EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Common because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Common because they meet all three tests for exemption?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Effics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSW	Each question in this part must be answered and the appropriate schedule	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Wes, a single source in the two prior if yes, complete and attach schedule iii.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No With an outside entity? If yes, complete and attach Schedule II.	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$100 or more from any source in the reporting period? 1. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$100 or more from any source in the reporting period?	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	In all sections, please type or print clearly in blue or black ink.	Stanus New officer or Employing Office:	Filer Candidate for the State: VC Date of House of Representatives District: 12 Election:		Name: Alma Shealey Adams Daytime Telephone	Period covered: January 1, 2013 - July 1, 2013 For use by candidates and	FINANCIAL DISCLOSURE STATEMENT FORM B	
lities of a spouse or dependent child Committee on Ethics.	xcepted trusts" need nent child?	뙤		VI. Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If yea, complete and attach Schedule VI.	portable agreement or arrangement strach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.			X	Check if Amendment			new employees		
ppendent child	ot be	EACH OF THESE QUESTIONS	attached for each "Yes" response	\$5,000 from	rangement	before the date or two years?		j	more than 30 days late	A \$200 penalty shall be sosinst any individual		V.S. HOU	2014	Source Search	
¥88	6 %	NOITSBUK	esponse.	₹ □		<u>\$</u>				_	(Office Use Only)	P.S. HOUSE OF REPRESENTATIVES	2014 DEC 11 PM 5: 25	A Sour	
Ž	Ę Š	Ø		\$ \[\bar{\bar{\bar{\bar{\bar{\bar{\bar{	1	₹				assessed who files		SENIMINES	5: 25	CE SENTY	

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

	1	Amount	unt
Source (include date of receipt for honoraria)	урө	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	⋠
Bennett College For Women, Greensboro NC	Salary	0	38, 832.44
NC General Assambly, Ralciah NC	Salary	12,051.06	20,658.96
	Retirement Income	11, 978.97	12,693.85
		•	

NC Legislative Retire-	TIAA - CREF Annut	JT 1st Bank of Paducah, KY accounts	DC Examples: Simon & Schuster		Exclude: Your personal residence, including second homes and vecation homes (unless there was rental 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 booldet.	leads, are nature or its acarriages, and its geographic location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset had in the account that exceeds the reporting thresholds. For rental or other real property had for investment, provide a complete address or description, e.g., "rental property," and the city and state.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 st the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	BLOCK A Asset and/or income Source
X	X	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$50,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		A B C D E F G H I J K L M	it generated income, the value should be "None." 'This column is for assets solely held by your spouse or dependent child.	If an asset was sold during the report- ing year and is included only because	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.	BLOCK B Value of Asset
×	X	X	Popula	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	•)		If reinvested, must be dis- closed as income. Check None's if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(t)).	BLOCK C Type of Income
X	X	×	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$000,001 - \$1,000,000 \$000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000		Current Year Preceding Year	spouse or dependent child.	=	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. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Alma Shealey Adams Page 4 or 6

	ı	
2		
		Mana Allina Stickley Clocking rage or
		9

Continuation Sheet (if needed)				Mamo - HITM SIKKIEY
BLOCK A	вгоск в	80	BLOCK C	BLOCK D
Asset and/or income Source	rce Value of Asset	sset	Type of Income	Amount of Income
<u>9</u> ,9	A B C D E F G H	- - - - - - - -		Current Year
л. —)())()()	(Specify	
DC .	000 0,000 0,000	,000,000 5,000,00 50,000,0	ND TRU: D Income	000,000
	\$1,000 01 - \$15,000 001 - \$60,00 001 - \$100,0 0,001 - \$250,0,001 - \$250,0	0,001 \$1,00 00,001 \$5,0 00,001 \$26 000,001 \$2 000,001 \$5 1860,000,000 186/DC Asset	DENDS T EREST ITAL GAINS EPTED/BUIN DEFERRED ner Type of Intership Incon	
Z)	\$1, \$16 \$50 \$10 \$20	\$1, \$6, \$2; Ov	REINT CA	No \$1 \$2 \$1 \$2 \$5 \$1 \$5 \$1 \$1
		-		

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Alma Shealey Adams

Page 5 or 6

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 sibling 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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

	ងខ្លួ
NONE	Creditor Example: First Bank of Wilmington, DE
	Date Liability Incurred mo/year
	Type of Liability Mongage on 123 Main Street, Dover, DE
	\$10,001— \$15,000
	\$15,001— \$50,000 (2)
	\$50,001— \$100,000 O
	× \$100,001— \$250,000
	\$250,000 M
	\$500,001— \$1,000,000 TI
	\$5,000,000
	\$5,000,001— \$25,000,001—
	\$50,000,000 T
	\$50,000,000 Spouse/DC Liability over ス
	\$1,000,000

SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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):

the production colors of the first terms of the first	
Position	Name of Organization
VICE-CHAIR	African American Atolier, Inc. GREENSBORD, NC 27401
CHAIR	NC Legistative Black Caucus Foundation Raleigh NC 27611-7862

SCHEDULE V - AGREEMENTS

Numa Alma Shealey Adams

Page 6 016

efft plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or cont	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a
Ë		
	y a fo	of any
		/age
		Seme
	ther the	***
	5 0 0	Despect
	J.S. Go	당 달
	MINION	
	BIT; OF	doyana a
		n; a o
,		
	tic parti	beenc
	95 TS 82	e durin
	n empk	
	oyee welfare or ben	I the period of governr
	enalle o	fgover
	∓ ben-	nment

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 lieted on Schedule L.

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

GPO: 2013 78-986 (mac)