

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Tom Adams for Congress

ADDRESS (number and street) 214 Pebble Creek Crossing
 Check if different than previously reported. (ACC)
Fort Mill SC 29715

2. **FEC IDENTIFICATION NUMBER** C C00560516 **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)** **STATE** **DISTRICT**
SC 05

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Keith Brann
Signature of Treasurer Keith Brann *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Tom Adams for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20372.00	44141.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20372.00	44141.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17987.50	28202.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17987.50	28202.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20942.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	8011.74	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Tom Adams for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7990.00	23368.00
(ii) Unitemized.....	5382.00	13773.00
(iii) TOTAL of contributions from individuals ▶	13372.00	37141.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	7000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20372.00	44141.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5203.52
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5203.52
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20372.00	49344.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17987.50	28202.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	200.00	200.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18187.50	28402.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18758.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20372.00
25. SUBTOTAL (add Line 23 and Line 24).....	39130.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18187.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20942.50

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Mary Adams

Mailing Address 120 E SummersbySt.

City Fort Mill	State SC	Zip Code 29715
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
710.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Nora Adams

Mailing Address 10664 Greenbough Court

City Columbia	State MD	Zip Code 21044
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wilkins Rogers Mills	Occupation Director of Food Safety
--	---------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Sheila Bickford

Mailing Address 18020 Owl Court

City Indian Land	State SC	Zip Code 29707
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1035.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Patricia Calkins

Mailing Address 1843 Kallaramo Rd

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Patricia Calkins

Mailing Address 1843 Kallaramo Rd

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Patricia Calkins

Mailing Address 1843 Kallaramo Rd

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

135.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Elliott Close

Mailing Address P.O. Box 4200

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Real Estate Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Connor

Mailing Address 6708 High Gap Rd Waxhaw

City State Zip Code
Waxhaw NC 28173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
James Gable

Mailing Address 1780 Bridle Ct

City State Zip Code
York SC 29745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
James Gable

Mailing Address 1780 Bridle Ct

City York State SC Zip Code 29745

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Thomas Huffman

Mailing Address 152 Elm Rd.

City Blacksburg State SC Zip Code 29702

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Bayles Mack

Mailing Address PO Box 128

City Fort Mill State SC Zip Code 29716

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Richard Mann

Mailing Address 67 Honeysuckle Woods

City Lake Wylie State SC Zip Code 29710

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4567

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Walton McLeod

Mailing Address 308 Pomaria St.

City Little Mountain State SC Zip Code 29075

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mitchell Norrell

Mailing Address 305 S Market St Lancaster

City Lancaster State SC Zip Code 29720

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

610.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Kent Olson

Mailing Address 11121 Carmel Commons Blvd STE 360

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Olson Investments	Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Sharp

Mailing Address 868 Milton Avenue

City	State	Zip Code
Rock Hill	SC	29730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
510.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
John Sharp

Mailing Address 868 Milton Avenue

City	State	Zip Code
Rock Hill	SC	29730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
760.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

510.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Jane Spratt

Mailing Address **PO Box 625**

City **York** State **SC** Zip Code **29745**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kristin Thomas

Mailing Address **1134 Molokai Drive**

City **Tega Cay** State **SC** Zip Code **29708**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Microsoft** Occupation **Program Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

7990.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial)
Bridge PAC

Mailing Address 499 S Capitol Street SW, Suite 422

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.4415

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn

Mailing Address 501 Juniper St

City Columbia State SC Zip Code 29203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAC PAC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11C.4460

