128		<b>d. Date Filed</b> 07/08/2024																																					
		<b>e. Phone Number</b> (828) 776-2774																																					
<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yy)</b> 02/18/2024	<b>4. Period End Date (mm/dd/yy)</b> 06/30/2024	<b>5. Treasurer Full Name</b> JINGER KELLEY																																				
<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1"> <tr> <td><b>Municipal</b></td> <td><b>State/County</b></td> <td><b>Referendum</b></td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input 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>		<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>	<input type="checkbox"/> Organizational	<input 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	
<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>																																					
<input type="checkbox"/> Organizational	<input 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																																					
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<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																																						
<b>7. Type of Fund (if applicable, check one)</b> <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:		<b>10. Special Report Name</b>																																					
<b>8. Number of Fundraisers this Report</b> 0																																							
<b>3. Account Information</b>		<b>3. Account Information</b>																																					
<b>a. Financial Institution Full Name</b> FIRST CITIZENS BANK		<b>a. Financial Institution Full Name</b>																																					
<b>b. Purpose</b> TRACK CAMPAIGN CONTRIBUTIONS & EXPENSES		<b>b. Purpose</b>																																					
		<b>c. Account Code</b>																																					
		01																																					
<b>d. Period Begin Balance</b>		JUL 16 2024																																					
\$ 26,414.04		\$																																					
<b>CERTIFICATION</b> 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																																					
		07/08/2024 Date																																					
<b>FOR OFFICE USE ONLY</b>																																							
Date Received:	7/16/2024	Employee:	APB																																				
Date Postmarked:		Employee:																																					
Date Scanned:		Employee:																																					
Date Data Entered:		Employee:																																					
		<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <i>Postage S</i> <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed																																					
		<input type="checkbox"/> Signer has not received mandatory training																																					
<b>Please Note:</b> 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

Use this form to summarize all disclosure reporting forms and to total monetary information

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

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
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>
4) Cash on Hand at Start		\$ 26,414.04
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,888.67
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
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
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 4,438.67
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 23,596.14
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 290.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 96.79
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 288.67
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 24,271.60
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 6,581.11
<b>ADDITIONAL INFORMATION</b>		
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
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 0.00

**Aggregated Contributions from Individuals**Page 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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
VOTE TOM ADAMS COMMITTEE			MOO-74J0E8-C-001		
<b>3. Contributor Information</b>					
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					
<b>4. Total only this Page</b>					
<b>5. Total of ALL CRO-1205 Pages</b>					
<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

Pg 1 of 3

Amendment  
 Yes  No

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

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

## Contributions from Individuals

Pg 2 of 3

Amendment  
 Yes  No

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

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

# Contributions from Individuals

Pg 3 of 3

Amendment  
 Yes  No

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

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

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>		
VOTE TOM ADAMS COMMITTEE		MOO-74J0E8-C-001		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  NC REALTORS PAC 4511 WEYBRIDGE LN GREENSBORO, NC 27407		<b>b. Type of Committee</b> <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b>  \$ 500.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
01	Check		05/23/2024	\$ 500.00
				\$
				\$
<b>4. Total only this Page</b>				\$ 500.00
<b>5. Total of ALL CRO-1230 Pages</b> <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 500.00

CRO-1230

NC State Board of Elections

April 2007

## Disbursements

Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE		<b>2. ID Number</b> MOO-74J0E8-C-001			
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <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 style="width: 50%; vertical-align: top;">           a. Full Name, Mailing Address &amp; Phone  <b>(include city, state, &amp; zip)</b>            MOORE COUNTY REPUBLICAN MEN'S CLUB            PO BOX 1812            SOUTHERN PINES, NC 28388         </td> <td style="width: 50%; vertical-align: top;">           b. Coordinated Committee Name              c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:            d. Comments              e. Election Sum to Date            \$ 290.00         </td> </tr> </table>			a. Full Name, Mailing Address & Phone <b>(include city, state, &amp; zip)</b> MOORE COUNTY REPUBLICAN MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28388	b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments  e. Election Sum to Date \$ 290.00	
a. Full Name, Mailing Address & Phone <b>(include city, state, &amp; zip)</b> MOORE COUNTY REPUBLICAN MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28388	b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments  e. Election Sum to Date \$ 290.00				
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> G	<b>i. Date (mm/dd/yyyy)</b> 05/16/2024	<b>j. Amount</b> \$ 290.00	<b>k. Required Remarks</b>
				\$	
<b>5. Total only this Page</b>					\$ 290.00
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 290.00
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
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		
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Disbursements

