



Filing ID #10010483

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Alma Shealey Adams
Status: Member
State/District: NC12

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2015
Filing Date: 04/26/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
North Carolina Legislative Retirement System Plan		\$15,001 - \$50,000	Tax-Deferred		<input type="checkbox"/>
TIAA-CREF Annuity Account		\$250,001 - \$500,000	Tax-Deferred		<input type="checkbox"/>

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
NC Legislative Retirement System Plan	Pension Income	\$13,482
TIAA-CREF Annuity	Retirement income	\$22,749

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Chase	July 2003	Mortgage on primary residence	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Board member	African American Atelier, Inc.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
May 2012	TIAA-CREFF Annuity	Retirement plan.
November 2014	North Carolina Legislative Retirement System Plan	Retirement plan.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
American Israel Education Foundation	08/3/2016	08/11/2016	Greensboro - Israel - Greensboro	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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 dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Alma Shealey Adams , 04/26/2016