SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Alma Shealey Adams

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or
more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income
exceeding \$1,000. See examples below.

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c clude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefit	
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Exclude: Military pay (such as National Guard of Meserve pay), lederal retirement programs, and benefits received under the Social Security Act. Amount	ellenent programs, and benefits it	Amount	unt
Source (include date of receipt for nonbraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	O	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Bennett College For Women, Greensboro NC	Salary	0	38, 832.44
NC General Assembly, Ralciah, NC	Salary	12,051.06	20,658.96
TIAA - CREE	Retirement Income	11 978 97	17 693.85
			10 m

					TIAA - CRE	JT 1st Bank of Pa	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	Asset and/or Income Source Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
					π	1st Bank of Paducah, KY accounts	ster	ock	any deposits total- recking or savings set in, or income set in, or income program, including that an asset or use (SP) or depen- uyour spouse (JT), t. t. lie II requirements, et.	, including second is there was rental	ately-held business name of the busi- and its geographic	PLOCK A Or Income Source held for investment or production narket value exceeding \$1,000 at tring period, and (b) any other urces of income which generated rearned income during the year. The sof stocks and mutual funds abols). Tretirement plans (such as 401(k) alue for each asset held in the the reporting thresholds. Ball property held for investment, address or a description, e.g., the city and state.
				<u> </u>		╄			None et coo		<u></u>	Value of Asset Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
				<u> </u>	 	╂	5		\$1 - \$1,000 \$1,001 - \$15,000		B	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market valuelease specify the method used. please specify the method used. please and is included only becan the year and is of assets solely for the year spouse or dependent chilles.
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			<u> </u>			上			EXCEPTED/BLIND TRUST			Type of Inco Type of Inco Check all columns that retirement accounts the allow you to choose investments of that gen deferred income (such plans or IRAs), you may "Tax-Deferred" column. D interest, and capital gall if reinvested, must closed as income. Che if the asset generated n during the reporting per
									TAX-DEFERRED			Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
i						1	Royalties		Other Type of Income			
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Continuation Sheet (if needed)

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Alma Shealey Adams Page 4 or 6

None Section
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SCHEDULE III — LIABILITIES

Name Alma Shealey Adams

Page 5 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

				SP, DC, JT
		NONE	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
		-	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
				\$15,001— \$50,000 D
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				\$25,000,001— \$50,000,000
				Over \$50,000,000
				Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization)

and positions solely of all honorary flattal or	
Position	Name of Organization
VICE-CHAIR	African American Atolier, Inc. GREENSBORO, NC 27401
CHAIR	NC LEGISTATIVE Black Caucus Foundation Raleigh NC 27611-7862
	C

SCHEDULE V — AGREEMENTS

Name Alma Shealey Adams

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	-		Date	Identify the date service; continu efit plan maintai
		NONE	Parties To	identify the date, parties to, and general terms of any agreement or arrangement with r service; continuation or deferral of payments by a former or current employer other that effit plan maintained by a former employer.
			Terms of Agreement	identify the date, parties to, and general terms of any agreement or arrangement 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.

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NONE	
•	
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