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	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO BOX 1350 NORWOOD, NC 28128	02/25/2024
	e. Phone Number
	(828) 776-2774

RECEIVED FEB 29 '24 MOORE BOE

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	01/01/2024	02/17/2024	JINGER KELLEY

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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	

3. Account Information

a. Financial Institution Full Name		
FIRST CITIZENS BANK		
b. Purpose	**c. Account Code**	
TRACK CAMPAIGN CONTRIBUTIONS & EXPENSES	01	
	d. Period Begin Balance	
	$ 8,625.65	

3. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	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 — Printed Name of Signer

Jinger Kelley — Signature of Appointed Treasurer

02/25/2024 — Date

FOR OFFICE USE ONLY

Date Received:	2/29/24	Employee:	
Date Postmarked:	2/26/24	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

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
VOTE TOM ADAMS COMMITTEE	2024 First Quarter	

Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 8,625.65	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 150.00	$ 150.00
6) Contributions from Individuals	*(CRO-1210)*	$ 23,684.85	$ 28,591.85
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 1,200.00	$ 1,200.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 5,000.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ 0.00	$ 0.00
11c) Outside Sources of Income	*(CRO-1250)*	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 25,034.85	$ 34,941.85
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 6,549.81	$ 7,439.27
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0.00	$ 0.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 286.80	$ 571.69
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 0.00	$ 0.00
17) In-Kind Contributions	*(CRO-1510)*	$ 409.85	$ 516.85
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7,246.46	$ 8,527.81
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 26,414.04	$ 26,414.04
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 5,000.00	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ 0.00	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ 0.00	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0.00	
25) Administrative Support	*(CRO-1710)*	$ 0.00	$ 0.00
26) Forgiven Loans	*(CRO-1440)*	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ 0.00	$ 0.00
28) Contributions to be Refunded	*(CRO-1215)*	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	01	Debit Card		01/29/2024	$ 25.00
☐ Add ☐ Remove	01	Debit Card		01/03/2024	$ 50.00
☐ Add ☐ Remove	01	Debit Card		02/11/2024	$ 50.00
☐ Add ☐ Remove	01	Debit Card		01/03/2024	$ 25.00

4. Total only this Page	$	$150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$150.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	ADMINISTRATOR	SEABOARD ASSOC MANAGEMENT SERVICES		$ 5,116.85

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	In-Kind	POSTAGE	01/25/2024	$ 9.85
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES ARMSTRONG 11010 Windsor Club Ct, Apt.101 RALEIGH, NC 27617	CONTRACTOR	M+R Interim Solutions		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/09/2024	$ 400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY BAUCOM 121 CREST ROAD SOUTHERN PINES, NC 28387	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		02/05/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 509.85
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PETER BENSON 230 Becky Branch Road SOUTHERN PINES, NC 28387	PHYSICIAN	Systeme D Services		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/16/2024	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LYDIA BOESCH 35 McMichael Drive PINEHURST, NC 28374	ATTORNEY	LYDIA BOESCH		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/12/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LOU BOLOGNA 91 ABBOTTSFORD'S DR PINEHURST, NC 28374	NOT EMPLOYED	NO JOB TITLE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/17/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEIGH BORTINS 255 GRANT ST WEST END, NC 27376	OWNER	CLASSICAL CONVERSATIONS		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/03/2024	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WAYNE R BOYES III 360 SUGAR PINE DR PINEHURST, NC 28374	FEDERAL LOBBYIST	WAYNE BOYLES III		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM BRADY PO BOX 1466 CARTHAGE, NC 28327	REAL ESTATE	WILLIAM BRADY		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 1,500.00
☐					$
☐					$

