Disclosure Report Cover

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

Amendment
☐ Yes ☒ No

1. Committee Information

a. Full Name
Adams For Sheriff

RECEIVED

JUL 1 4 2022

MOORE BOE

c. ID Number

b. Mailing Address (include City, State and Zip Code)
1650 Midland Road
Southern Pines, NC 28387

d. Date Filed
07/12/2022

e. Phone Number
910-690-2946

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/18	06/30/22	Steve W. Adams

6. Type of Committee (Check One)

☒ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☒ Final
☒ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code
	O
	d. Period Begin Balance
	$ 300

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code
	d. Period Begin Balance
	$ 0

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 of Elections.

Steve W. Adams	*[signature]*	07/11/22
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ 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.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Adams For Sheriff		

Start of Election Cycle: January 1, _2018_		Total this Reporting Period	Total this Election Cycle
4) **Cash on Hand at Start**		$ 300	$ 0

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6)	Contributions from Individuals	*(CRO-1210)*	$ 0	$ 3591
7)	Contributions from Political Party Committees	*(CRO-1220)*	$	$
8)	Contributions from Other Political Committees	*(CRO-1230)*	$	$
9)	Loan Proceeds	*(CRO-1410)*	$	$
10)	Refunds/Reimbursements To the Committee	*(CRO-1240)*	$	$
11)	Other Receipt Sources			
	11a) Interest on Bank Accounts	*(CRO-1250)*	$	$
	11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$
	11c) Outside Sources of Income	*(CRO-1250)*	$	$
	11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$	$
	11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12)	**TOTAL RECEIPTS** *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 0	$ 3591

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
	13a) Operating Expenditures	*(CRO-1310)*	$	$
	13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$	$
	13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$
14)	Aggregated Non-Media Expenditures	*(CRO-1315)*	$	$
15)	Loan Repayments	*(CRO-1420)*	$	$
16)	Refunds/Reimbursements From the Committee	*(CRO-1320)*	$ 294	$ 294
17)	In-Kind Contributions	*(CRO-1510)*	$ 6	$ 6
18)	**TOTAL EXPENDITURES** *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 300	$ 300
19)	**Cash on Hand at End** *(Add lines 4 and 12 together, then subtract line 18)*		$ 0	$ 0

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
20)	Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$	
21)	Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$	
22)	Debts and Obligations owed By the Committee	*(CRO-1610)*	$	
23)	Debts and Obligations owed To the Committee	*(CRO-1620)*	$	
24)	Account Transfers Within the Committee	*(CRO-1720)*	$	
25)	Administrative Support	*(CRO-1710)*	$	$
26)	Forgiven Loans	*(CRO-1440)*	$	$
27)	48-Hour Notice Reports Sum	*(CRO-2220)*	$	$
28)	Contributions to be Refunded	*(CRO-1215)*	$	$

Refunds/Reimbursements From the Committee

Pg ___ of ___

Amendment: ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Adams For Sheriff	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Steve W. Adams	☒ Candidate ☐ PAC	06/07/22
1650 Midland Road	☐ Referendum ☐ Party	
Southern Pines, NC 28387	**e. Level Registered (Specify)**	**i. Original Receipt Amount**
	☐ Federal ☐ County:	$ 294
	☒ State ☒ Municipality:	
	f. Purpose Code	**j. Election Sum to Date**
	L	$ 294

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Broadcasting	WEEB Radio		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Transfer	Close out the Candidate Account	06/07/2022	$ 294

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC	
	☐ Referendum ☐ Party	
	e. Level Registered (Specify)	**i. Original Receipt Amount**
	☐ Federal ☐ County:	$
	☐ State ☐ Municipality:	
	f. Purpose Code	**j. Election Sum to Date**
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC	
	☐ Referendum ☐ Party	
	e. Level Registered (Specify)	**i. Original Receipt Amount**
	☐ Federal ☐ County:	$
	☐ State ☐ Municipality:	
	f. Purpose Code	**j. Election Sum to Date**
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

L - Returned to Contributor   M - Overpayment for Service   N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind   O* Other
* Codes require detailed explanation in required remarks field (m)

In-Kind Contributions

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.

Amendment: ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Adams For Sheriff	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Steve W. Adams 1650 Midland Road Southern Pines, NC 28387	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
First Bank Service fee on account	06/17/2022	$ 6
		$
		$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 6
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 3597