UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVE RESOUR PEGENTER
FINANCIAL	FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	2014 MAY 20 AM 11: 34
Name:	Name: Alma S. Adams	Daytime Telephone	OFFICE OF THE CLERK
FLER	New Member of or Candidate for State: MC U.S. House of Representatives District: 12 Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Employing Office:	Period Covered: January 1,2015 to May 15, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUESTIONS	
A. Did you, you a. Own any r end of the b. Make mor asset duri	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	uring the reporting period Yes Vo

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes

2

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes

S

<

F. Do you have any reportable agreements or arrangements with an outside entity?

Yes

Š

7

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you exclude this report details of such a trust that benefits you, your spouse, or dependent child?	from Yes [
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet a tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	hree Yes [No C

SCHEDULE A - ASSETS & "UNEARNED INCOME"

EA-ASSEIS 6	E A - ASSETS & UNEARNED INCOME	Name: A/mA	Name: Alma S. Adams	Page 2 of 7
BLOCK A	вгоск в	BLOCK C	вгоск в	
- Income Barrers	Value of Acces	Tune of Income		_

Page 2 of 7

l						÷	- R &	geo geo geo geo geo interimental interimenta	For Ten	7 5 6 7	(or and some	P D M		
				-4			\top	business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income denived from, a federal interest in, or income denived from a federal iretirement program, including the Trinft Savings Plan. If you have a privately-traded fund that is an Excepted livestiment Fund, please check the "EIF" box. If you are a choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly head with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	In hearts desired accounts, unear the incurring as interest-bearing accounts. If the local is over \$5,000, list every financial institution where there is more then \$1,000 in interest bearing accounts. For rental and other real property held for investment, provide a complete address or description. e.g., "rental property," and e-rity and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the	For all IRAA and other retrement bans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For hank and other cash account, total the account in	and (o) any orien reportable asset or source on moother which geharated more than \$200 in unearmed income during the year. Provide complete names of stocks and mutual funds (do not use only licker symbols).	identify (8) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	æ	
				7		Examples:		in the hold was a second was a	when the control of t		Samp drank	8.5	\$ 0	
				7A-		Ø.		the na recipional recipional	able with an analysis	e provi) each as of income \$1,000 at the	<u> </u>	
				7	AB C	Sim	菱	sona sona on ho reportection ho ho heast heast had been see referenced.	ninte ninte nomen	8 5 8	durir durir ker s	## ## ## ## ## ## ## ## ## ## ## ## ##	οď	፼
				JAR.	BC Hedge Fund	Simon & Schuster	Hega Corp Stock	in Block A. in Block A. sonal residen homes (un porting peric come derive including the hy-traded fun ease check to that of yo that of yo ha of yo ha of the no on the far discussion e refer to the	count count count cial in resti	s the	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	sset held for and with a he end of th	풀	BLOCK A
				芦	e Fun	chust	Stoc	its A. (uniconicon) A. (unicon) A. (uniconicon) A. (uniconicon	State St	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mor mor stock stock	9 3 8	ğ	ŝ
l			-		<u> </u>	3,	*	activities, and activities, and sees there was re you are any finant of the first own, a fed of that is an Except Plant an asset or "Eff" box. The first own of that on asset or spouse (SP) eff. of Schedule instruction booklet	unis, but the total is over softrution where there is bearing accounts. ery held for investment, so or description, e.g., nd state. a privately-held business state the name of the	Ting gran	2 - 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	9 3 0	Assets and/or Income Sources	