4. Total only this Page	$ 2,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM H BRADY 110 EAGLE POINT LN SOUTHERN PINES, NC 28387	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/27/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W TYLER BRADY PO BOX 276 CARTHAGE, NC 28327	VETERINARIAN	W.TYLER BRADY		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DON BRANCH 15 Elkton Drive PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/26/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAULINE BRUNO 135 Juniper Creek Blvd PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/27/2024	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LISA B CADDELL PO BOX 887 CATHAGE, NC 28327	NO JOB TITLE	NOT EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/24/2024	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELIZABETH CARTER 10 CYPRESS POINT DRIVE PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/10/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 1,450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TIM CURRAN 447 BRINKLEY ROAD CARTHAGE, NC 28327	SPECIALIST	US GOVERNMENT		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/08/2024	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID CUSHMAN 131 CREST RD SOUTHERN PINES, NC 28387	NO JOB TITLE	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/03/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAY FANDEL 1260 MIDLAND RD SOUTHERN PINES, NC 28387	NO JOB TITLE	NOT EMPLOYED		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRUCE FRYE 5744 NC HWY 22 CARTHAGE, NC 28327	Associate Pastor	Yates Thagard Baptist Church		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARIONN GAIDA 5 LAKEWOOD DRIVE PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/03/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT GALLAGHER 545 Highland Road SOUTHERN PINES, NC 28387	LAWYER	CAROLINA TAX, TRUSTS & ESTATES		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/08/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NEIL A GODFREY 25 GOLDENROD DR WHISPERING PINES, NC 28327	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/31/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL HARDIN 20 ROYAL DUBIN DOWNS PINEHURST, NC 28374	ATTORNEY	STATE OF NC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TIM HELMS 517 WOODS DRIVE ABERDEEN, NC 28315	MANAGER	ATEX TECHNOLOGIES		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/08/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
M HUGH HINTON III 895 NC Hwy 73 WEST END, NC 27376	PRODUCTION/SALES	OLD CASTLE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EUGENE B HORNE JR PO BOX 1495 PINEHURST, NC 28370	NO JOB TITLE	NOT EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/27/2024	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NEIL JACKSON 907 Caviness Town RD ROBBINS, NC 27325	PASTOR	BEULAH BAPTIST		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN KENNARD 4669 GULF BOULEVARD ST. PETE BEACH, FL 33706	NO JOB TITLE	NOT EMPLOYED		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/09/2024	$ 350.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ADAM KIKER 215 PINE BARRENS VISTA SOUTHERN PINES, NC 28387	ENGINEER	LKC		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		02/09/2024	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MITCHELL LANCASTER 40 REDTAIL LANE PINEHURST, NC 28374	BANKING	ATM USA		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		02/02/2024	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN LATER PO BOX 2150 SOUTHERN PINES, NC 28388	LAWYER	ROBBINS MAY & RICH LLP		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/09/2024	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES LEGG 702 SUN ROAD ABERDEEN, NC 28315	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Credit Card		01/13/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES LEXO 15 BEL AIR DRIVE PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/01/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WANDA LITTLE 111 NATIONAL DRIVE PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN MCLAUGHLIN 1475 MIDLAND RD, UNIT 45 SOUTHERN PINES, NC 28387	DEVELOPER	MEGA GROUP		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/17/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID MINER 220 LIONS GATE DRIVE CARY, NC 27518	PUBLIC AFFAIRS	DAVID MINER		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/10/2024	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLETA MITCHELL 139 NATIONAL DRIVE PINEHURST, NC 28374	SENIOR LEGAL FELLOW	CONSERVATIVE PARTNERSHIP INST		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/19/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD BRENT MULGREW 1720 FISHINGER RD COLUMBUS, OH 43221	NO JOB TITLE	NOT EMPLOYED		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/27/2024	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
APRIL NAYMAN 745 CONNELL RD CARTHAGE, NC 28327	ACCOUNTANT	APRIL NAYMAN		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES B O'MALLEY 121 NATIONAL DRIVE PINEHURST, NC 28374	PRESIDENT	O'MALLEY DEVELOPMENT CO		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/24/2024	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GREGORY PARADISE 4166 MANITOU WAY MADISON, WI 53711	ATTORNEY	GREGORY PARADISE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		02/02/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM PASHLEY 30 DONALD ROSS DRIVE PINEHURST, NC 28374	EXECUTIVE	PINEHURST LLC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Credit Card		02/09/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 5,300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANK R QUIS 240 N BETHESDA RD SOUTHERN PINES, NC 28387	NO JOB TITLE	NOT EMPLOYED		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN ROWERDINK 15 MCMICHAEL DRIVE PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/27/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FELICE A SCHILLACI 140 Lake Hill Rd PINEHURST, NC 28374	MANUFACTURING	FELICE SCHILLACI		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/24/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM EDWARD SCHOLTES 34 MCMICHAEL DR PINEHURST, NC 28374	PARTNER	SAUL EWING LLP		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRANDON R SCHOLZ 10 W Mifflin St STE 205 MADISON, WI 53703	ASSOCIATION EXECUTIVE	WISCONSIN GROCERS ASSOCIATION		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/05/2024	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SCOTT SHEFFIELD 75 ABBOTTSFORD DR PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/11/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT BRANDON SOKOL 424 E 52ND ST APT 9E NEW YORK, NY 10022	SVP	NEWS CORP		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/15/2024	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN STRICKLAND PO BOX 755 PINEHURST, NC 28374	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/08/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BILL TAYLOR 22 WHITEHAVEN DRIVE PINEHURST, NC 28374	COO	VETERANS GUARDIAN		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/31/2024	$ 1,500.00
☐					$
☐					$

