

# 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	RECEIVED		
VOTE TOM ADAMS COMMITTEE			c. ID Number
b. Mailing Address (include City, State and Zip Code)	JAN 24 2024		
PO BOX 1350 NORWOOD, NC 28128	d. Date Filed 01/18/2024		
MOORE BOE			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
2023	11/23/2023	12/31/2023	JINGER KELLEY

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)	10. Special Report Name
<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"/> "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:	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special

## 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		
d. Period Begin Balance		d. Period Begin Balance	
\$ 5,000.00		\$	

## 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  
Printed Name of Signer

Jinger Kelley  
Signature of Appointed Treasurer

01/18/2024

Date

## FOR OFFICE USE ONLY

Date Received:	1/24/24	Employee:	<u>Y</u>	Delivery Method
Date Postmarked:		Employee:		<input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
VOTE TOM ADAMS COMMITTEE	2023 Year End Semi-Annual	
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>
4) Cash on Hand at Start	\$ 5,000.00	\$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,907.00
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)	\$ 4,907.00	\$ 9,907.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 889.46
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)	\$ 284.89
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 107.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,281.35	\$ 1,281.35
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 8,625.65	\$ 8,625.65
<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
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

# Contributions from Individuals

Pg 1 of 6 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>
--	--	---------------------

<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) 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. Election Sum to Date</b> \$ 5,107.00

<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	FILING FEE	12/04/2023	\$ 107.00
<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</b> (include city, state, & zip) WILLIAM BRADY PO BOX 1466 CARTHAGE, NC 28327		<b>b. Job Title/Profession</b> REAL ESTATE  <b>c. Employer's Name/Specific Field</b> WILLIAM BRADY	<b>d. Comments</b>
			<b>e. Election Sum to Date</b> \$ 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		11/29/2023	\$ 500.00
<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</b> (include city, state, & zip) DOUGLAS COPELAND JR 2310 LAFAYETTE AVE GREENSBORO, NC 27408		<b>b. Job Title/Profession</b> MEDIA EXECUTIVE  <b>c. Employer's Name/Specific Field</b> COPELAND	<b>d. Comments</b>
			<b>e. Election Sum to Date</b> \$ 200.00

<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		12/16/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 807.00
--------------------------------	-----------

<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 4,907.00
---	-------------

# Contributions from Individuals

Pg 2 of 6  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					
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	
JESSE COYLE 275 S VALLEY RD SOUTHERN PINES, NC 28387			ATTORNEY		
			c. Employer's Name/Specific Field		
			JESSE COYLE		
e. Election Sum to Date					
\$ 300.00					
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		12/24/2023	\$ 300.00
<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	
DENNIS ELLIS 125 CREST RD SOUTHERN PINES, NC 28387			NO JOB TITLE		
			c. Employer's Name/Specific Field		
			NOT EMPLOYED		
e. Election Sum to Date					
\$ 1,000.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Credit Card		12/21/2023	\$ 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	
CRAIG GOODNIGHT 264 DICKS HILL RD CARTHAGE, NC 28327			NO JOB TITLE		
			c. Employer's Name/Specific Field		
			NOT EMPLOYED		
e. Election Sum to Date					
\$ 200.00					
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		12/23/2023	\$ 200.00
<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)					
\$ 4,907.00					

## Contributions from Individuals

Pg 3 of 6

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>		<b>2. ID Number</b>		
VOTE TOM ADAMS COMMITTEE				
<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)		<b>b. Job Title/Profession</b> NO JOB TITLE	<b>d. Comments</b>	
CATHERINE GRAHAM 399 BINGHAM ST CARTHAGE, NC 28327		<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED	<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>
<input type="checkbox"/>	01	Check		12/20/2023
<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</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> FUNERAL DIRECTOR	<b>d. Comments</b>	
PHILIP B HOLMES 133 LAUREL OAK LN PINE BLUFF, NC 28373		<b>c. Employer's Name/Specific Field</b> CRUMPLER FUNERAL HOME	<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>
<input type="checkbox"/>	01	Check		12/18/2023
<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</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> ASSOCIATE	<b>d. Comments</b>	
MICHAEL JONES 145 CREST RD SOUTHERN PINES, NC 28387		<b>c. Employer's Name/Specific Field</b> SWELBAR-ZHONG CONSULTING	<b>e. Election Sum to Date</b> \$ 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>
<input type="checkbox"/>	01	Credit Card		12/01/2023
<input type="checkbox"/>				\$
<input type="checkbox"/>				\$
<b>4. Total only this Page</b> \$ 700.00				
<b>5. Total of ALL CRO-1210 Pages</b> (\$ This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 4,907.00				