			٠,	ろっ	1	!		rities, and cluding secolutions secolutions secolutions secolutions of the transfer of the tra	tota tota tota where scoun for in for in for in and repair	thans:	, E 83	or investment or fair market value e reporting period.	Ę	
•				<u>a</u>				y fina a fe ngs F	Bethan its.	a di a	tual 1	of the	Ce\$	
			-		×	-	E	rental re	over to ver to the transfer transfer to the transfer transfer transfer to the transfer t	. F. 2	. 50 50 51 51 51 51 51 51 51 51 51 51 51 51 51	a a a a a a		
						Т		None		>	ation of the state	<u>\$</u> 30 €		
								\$1-\$1,000	-	60	n asuded	LSe SI		
	_i			_		Indefinite		\$1,001-\$15,000		n	night set v	Indicate value of asset at close you use a valuation method ot please specify the method used.		
				×	<u>L</u> .			\$15,001-\$50-000		Ö	you a year	the of		
,	. .	ļ	L.	J	<u> </u>	Ļ	×	\$50,001-\$100,000		m	have the sold	meth ⊒ sset	<u>≤</u>	
				T	<u> </u>	L	<u> </u>	\$190,001-\$250,000		77	no in	2 0 C	Value of Asset	BEC
	ļ.,	<u> </u>	ļ .	\Box	×	↓_	ļ .	\$250,001-\$500,000		စ	d by gena	86.0	3	BLOCK B
L	<u> </u>			\mathcal{R}	_	ļ		\$500,001-\$1,000,000		x	st. your	ष् <u>०,</u>	Ş	₩.
<u> </u>			ļ	2		<u> </u>	ļ	\$1,000,001-\$5,000,000		_	spot ix	au p	2	
<u> </u>		<u> </u>	<u> </u>	睪	<u> </u>	1	<u> </u>	\$5,000,001-\$25,000,000		-	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of esset et close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		
_	_	ļ		$\widetilde{\mathbb{H}}$	1	_	ļ	\$25,000,001-\$50,000,000		~	r de tx	a Gr		
<u> </u>		<u> </u>		H	ــــــــــــــــــــــــــــــــــــــ	Į.	<u> </u>	Over \$50,000,000			and ya	t vale Mod		
L	4	ļ		¥.	_	╄		Spouse/DC Asset over \$1,000,000*		*				
		ļ	L	X	_	_	<u> </u>	NONE			niterest, and capital gains, niterest, and capital gains, winvested, must be disclosed a bird assets held in taxable at the capital general period. The come during the reporting period.			
L					<u> </u>		×	DIVIDENDS			6 7 8 8 8 1 8	200		
L	J			<u> </u>	_			RENT			ring of a page) A B C	₹	
L				j	<u>l</u>	l		INTEREST			8 4 5 6	D ac d	8	_E
Г		Γ	T					CAPITAL GAINS			20 m m m m m m m m m m m m m m m m m m m	Not the state of t	Type of Income	BLOCK C
					Π	Т		EXCEPTED/BLIND TRUST			ing p	is a p	č	ဂ
		1			1	1		TAX-DEFERRED		*		you Fo	₹	
		Ì		<u> </u>	Par	Ŗ	1				inherest, and capital gainer, even iff inherest, and capital gainer, even iff reinvested, must be disclosed as income for assets held in taxable accounts, Cneck "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the Try Description.		
ı					Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or F	rm Income)			chec and		
┝	+	-	-	-	8 5	Ť	\vdash	None		au				_
	1				✝	+	×	\$1-\$200	=	11	of Lim	2 9 8 2 9 2		
 					1	+		\$201-\$1,000	##	11	<u> </u>	ssets i		
<u> </u>			<u> </u>		T	T	<u> </u>	\$1,001-\$2,500	2	11	is fo	92 5 2 €		
Г				********	1	×		\$2,501-\$5,000	<	121	as z	最高		
Г				×	×	T		\$5,001-\$15,000	≤] <u> </u>	er se	E you		
						Ι		\$15,001-\$50,000	S		eld b	For assets for which you checked other assets indicate the category and capital gains, even if refri		
						Ι	T	\$50,001-\$100,000	≦] 🖺	incor зу уск			
								\$100,001-\$1,000,000	Ż	1 l	arsp. ¥	Tax inc		
						Ţ	L	\$1,000,001-\$5,000,000	×	11	Ouse e	Defe ome	Ħ	
			<u> </u>	<u> </u>	<u> </u>	\perp	<u> </u>	Over \$5,000;000	×	-	or d	by od	Ē	0
<u> </u>				<u> </u>	<u> </u>	_	<u> </u>	Spouse/DC Income over \$1,000,000*	≚	$oldsymbol{\sqcup}$	accounts. Check "None" if no income was earned or generaled. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividentis, interest and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	Amount of Income	BLOCKD
<u> </u>	4	<u> </u>	<u> </u>	<u> </u>	1	4	 	None	<u>-</u>	4 l	dent	ing the	Ĭ	Š
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_			<u> </u>	\vdash	\downarrow	₩	\$1-\$200	=	1 1	child	製造の	Ö	
L		 	<u> </u>		-	4	_×_	\$291-\$1,000	**	4 1	∌ .	# dough	ส	
<u> </u>	-i	 	-	 	+-	+	+	\$1,001-\$2,500	₹	401	hich :	nay c hate		
	_	-		₩	+	×	+	\$2,501-\$5,000 \$5,001-\$15,000	<u> </u>	č	Ž.	box		
-	+	-		V	×	f	+	\$15,001-\$50,000	≥	-E=* I	I BABI	or be do		
\vdash	+	\vdash	-	_	+	+	+	\$50,001-\$100,000	<u> </u>	۲ă	<u>≥</u> . S	Non		
Н	+	+-	 	\vdash	-	+	+	\$100,001-\$1,000,000	_	 	teres	3 0 Ω Ω		
<u> </u>	+	+		\vdash	+	+	+	\$1,000,001-\$5,000,000	^ <u>~</u>	-	74	it dia		
	+			\vdash	+	+	+	Over \$5,000,000	≥	4 1				
	-	+	 	+	+-	┿	†	Spouse/DC Income over \$1,000,000*		4 I		For al		
<u> </u>	Į.		ı						<u> </u>					

