



Filing ID #10059952

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

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

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2023
Filing Date: 05/6/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

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

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
NC Legislative Retirement System Plan	Pension Income	\$13,482.00
TIAA-CREF Annuity	Retirement Income	\$22,749.00

SCHEDULE D: LIABILITIES

None disclosed.

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

None disclosed.

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 , 05/6/2024