# Contributions from Individuals

Pg 4 of 6

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>						<b>2. ID Number</b>
VOTE TOM ADAMS COMMITTEE						
<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)  MICHAEL KANTOROWSKI 180 LINDENHURST FARM RD ABERDEEN, NC 28315			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
			ABC BOARD			
			<b>c. Employer's Name/Specific Field</b>			
			MOORE COUNTY			
<b>e. Election Sum to Date</b>  \$ 200.00						
<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		12/20/2023	\$ 200.00	
<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</b> (include city, state, & zip)  EARL KEY 207 TARTAN TRAIL SOUTHERN PINES, NC 28387			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
<b>e. Election Sum to Date</b>  \$ 200.00						
<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		12/22/2023	\$ 200.00	
<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</b> (include city, state, & zip)  CONNIE LOVELL 45 CYPRESS POINT SOUTHERN PINES, NC 28374			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
<b>e. Election Sum to Date</b>  \$ 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		12/30/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b> \$ 900.00						
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> \$ 4,907.00						

## Contributions from Individuals

Pg 5 of 6

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>																				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN MC LAUGHLIN 1475 MIDLAND RD, UNIT 45 SOUTHERN PINES, NC 28387</td> <td colspan="2"><b>b. Job Title/Profession</b> DEVELOPER</td> <td colspan="2"><b>d. Comments</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>c. Employer's Name/Specific Field</b> MEGA GROUP</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"><b>e. Election Sum to Date</b> \$ 500.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN MC LAUGHLIN 1475 MIDLAND RD, UNIT 45 SOUTHERN PINES, NC 28387		<b>b. Job Title/Profession</b> DEVELOPER		<b>d. Comments</b>				<b>c. Employer's Name/Specific Field</b> MEGA GROUP				<b>e. Election Sum to Date</b> \$ 500.00					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN MC LAUGHLIN 1475 MIDLAND RD, UNIT 45 SOUTHERN PINES, NC 28387		<b>b. Job Title/Profession</b> DEVELOPER		<b>d. Comments</b>																			
		<b>c. Employer's Name/Specific Field</b> MEGA GROUP																					
<b>e. Election Sum to Date</b> \$ 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	Check		12/16/2023	\$ 500.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> RALPH NEWMAN PO BOX 5329 PINEHURST, NC 28374</td> <td colspan="2"><b>b. Job Title/Profession</b> NO JOB TITLE</td> <td colspan="2"><b>d. Comments</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>c. Employer's Name/Specific Field</b> NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"><b>e. Election Sum to Date</b> \$ 100.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> RALPH NEWMAN PO BOX 5329 PINEHURST, 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> \$ 100.00					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> RALPH NEWMAN PO BOX 5329 PINEHURST, 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> \$ 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	Credit Card		12/02/2023	\$ 100.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN ROWERDINK 15 MCMICHAEL DR PINEHURST, NC 28374</td> <td colspan="2"><b>b. Job Title/Profession</b> NO JOB TITLE</td> <td colspan="2"><b>d. Comments</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>c. Employer's Name/Specific Field</b> NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"><b>e. Election Sum to Date</b> \$ 200.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN ROWERDINK 15 MCMICHAEL DR PINEHURST, 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> \$ 200.00					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN ROWERDINK 15 MCMICHAEL DR PINEHURST, 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> \$ 200.00																							
<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		11/30/2023	\$ 200.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<b>4. Total only this Page</b> \$ 800.00																							
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 4,907.00																							