Name:
DIM
YA S
", Ada
iam

Page 3
앜
7

																ትጸዩ		•	
														and the state of t	None	ASSET NAME EF		Assets and/or Income Sources	BLOCK A
												 				-	None >		ᅥ
		_		\vdash	-					-				 	-		\$1-\$1,000 @	1	- 1
		-		-		ļ						İ					\$1,001-\$15,000 O	1	- 1
			-		-	<u> </u>				-		-					\$15,001-\$50,000	1	- 1
							İ					T					\$50,001-\$100,000 m	1 5	- 1
														1			\$100,001-\$250,000]	삗
													1	1			\$250,001-\$500,000 p	<u> </u>	BLOCK 8
																	\$500,001-\$1,000,000 ±	Value of Asset	ê,
						Ì											\$1,000,001-\$5,000,000 —] 🚆	
																	\$5,000,001-\$25,000,000		
						L				L	L			<u> </u>			\$25,000,001-\$50,000,000		
											<u> </u>	L		ļ			Over \$50,000,000		
L									<u> </u>	<u> </u>		ļ		ļ			Spouse/DC Asset over \$1,000,000*		_
		<u> </u>				<u> </u>	L	ļ	<u> </u>			<u> </u>	<u>.</u>		ļ		NONE	1	
							ļ			ļ		<u> </u>			<u> </u>		DIVIDENDS		
																	RENT	J ₹	
										1							INTEREST	8	₽
																	CAPITAL GAINS	Type of Income	BLOCK C
												\Box		1	<u> </u>		EXCEPTED/BLIND TRUST	1 8	ဂ
				-	!					t			1	1	1-		TAX-DEFERRED	1 3	
					! !												Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
																	None		
					Ĺ	L											\$1-\$200 ===		
		ļ	,														\$201-\$1,000 =		
	<u> </u>	ļ							<u> </u>	<u> </u>	<u> </u>	ļ	ļ		<u> </u>		\$1,001-\$2,500 <		
		L					<u> </u>								_		\$2,501-\$5,000 < 은		
	<u> </u>						1				<u> </u>	ļ.,			<u> </u>		\$5,001-\$15,000 ≤ 3		
		ļ	<u> </u>	L			_			_	<u> </u>	-			1		\$2,501,\$5,000 < CONTROL \$5,001,\$15,000 \leq S15,001,\$15,000 \leq S15,001,\$150,000 \leq S15,000 \leq S15,000 \l		
	<u> </u>	<u> </u>		ļ			<u> </u>				<u> </u>	_		-	<u> </u>	 _		1	
<u> </u>	<u> </u>	 	<u> </u>	<u> </u>	<u> </u>	ļ .	-	ļ	<u> </u>		<u> </u>	1	 	-	-	ļ	\$100,001-\$1,006,000 😾		
		ļ	ļ	ļ	ļ	ļ	-	<u> </u>	<u> </u>	ļ	<u> </u>	 	╄	-	-		\$1,000,001-\$5,000,000 ×	l į	
<u> </u>		-		_	-	<u> </u>	ļ	ļ			-	 -	<u> </u>	-	<u> </u>		Over \$5,900,000 🗡	Amount of Income	۾
\vdash	<u> </u>	1	_	⊢	\vdash	<u> </u>	1	-		-	-	-	-	-	-		Spouse/DC Income over \$1,000,000* Hone —	4 🤶	BLOCK D
		-			├	ļ				┼	 	 	+	+	 	!		2	ô
		-	-		\vdash	-			-	\vdash	\vdash	+	+-	+	 	ļ	\$1-\$200 == \$201-\$1,000 ==	ğ	
	-				 	+-	_		\vdash	\vdash	1	1	\vdash	+	\vdash		\$4.004.80.500		