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

7000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 113.04
City Somerville	State MA Zip Code 02144	
Purpose of Disbursement Service Fee	Candidate Name	Transaction ID : SB17.4398
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AGE Graphics LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 52231 State Route 248		Amount of Each Disbursement this Period 2150.00
City Long Bottom	State OH Zip Code 45743	
Purpose of Disbursement Yard Signs	Candidate Name	Transaction ID : SB17.4308
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Dan the Pig Man BBQ		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 1089 Cedar Spring Road		Amount of Each Disbursement this Period 800.00
City York	State SC Zip Code 29745	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.4320
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3063.04
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. Earl Stringfellow		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 68 Sacred Lane		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4324
City Winnsboro	State SC	
Zip Code 29180	Purpose of Disbursement GOTV Canvasser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4325
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 250.07 Transaction ID : SB17.4328
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	620.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 48.43 Transaction ID : SB17.4327
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 20.27 Transaction ID : SB17.4326
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 501.01 Transaction ID : SB17.4329
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	569.71
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. Graphicsland		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 8061 186th Street		Amount of Each Disbursement this Period 911.58 Transaction ID : SB17.4334
City Tinley Park	State IL	
Zip Code 60487	Purpose of Disbursement Campaign Stickers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Hattie C. Ross		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 238 Epting Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4336
City Rock Hill	State SC	
Zip Code 29730	Purpose of Disbursement Phone Bank Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Hattie C. Ross		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 238 Epting Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4337
City Rock Hill	State SC	
Zip Code 29730	Purpose of Disbursement Phone Bank Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	911.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. Hattie C. Ross		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 238 Epting Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4338
City Rock Hill	State SC	
Zip Code 29730	Purpose of Disbursement Phone Bank Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Indian Land Rotary Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 6277-600 Carolina Commons Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4342
City Indian Land	State SC	
Zip Code 29707	Purpose of Disbursement Festival Booth	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Integrity Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 1926		Amount of Each Disbursement this Period 783.64 Transaction ID : SB17.4344
City Fort Mill	State SC	
Zip Code 29716	Purpose of Disbursement Campaign Materials	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1683.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. Matt Langley		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 3011 Harrah Drive, Suite T		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4359
City Spring Hill	State TN	
Zip Code 37174	Purpose of Disbursement Compliance Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014
Mailing Address 421 Bush River Road		Amount of Each Disbursement this Period 73.81 Transaction ID : SB17.4360
City Columbia	State SC	
Zip Code 29210	Purpose of Disbursement Printer Ink/memory card	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Sam Broom		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 736 Hill Drive		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4368
City Catawba	State SC	
Zip Code 28704	Purpose of Disbursement GOTV Canvasser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1273.81
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. SC Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 915 Lady Street, Suite 111		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4370
City Columbia	State SC	
Zip Code 29201	Purpose of Disbursement Transfer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. SC Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 915 Lady Street, Suite 111		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4371
City Columbia	State SC	
Zip Code 29201	Purpose of Disbursement Transfer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Trendpo		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 1320 19th Street NW M1		Amount of Each Disbursement this Period 398.00 Transaction ID : SB17.4380
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Social Media Management	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7398.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. Vieco		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 3916 Avenida Brisa		Amount of Each Disbursement this Period 244.12
City Rancho Santa Fe	State CA Zip Code 92091	
Purpose of Disbursement Campaign Fans	Category/Type	Transaction ID : SB17.4388
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Vista Print		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 25.99
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Address Labels	Category/Type	Transaction ID : SB17.4389
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. York County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 858 Cherry Road		Amount of Each Disbursement this Period 300.00
City Rock Hill	State SC Zip Code 29732	
Purpose of Disbursement Rent	Category/Type	Transaction ID : SB17.4392
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	570.11
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Full Name (Last, First, Middle Initial) A. York County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 858 Cherry Road		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4393
City Rock Hill	State SC	
Zip Code 29732	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. York County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 858 Cherry Road		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4394
City Rock Hill	State SC	
Zip Code 29732	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	16689.96

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

Tom Adams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Thomas A. Adams

Primary

General

Other (specify) ▼

Mailing Address

214 Pebble Creek Crossing

City

State

ZIP Code

Fort Mill

SC

29715

Original Amount of Loan

3480.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3480.00

TERMS

Date Incurred

03

21

2014

Date Due

12/31/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

3480.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

Tom Adams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Thomas A. Adams

Primary

General

Other (specify) ▼

Mailing Address

214 Pebble Creek Crossing

City

State

ZIP Code

Fort Mill

SC

29715

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

03

22

2014

Date Due

12/31/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Tom Adams for Congress

Transaction ID : **SC/10.4237**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas A. Adams

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
214 Pebble Creek Crossing

City State ZIP Code
Fort Mill SC 29715

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
723.52 0.00 723.52

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 02 / Y 2014 M M / D D / Y 12/31/2014 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 723.52
TOTALS This Period (last page in this line only)..... ▶ 5203.52

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Tom Adams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Thomas A. Adams		Nature of Debt (Purpose): Travel Expenses
Mailing Address 214 Pebble Creek Crossing		
City	State	Zip Code
Fort Mill	SC	29715

Outstanding Balance Beginning This Period	Transaction ID : SD10.4400	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2808.22	0.00	2808.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	2808.22
2) TOTALS This Period (last page this line number only)	2808.22
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	5203.52
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	8011.74