# Contributions from Individuals

Pg. 6 of 6  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>						
<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 style="width: 33%; padding: 5px;"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JOE STEWART 219 PARK AVE RALEIGH, NC 27605</td> <td style="width: 33%; padding: 5px;"><b>b. Job Title/Profession</b> ASSOC EXECUTIVE</td> <td style="width: 33%; padding: 5px;"><b>d. Comments</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>c. Employer's Name/Specific Field</b> INDEPENDANT INS AGENTS OF NC</td> <td style="padding: 5px;"><b>e. Election Sum to Date</b> \$ 200.00</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JOE STEWART 219 PARK AVE RALEIGH, NC 27605	<b>b. Job Title/Profession</b> ASSOC EXECUTIVE	<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b> INDEPENDANT INS AGENTS OF NC		<b>e. Election Sum to Date</b> \$ 200.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JOE STEWART 219 PARK AVE RALEIGH, NC 27605	<b>b. Job Title/Profession</b> ASSOC EXECUTIVE	<b>d. Comments</b>						
<b>c. Employer's Name/Specific Field</b> INDEPENDANT INS AGENTS OF NC		<b>e. Election Sum to Date</b> \$ 200.00						
<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		12/21/2023	\$ 200.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
<b>4. Total only this Page</b>					\$ 200.00			
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,907.00			

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 1 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>							<b>2. ID Number</b>
VOTE TOM ADAMS COMMITTEE							
<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)			b. Coordinated Committee Name		d. Comments		
A.G.E.GRAPHICS LLC 52231 STATE ROUTE 248 LONG BOTTOM, OH 45743			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 521.00		
<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	12/29/2023	\$ 521.00	YARD SIGNS		
				\$			
<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		
STAPLES 290 TURNER ST ABERDEEN, NC 28315			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 152.46		
<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	B	12/26/2023	\$ 152.46	FLYERS		
				\$			
<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		
TALK RADIO WEEB 900 PO BOX 1855 SOUTHERN PINES, NC 28387			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 216.00		
<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	A	12/04/2023	\$ 216.00	RADIO ADS		
				\$			
<b>S. Total only this Page</b>							\$ 889.46
<b>6. Total of ALL CRO-1310 Pages</b>							
(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)							\$ 889.46
<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						
<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 (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>g. Required Remarks</b>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	12/01/2023	\$ 28.60	CC PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	12/03/2023	\$ 24.60	CC PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	12/22/2023	\$ 48.60	CC PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	12/24/2023	\$ 12.30	CC PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	12/31/2023	\$ 20.30	CC PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	O	12/18/2023	\$ 48.10	MAGNETIC NAME TAGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	O	12/29/2023	\$ 26.50	EMAIL COMMUNICATIONS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	O	12/04/2023	\$ 35.90	CAMPAIGN MEETING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	O	11/27/2023	\$ 39.99	INTERNET
<b>4. Total only this Page</b>					\$ 284.89	
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 284.89	
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
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			
<b>* Codes require detailed explanation in required remarks field (g)</b>						

**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>		<b>2. ID Number</b>
VOTE TOM ADAMS COMMITTEE		
<b>3. Contributor Information</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div>		
<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. 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> \$ 5,107.00
<b>e. Description</b> FILING FEE	<b>f. Date (mm/dd/yyyy)</b> 12/04/2023	<b>g. Fair Market Amount</b> \$ 107.00
		\$
		\$
<b>4. Total only this Page</b>		\$ 107.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 107.00

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.

<b>1. Committee Full Name (and Fund if applicable)</b> VOTE TOM ADAMS COMMITTEE		<b>2. ID Number</b>									
<b>3. Lender 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%;"> <tr> <td><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</td> <td><b>b. Job Title/Profession</b>  ADMINISTRATOR</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b>  SEABOARD ASSOC MANAGEMENT SERVICES</td> <td><b>e. Start Date (mm/dd/yyyy)</b> 11/20/2023</td> </tr> <tr> <td></td> <td></td> <td><b>f. End Date (mm/dd/yyyy)</b></td> </tr> </table>			<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>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>  SEABOARD ASSOC MANAGEMENT SERVICES	<b>e. Start Date (mm/dd/yyyy)</b> 11/20/2023			<b>f. End Date (mm/dd/yyyy)</b>
<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>d. Comments</b>									
	<b>c. Employer's Name/Specific Field</b>  SEABOARD ASSOC MANAGEMENT SERVICES	<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