



Filing ID #10060851

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Addison McDowell
Status: Congressional Candidate
State/District: NC06

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2024
Filing Date: 05/13/2024
Period Covered: 01/01/2023– 04/15/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Congressional Federal Credit Union Checking Account [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
Fidelity Freedom Blend 2060 Fund S [MF]		None	Capital Gains, Dividends	\$5,001 - \$15,000	\$1 - \$200
State Employees Credit Union Checking Account [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200

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

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
NC Health Affiliates LLC	Salary	N/A	\$129,332.79
Flourish Counseling and Consulting	Spouse Salary	N/A	N/A
Cross Trail Outfitters	Salary	\$10,000.00	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	U.S. Department of Education	September 2012	Student loans	\$100,001 - \$250,000
	Nelnet	September 2012	Student loans	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Government Affairs Manager	Blue Cross Blue Shield of N.C
Government Affairs Liaison	NC League of Municipalities
Consultant	Cross Trail Outfitters

SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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: Addison McDowell , 05/13/2024