Amendment

Pg 1 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE						<b>2. ID Number</b> MOO-74J0E8-C-001
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <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	
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 02/24/2024	<b>j. Amount</b> \$ 131.18	<b>k. Required Remarks</b> PRINTING BUSINESS  CARDS	
<b>4. Payee Information</b> <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	
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 03/18/2024	<b>j. Amount</b> \$ 1,045.88	<b>k. Required Remarks</b> CMPN REPORTING	
<b>4. Payee Information</b> <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	
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 03/01/2024	<b>j. Amount</b> \$ 20,103.25	<b>k. Required Remarks</b> DIRECT MAIL	
<b>5. Total only this Page</b>						\$ 21,280.31
<b>6. Total of ALL CRO-1310 Pages</b> <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
<b>7. Purpose Codes</b> (List detailed expenditure code in (h) above)						
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund
* Codes require detailed explanation in required remarks field (k)						

## Disbursements

Pg 2 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE		<b>2. ID Number</b> MOO-74J0E8-C-001								
<b>3. Type of Disbursement</b> <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										
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374</td> <td><b>b. Coordinated Committee Name</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td><b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td><b>e. Election Sum to Date</b>  \$ 559.60</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>  \$ 559.60			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>								
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>  \$ 559.60								
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 03/05/2024	<b>j. Amount</b> \$ 559.60	<b>k. Required Remarks</b> WATCH PARTY FOOD/BEV					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<table border="1"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374</td> <td><b>b. Coordinated Committee Name</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td><b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td><b>e. Election Sum to Date</b>  \$ 94.91</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>  \$ 94.91
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>								
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>  \$ 94.91								
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 03/06/2024	<b>j. Amount</b> \$ 94.91	<b>k. Required Remarks</b> WATCH PARTY FOOD/BEV					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<table border="1"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SIZZLING STEAK OR EGGS 1850 US-1 SOUTHERN PINES, NC 28387</td> <td><b>b. Coordinated Committee Name</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td><b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td><b>e. Election Sum to Date</b>  \$ 93.82</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SIZZLING STEAK OR EGGS 1850 US-1 SOUTHERN PINES, NC 28387	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>  \$ 93.82
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SIZZLING STEAK OR EGGS 1850 US-1 SOUTHERN PINES, NC 28387	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>								
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>  \$ 93.82								
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 03/05/2024	<b>j. Amount</b> \$ 93.82	<b>k. Required Remarks</b> CMPN TEAM MEAL					
<b>5. Total only this Page</b>			\$ 748.33							
<b>6. Total of ALL CRO-1310 Pages</b> <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							
<b>7. Purpose Codes</b> (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

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE		<b>2. ID Number</b> MOO-74J0E8-C-001						
<b>3. Type of Disbursement</b> <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								
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>THE PILOT LLC 145 W Pennsylvania Ave SOUTHERN PINES, NC 28387</td> <td>c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td>e. Election Sum to Date \$ 2,821.50</td> </tr> </table>			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
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						
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>			
01	Debit Card	O	02/23/2024	\$ 598.50	AD BUY			
				\$				
<b>4. Payee Information</b> <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					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>			
01	Debit Card	O	03/18/2024	\$ 370.50	AD BUY			
01	Debit Card	O	03/18/2024	\$ 598.50	AD BUY			
<b>5. Total only this Page</b>					\$ 1,567.50			
<b>6. Total of ALL CRO-1310 Pages</b> <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			
<b>7. Purpose Codes</b> (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.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
VOTE TOM ADAMS COMMITTEE					MOO-74J0E8-C-001	
<b>3. Payee Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. Purpose Code</b>	<b>e. Date (m/m/dd/yyyy)</b>	<b>f. Amount</b>	<b>g. Required Remarks</b>
<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						
<b>4. Total only this Page</b>					\$	96.79
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	96.79
<b>6. Purpose Codes</b> (List detailed expenditure code in (d) above)						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	D - To Another Candidate			
E - Salaries	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
I - Postage	J - Penalties	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						

\* 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**  
 Yes  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.

