

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		10/24/2024	
		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	07/01/2024	10/19/2024	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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Municipal <input type="checkbox"/> State/County <input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> First <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Pre-primary <input type="checkbox"/> Second <input type="checkbox"/> Final <input type="checkbox"/> Pre-election <input type="checkbox"/> Third <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Fourth <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Special <input type="checkbox"/> Mid Year <input type="checkbox"/> Mid Year <input type="checkbox"/> Special <input type="checkbox"/> Year End <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Final <input type="checkbox"/> Special <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<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:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
TRACK CAMPAIGN CONTRIBUTIONS & EXPENSES	01	RECEIVED OCT 24 2024	MOORE BOE
	d. Period Begin Balance		
	\$ 6,581.11		
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			
Jinger Kelley		Jinger Kelley Digitally signed by Jinger Kelley Date: 2024.10.24 05:55:41 -04'00'	
Printed Name of Signer		Signature of Appointed Treasurer	
		10/24/2024	
		Date	
FOR OFFICE USE ONLY			
Date Received:	10/24/24	Employee:	APP
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method	
		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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

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 Third Quarter	MOO-74J0E8-C-001
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 6,581.11
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 100.00
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)	\$ 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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 100.00
		\$ 39,480.52
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 1,320.00
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)	\$ 4.30
15) Loan Repayments	(CRO-1420)	\$ 3,000.00
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)		\$ 4,324.30
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,356.81
		\$ 2,356.81
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,000.00
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

Contributions from IndividualsPg 1 of 1

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 <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: 33%; padding: 5px;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33%; padding: 5px;">b. Job Title/Profession</td> <td style="width: 33%; padding: 5px;">d. Comments</td> </tr> <tr> <td rowspan="3" style="padding: 5px;">JAMES MACNEIL 44 GREYABBEY DR PINEHURST, NC 28374</td> <td style="padding: 5px;">LAB MANAGER</td> <td rowspan="3" style="padding: 5px;">e. Election Sum to Date \$ 100.00</td> </tr> <tr> <td style="padding: 5px;">c. Employer's Name/Specific Field</td> </tr> <tr> <td style="padding: 5px;">TRINITY MANUFACTURING</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JAMES MACNEIL 44 GREYABBEY DR PINEHURST, NC 28374	LAB MANAGER	e. Election Sum to Date \$ 100.00	c. Employer's Name/Specific Field	TRINITY MANUFACTURING
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments								
JAMES MACNEIL 44 GREYABBEY DR PINEHURST, NC 28374	LAB MANAGER	e. Election Sum to Date \$ 100.00								
	c. Employer's Name/Specific Field									
	TRINITY MANUFACTURING									
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		10/07/2024	\$ 100.00					
<input type="checkbox"/>					\$					
<input type="checkbox"/>					\$					
4. Total only this Page					\$ 100.00					
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 100.00					

CRO-1210

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

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) 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		
			\$ 2,365.88		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	09/16/2024	\$ 1,320.00	COMPLIANCE REPORTING
5. Total only this Page					\$ 1,320.00
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>					\$ 1,320.00
7. Purpose Codes <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		
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 <input type="checkbox"/> Remove	01	Draft	O	10/08/2024	\$ 4.30	CC FEES
4. Total only this Page					\$	4.30
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	4.30
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising	D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund		

CRO-1315

NC State Board of Elections

December 2009

* Codes require detailed explanation in required remarks field (g)

Loan Repayments

Pg 1 of 1 Amendment
 Yes No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable) VOTE TOM ADAMS COMMITTEE		2. ID Number 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. Comments 	
THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272		c. Original Loan Date 11/20/2023	
		d. Original Loan Amount \$ 5,000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)
\$ 2,000.00	01	Check	08/01/2024
\$			\$
4. Total only this Page			
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)			

CRO-1420

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) THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	b. Job Title/Profession	d. Comments	
	ADMINISTRATOR		
	SEABOARD ASSOC MANAGEMENT SERVICES		
c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
	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	\$ 2,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 2,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 2,000.00	

CRO-1430

NC State Board of Elections

December 2007