4. Total only this Page	$ 1,800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KAREN THYNE 640 REDWOOD DRIVE SOUTHERN PINES, NC 28387	NO JOB TITLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		02/15/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID TRAN 315 Brightleaf Drive WHISPERING PINES, NC 28327	EXECUTIVE DIRECTOR	CLASSICAL CONVERSATIONS		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/08/2024	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD R VAUGHAN 612 W Friendly Ave GREENSBORO, NC 27401	ATTORNEY & COUNSELOR AT LAW	DONALD VAUGHAN		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/11/2024	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LISA VREEDE 155 CREST ROAD SOUTHERN PINES, NC 28387	PHOTOGRAPHER	LISA VREEDE		$ 700.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/10/2024	$ 300.00
☐	01	In-Kind	PHOTOGRAPHY SERVICES	01/13/2024	$ 300.00
☐	01	In-Kind	PHOTOGRAPHY SERVICES	02/05/2024	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEBBIE WALKER 8933 LINDENSHIRE ROAD RALEIGH, NC 27615	INSURANCE COMPANY BOARD MEMBER	DEBBIE WALKER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/23/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN N WEAVER 450 STONEYFIELD DR SOUTHERN PINES, NC 28387	NOT EMPLOYED	NO JOB TITLE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/17/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W.Y. ALEX WEBB 910 N SANDHILLS BLVD ABERDEEN, NC 28315	ATTORNEY	WEBB & MORTON		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/24/2024	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
COLIN S WEBSTER 140 S LAKESHORE DRIVE WHISPERING PINES, NC 28327	MEMBER MGR	THE ASCOT CORP LLC		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		01/27/2024	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID WIMBERLEY PO BOX 7 WEST END, NC 27376	FORESTER/REALTOR	MATTHEW WIMBERLY		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Debit Card		01/11/2024	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 1,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,684.85

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
Sauls For NC House 10809 Grassy Creek Pl RALEIGH, NC 27614	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 1,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
01	Check		02/05/2024	$ 1,000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
Swarbrick For House 202 Lally Cir Aberdeen, NC 28315	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 200.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
01	Check		01/11/2024	$ 200.00
				$
				$

4. Total only this Page	$ $1,200.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $1,200.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
4IMPRINT 101 Commerce St Oshkosh, WI 54901	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 395.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	01/05/2024	$ 395.75	CAMPAIGN T-SHIRTS
				$	

4. Payee Information ☐ Add ☐ 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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,705.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	01/02/2024	$ 3,184.00	YARD SIGNS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ANEDOT INC 1340 POYDRA ST, STE 1770 NEW ORLEANS, LA 70112	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 478.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Draft	O	01/10/2024	$ 70.10	CC PROCESSING FEES
01	Draft	O	01/12/2024	$ 53.50	CC PROCESSING FEES