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE		<b>2. ID Number</b> MOO-74J0E8-C-001																																																	
<b>3. Contributor Information</b> <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="5" style="vertical-align: top; width: 40%;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>             ED BLACKWELL            75 PINE LAKE DR            WHISPERING PINES, NC 28327         </td> <td rowspan="5" style="vertical-align: top;"> <b>b. Type of Contributor</b>  <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         </td> <td colspan="2"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><b>d. Election Sum to Date</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">88.67</td> </tr> <tr> <td colspan="2"><b>e. Description</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>f. Date (mm/dd/yyyy)</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">02/21/2024</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"> <b>3. Contributor Information</b> <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="5" style="vertical-align: top; width: 40%;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>             LISA VREEDE            155 CREST ROAD            SOUTHERN PINES, NC 28387         </td> <td rowspan="5" style="vertical-align: top;"> <b>b. Type of Contributor</b>  <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         </td> <td colspan="2"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><b>d. Election Sum to Date</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">900.00</td> </tr> <tr> <td colspan="2"><b>e. Description</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>f. Date (mm/dd/yyyy)</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">03/05/2024</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"> <b>4. Total only this Page</b> </td> </tr> <tr> <td colspan="3"> <b>5. Total of ALL CRO-1510 Pages</b>  <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> </td> </tr> </table> </td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ED BLACKWELL 75 PINE LAKE DR WHISPERING PINES, NC 28327	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>		<b>d. Election Sum to Date</b>		\$	88.67	<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>		02/21/2024				\$			\$	<b>3. Contributor Information</b> <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="5" style="vertical-align: top; width: 40%;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>             LISA VREEDE            155 CREST ROAD            SOUTHERN PINES, NC 28387         </td> <td rowspan="5" style="vertical-align: top;"> <b>b. Type of Contributor</b>  <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         </td> <td colspan="2"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><b>d. Election Sum to Date</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">900.00</td> </tr> <tr> <td colspan="2"><b>e. Description</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>f. Date (mm/dd/yyyy)</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">03/05/2024</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"> <b>4. Total only this Page</b> </td> </tr> <tr> <td colspan="3"> <b>5. Total of ALL CRO-1510 Pages</b>  <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> </td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LISA VREEDE 155 CREST ROAD SOUTHERN PINES, NC 28387	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>		<b>d. Election Sum to Date</b>		\$	900.00	<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>		03/05/2024				\$			\$	<b>4. Total only this Page</b>			<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ED BLACKWELL 75 PINE LAKE DR WHISPERING PINES, NC 28327	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>																																																	
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02/21/2024																																																			
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<b>3. Contributor Information</b> <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="5" style="vertical-align: top; width: 40%;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>             LISA VREEDE            155 CREST ROAD            SOUTHERN PINES, NC 28387         </td> <td rowspan="5" style="vertical-align: top;"> <b>b. Type of Contributor</b>  <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         </td> <td colspan="2"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><b>d. Election Sum to Date</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">900.00</td> </tr> <tr> <td colspan="2"><b>e. Description</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>f. Date (mm/dd/yyyy)</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">03/05/2024</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"> <b>4. Total only this Page</b> </td> </tr> <tr> <td colspan="3"> <b>5. Total of ALL CRO-1510 Pages</b>  <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> </td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LISA VREEDE 155 CREST ROAD SOUTHERN PINES, NC 28387	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>		<b>d. Election Sum to Date</b>		\$	900.00	<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>		03/05/2024				\$			\$	<b>4. Total only this Page</b>			<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>																									
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# 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.

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE		<b>2. ID Number</b> MOO-74J0E8-C-001	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272		<b>b. Job Title/Profession</b> ADMINISTRATOR	
		<b>c. Employer's Name/Specific Field</b> SEABOARD ASSOC MANAGEMENT SERVICES	
<b>d. Comments</b>			
		<b>e. Start Date (mm/dd/yyyy)</b> 11/20/2023	
		<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 5,000.00	\$ 5,000.00
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>4. Total only this Page</b>		\$ 5,000.00	
<b>5. Total of ALL CRO-1430 Pages</b> <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