

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 Elect Adam W Jones | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 712 Gimghoul Rd Chapel Hill, NC 27514 | d. Date Filed 09/27/15 |
| | e. Phone Number 919-622-2559 |

| | | | |
|------------------------|---|---|---|
| 2. Report Year 2015 | 3. Period Start Date (mm/dd/yy) 07/01/15 | 4. Period End Date (mm/dd/yy) 09/22/15 | 5. Treasurer Full Name Heather Barnhardt |
|------------------------|---|---|---|

| | | | | |
|--|---|--|--|--|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input checked="" type="checkbox"/> Organizational | <input checked="" type="checkbox"/> Organizational | <input checked="" type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |

| | | | |
|--|--|------------------------------------|-------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Suntrust | b. Purpose Expenses Dpeosit House funds | a. Financial Institution Full Name | b. Purpose |
| c. Account Code 001AWJ | d. Period Begin Balance \$ 100.00 | 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 of Elections.

HEATHER BARNHARDT Printed Name of Signer [Signature] Signature of Appointed Treasurer 9/27/15 Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|----------------|-----------|--------------------|--|
| Date Received: | <u>10/5/15</u> | Employee: | <u>[Signature]</u> | Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: | <u>10/1/15</u> | Employee: | | |
| Date Scanned: | <u>10/6/15</u> | Employee: | <u>[Signature]</u> | |
| Date Data Entered: | | Employee: | | |

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

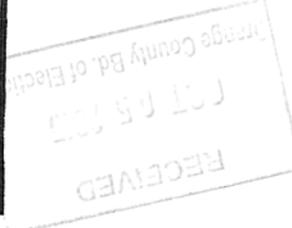
Amendment

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 | |
| Elect Adam W. Jones | | 2015 Quarterly Report | | | |
| Start of Election Cycle: January 1, 2015 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 100.00 | | \$ 100 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 2850.00 | | \$ 2850.00 | |
| 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) | | \$ | | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 2850.00 | | \$ 2850.00 | |
| EXPENDITURES | | | | | |
| 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) | | \$ | | \$ | |
| 17) In-Kind Contributions (CRO-1510) | | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ | | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ | | \$ | |
| ADDITIONAL INFORMATION | | | | | |
| 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) | | \$ | | \$ | |

CRO-1100



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) Elect Adam W Jones | 2. ID Number |
|--|---------------------|

3. Contributor Information Add Remove

| | | |
|---|--|--------------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Fuller Sasser 4617 Moores Creek Rd Durham, NC 27705 | b. Job Title/Profession Retail worker | d. Comments |
| | c. Employer's Name/Specific Field JFS 4617 Moores Creek Rd Durham NC 27705 | |
| | | e. Election Sum to Date \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | check | | 07/30/15 | \$100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

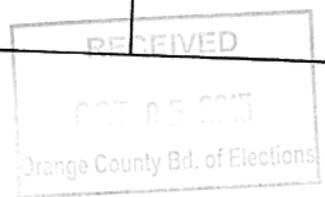
3. Contributor Information Add Remove

| | | |
|--|---|--------------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) John Preyer 214 Glenburnie St Chapel Hill NC 27514 | b. Job Title/Profession President | d. Comments |
| | c. Employer's Name/Specific Field Restoration Systems LLC 1101 Haynes St. Ste 211 Raleigh, NC 27604 | |
| | | e. Election Sum to Date \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | check | | 08/04/15 | \$334.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|---|---|--------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Joan Lacy Preyer 214 Glenburnie St | b. Job Title/Profession Housewife | d. Comments |
| | c. Employer's Name/Specific Field | |



Chapel Hill NC 27514

| |
|-------------------------|
| e. Election Sum to Date |
| \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | check | | 08/27/15 | \$336.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$770.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ |

CRO-1210

NC State Board of Elections

April 2007

RECEIVED
APR 05 2007
Orange County Bd. of Elections

Contributions from Individuals

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) Elect Adam W Jones | 2. ID Number |
|--|---------------------|