5. Total only this Page	$ 3,703.35
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 6,549.81

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANEDOT INC 1340 POYDRA ST, STE 1770 NEW ORLEANS, LA 70112		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 478.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Draft	O	02/01/2024	$ 64.60	CC PROCESSING FEES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GOTPRINT.COM 7651 N. San Fernando Rd BURBANK, CA 91550		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 218.59

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	01/04/2024	$ 107.41	POSTCARD MAGNETS
01	Debit Card	O	02/04/2024	$ 111.18	BUSINESS CARDS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
POST UP STAND 81 COMMERCE DRIVE FALL RIVER, MA 02720		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 274.27

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	02/07/2024	$ 114.64	BANNERS
01	Debit Card	O	02/07/2024	$ 159.63	BANNERS

5. Total only this Page	$ 557.46
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 6,549.81

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ 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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2,223.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	02/13/2024	$ 741.00	NEWSPAPER ADS
01	Debit Card	O	02/13/2024	$ 741.00	NEWSPAPER ADS

4. Payee Information ☐ Add ☐ 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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2,223.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	02/16/2024	$ 741.00	NEWSPAPER ADS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
USPS 190 SW Broad St Southern Pines, NC 28387	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 66.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	I	01/06/2024	$ 66.00	
				$	

5. Total only this Page	$ 2,289.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 6,549.81

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

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

Aggregated Non-Media Expenditures

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	

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
☐ Add ☐ Remove	01	Draft	O	01/02/2024	$ 8.30	CC PROCESSING FESS
☐ Add ☐ Remove	01	Draft	O	01/04/2024	$ 32.50	CC PROCESSING FESS
☐ Add ☐ Remove	01	Draft	O	01/14/2024	$ 8.60	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	01/16/2024	$ 8.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	01/18/2024	$ 20.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	01/20/2024	$ 4.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	01/24/2024	$ 4.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	01/28/2024	$ 4.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	01/30/2024	$ 1.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	02/03/2024	$ 28.60	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	02/07/2024	$ 4.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	02/09/2024	$ 24.60	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	02/11/2024	$ 2.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Draft	O	02/15/2024	$ 4.30	CC PROCESSING FEES
☐ Add ☐ Remove	01	Debit Card	O	01/28/2024	$ 26.50	EMAIL COMMUNICATIONS
☐ Add ☐ Remove	01	Debit Card	O	01/14/2024	$ 29.99	INTERNET
☐ Add ☐ Remove	01	Debit Card	O	02/14/2024	$ 29.99	INTERNET
☐ Add ☐ Remove	01	Debit Card	O	01/03/2024	$ 44.02	NAME TAGS/STICKERS

4. Total only this Page	$ 286.80
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 286.80

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

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

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.

1. Committee Full Name (and Fund if applicable)	2. ID Number
VOTE TOM ADAMS COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 5,116.85

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE	01/25/2024	$ 9.85
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
LISA VREEDE 155 CREST ROAD SOUTHERN PINES, NC 28387	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 700.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PHOTOGRAPHY SERVICES	01/13/2024	$ 300.00
PHOTOGRAPHY SERVICES	02/05/2024	$ 100.00
		$

4. Total only this Page	$ 409.85
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 409.85

Outstanding Loans

Pg 1 of 1

Amendment ☐ Yes ☒ 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			
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**		**d. Comments**
THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387 (910) 638-8272	ADMINISTRATOR		**e. Start Date (mm/dd/yyyy)** 11/20/2023
	c. Employer's Name/Specific Field		**f. End Date (mm/dd/yyyy)**
	SEABOARD ASSOC MANAGEMENT SERVICES		
g. Rate	**h. Security Pledged**	**i. Original Loan Amount**	**j. Remaining Loan Balance**
%		$ 5,000.00	$ 5,000.00
k. Full Name of Lending Institution			**l. Loan Number**
4. Total only this Page			$ 5,000.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*			$ 5,000.00