\vdash			\vdash	-	 	 	 	 		 	 	+	-	+	-	1	\$2,501-\$5,000 < 0		
\vdash	-	+	-		-	+		-	-		+	+	+	+-	+-		\$5,001-\$15,000 ≤	I	
		 			-	ļ	 	-		 		+	+-	+	-	1	\$15,001-\$50,000 ≦		
		-		 	-		ļ	 		╁	 	+	+	+	+	\vdash	\$15,001-\$50,000 \$\simega \bigotimes \bigotim		
	ļ	 	 	 	+	┼	 	 	-	 	+-	-	+	+	₩	 	\$100,601-\$1,000,000 😾		
-		+-	 	 	-	+	 			 	-	t-		+	\vdash		\$1,000,001-\$5,000,000	I	
!	-	 				1		1		-	\vdash	1	+	+	1		Over \$5,000,000		
 	 	 	 	 	 	+	+	 		-	╫	╁	╁	+-	\vdash		Spouse/DC Income over \$1,000,000*		
<u> </u>										1	1	_	_	t	1				

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Alma S. Adams Page 4 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

TAX 1.1. MANUMAL! Contents \$ box on the county transmit to be seen a county and business of the	9		
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
	Salary	\$20,000	\$76,000
Cxid War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
NCAGT State Umo - Speaker	Honorarium	0	1,600.00
NC General Assembly	Salary	12,051.06	12,051.06
Raleigh, NC.			
Q.			
į			

SCHEDULE D - LIABILITIES

Name: Plank	
A S. Adams	
Page 5 of 1	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all inbilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or or are necessary and the personal personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

SP.	Date Date Liability Dc. Jr Creditor Incurred MO/YR
£χ	Example
	ļ

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

N.C. Legislative Black Caucus T	Board Vice-Chair	African American Atelia, Dr. 200 N. Daviest, Greensbow, NC
	Board Vice-Chair	N.C. Legislative Black Caucher Foundation, Ber 27862 Ru

SCHEDULE F - AGREEMENTS

DI334	
S, Hams	
Page 6 of 7	
of 7	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name:

Date	Parties to Agreement	Terms of Agreement
	Mone	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered confidential as a result of a	gyeeninien and any mantan'n cynayddd cynnicenau ab a roan o'i gynnigen raamaianip roccyn by faer. By faet affenn mannawn noccyn cynnwraeth o'i
Source (Name and City/State)	Brief Description of Duties
Example Doe Jones & Smith, Hometown, Homestate	Accounting Services
71000	

									NOTE NUMBER
								(つ
								(Done	
:							:		
									NC
				÷					NOTES
			- T. F. S.						
	. Add .								