3. Contributor Information Add Remove

| | | |
|---|---|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Alfred Griffin 43 West 75 th St. Apt 2A New York, NY 10023 | b. Job Title/Profession Banker | d. Comments Awgriffin3@me.com |
| | c. Employer's Name/Specific Field NY Green Bank | |
| | | e. Election Sum to Date \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | Online -CC | | 09/09/15 | \$336.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Cont Add Remove

| | | |
|--|---|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Stephen Burnett PO Box 1529 Wrightsville Beach, NC 28480 | b. Job Title/Profession CEO/Gopher | d. Comments sburnett@koolbridgesolar.com |
| | c. Employer's Name/Specific Field Koolbridge Solar, Inc | |
| | | e. Election Sum to Date \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | Online-CC | | 09/09/15 | \$100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Cont Add Remove

| | | |
|--|---|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Bob Eller 315 Glenhaven rd Statesville, NC 28677 | b. Job Title/Profession VP of Sales & Marketing | d. Comments beller@braxtonculler.com |
| | c. Employer's Name/Specific Field Braxton Culler Inc. | |
| | | e. Election Sum to Date |



| | | | | | \$ |
|---|-----------------|--------------------|------------------------|----------------------|-----------|
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | | Online - CC | | 09/10/15 | \$336.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$772.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ |

CRO-1210

NC State Board of Elections

April 2007

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 COMPLETED
 Orange County Bd. of Elections

Contributions from Individuals

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

Pg 1 of

Amendment

Yes No

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) Elect Adam W Jones | 2. ID Number |
|--|---------------------|

| | | | |
|---|--|---|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Erika Buchholtz 108 Glen Haven Drive Chapel Hill NC 27516 | b. Job Title/Profession Realtor | d. Comments Erika_chloe@yahoo.com | |
| | c. Employer's Name/Specific Field Berkshire Hathaway | | |
| | | e. Election Sum to Date \$ | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | Online -CC | | 09/10/15 | \$100.00 |
| <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) Pamela Zeman PO Box 6968 Chpel Hill NC 27516 | b. Job Title/Profession Realtor | d. Comments | |
| | c. Employer's Name/Specific Field Const Mngmnt Group LLC | | |
| | | e. Election Sum to Date \$ | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | Check | | 09/10/15 | \$100.00 |
| <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 | |
| | c. Employer's Name/Specific Field | | |

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OCT 15 2015
Orange County Bd. of Elect

| | | | | | | \$ |
|---|-----------------|--------------------|------------------------|----------------------|-----------|----------|
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | | \$200.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ |

CRO-1210

NC State Board of Elections

April 2007

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 OCT 15 2015
 Orange County Bd. of Elections

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) Elect Adam W Jones | 2. ID Number |
|--|---------------------|

3. Contributor Information Add Remove

| | | |
|--|---|--------------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) William D Jones Jr 2120 White Oak Rd Raleigh, NC 27608 | b. Job Title/Profession retired | d. Comments |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | check | | 09/18/15 | \$100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

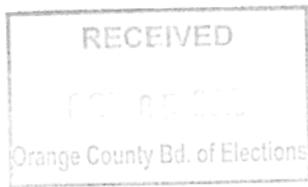
3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date |



| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$100.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ |

CRO-1210

NC State Board of Elections

April 2007

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 APR 17 2007
 Orange County Bd. of Elections

Contributions from Individuals

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

Amendment
 Yes No

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) Elect Adam W Jones | 2. ID Number |
|--|---------------------|

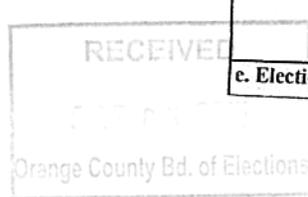
| | | | |
|---|--|--------------------------------------|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Timothy Mann 107 Morganscliff Ct Chapel Hill NC 27517 | b. Job Title/Profession CEO | d. Comments | |
| | c. Employer's Name/Specific Field Subway | | |
| | | e. Election Sum to Date \$ | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | check | | 09/15/15 | \$336.00 |
| <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) Michael Slomiany 516 E. Franklin St. Chapel Hill NC 27514 | b. Job Title/Profession Owner | d. Comments | |
| | c. Employer's Name/Specific Field Subway | | |
| | | e. Election Sum to Date \$ | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | Check | | 09/16/15 | \$336.00 |
| <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) Peter S Slomiany 727 Eastowne dr ste 300D | b. Job Title/Profession owner | d. Comments | |
| | c. Employer's Name/Specific Field Subway | | |
| | | e. Election Sum to Date | |



Chapel Hill NC 27514

\$

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | check | | 09/16/15 | \$336 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$1008.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ |

CRO-1210

NC State Board of Elections

April 2007

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Orange County Bd. of Elections