

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Alma Adams for Congress

ADDRESS (number and street) P.O. Box 20622
 Check if different than previously reported. (ACC) Greensboro NC 27420

2. **FEC IDENTIFICATION NUMBER** ▼ C C00546358 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY ▲ NC STATE ▲ 12 ZIP CODE ▲ STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Arthur M. Winstead Jr.

Signature of Treasurer Arthur M. Winstead Jr. *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 30 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Alma Adams for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="56114.24"/>	<input type="text" value="302091.33"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="56114.24"/>	<input type="text" value="302091.33"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="24189.33"/>	<input type="text" value="169975.38"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="13.19"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="24189.33"/>	<input type="text" value="169962.19"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="192701.39"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="931.48"/>	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Alma Adams for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7324.00	67019.68
(ii) Unitemized	2078.24	21041.95
(iii) TOTAL of contributions from individuals	9402.24	88061.63
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	46712.00	214029.70
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	56114.24	302091.33
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	13.19
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	56114.24	302104.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24189.33	169975.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	7500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	500.00	600.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24689.33	178075.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	161276.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	56114.24
25. SUBTOTAL (add Line 23 and Line 24).....	217390.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24689.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	192701.39

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
Carolyn S. Allen

Mailing Address 2611 David Caldwell Dr

City Greensboro State NC Zip Code 27408-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : VPFBPGCNWW0

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Crandall C. Bowles

Mailing Address 6725 Old Providence Rd

City Charlotte State NC Zip Code 28226-7735

FEC ID number of contributing federal political committee. **C**

Name of Employer The Springs Company Occupation Chairman Emeritus

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : VPFBPGAZJD6

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cedric M Bright

Mailing Address 407 Greymist Dr

City Durham State NC Zip Code 27713-7188

FEC ID number of contributing federal political committee. **C**

Name of Employer UNC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015

Transaction ID : VPFBPG4PEM1

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1207.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 08 / 2015

Transaction ID : VPFBPG4PEM1E

Amount of Each Receipt this Period
 _____ **250.00** _____

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Jane D. Brown

Mailing Address **451 Lakeshore Ln**

City **Chapel Hill** State **NC** Zip Code **27514-1730**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : VPFBPG9KDC9

Amount of Each Receipt this Period
 _____ **500.00** _____

C. Full Name (Last, First, Middle Initial)
James Dixon

Mailing Address **PO Box 480809**

City **Charlotte** State **NC** Zip Code **28269-5307**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bennett College** Occupation **EVP**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : VPFBPGC5KP9

Amount of Each Receipt this Period
 _____ **500.00** _____

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ **1000.00** _____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
Joyce M. Dixon

Mailing Address **PO Box 10886**

City **Greensboro** State **NC** Zip Code **27404-0886**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **680.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : VPFBPGDE5K7

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Harvey B. Gantt

Mailing Address **517 N Poplar St**

City **Charlotte** State **NC** Zip Code **28202-1729**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Gantt Huberman Architects** Occupation **Architect**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **212.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : VPFBPG704V5

Amount of Each Receipt this Period
212.00

C. Full Name (Last, First, Middle Initial)
Charlene E. Green

Mailing Address **4 Sail View Cv**

City **Greensboro** State **NC** Zip Code **27455-3449**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : VPFBPGBEC82

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1712.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
Lonna H. Harkrader

Mailing Address 1320 Shepherd St

City State Zip Code
Durham NC 27707-1647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Harkrader Ltd. Partnership Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : VPFBPG9GFR5

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Katherine Lea Harrelson

Mailing Address 3214 Winchester Dr

City State Zip Code
Greensboro NC 27406-5240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : VPFBPGDE5N3

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Nina Ford Jackson

Mailing Address 435 S Tryon St
Unit 301

City State Zip Code
Charlotte NC 28202-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Not Employed Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : VPFBPG704T7

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
Mary E. McAllister

Mailing Address 730 Spy Glass Dr

City Fayetteville State NC Zip Code 28311-6946

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Health Interventions Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : VPFBPGDE5J0

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mike E McKay

Mailing Address 1000 Connecticut Ave NW
FI 9

City Washington State DC Zip Code 20036-5302

FEC ID number of contributing federal political committee. **C**

Name of Employer Empire Consulting Group Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : VPFBPGAZJP7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David Middleton

Mailing Address 5995 Rolling Ridge Dr

City Kannapolis State NC Zip Code 28081-6705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : VPFBPG5TX98

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
1207.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : VPFBPG5TX98E

Amount of Each Receipt this Period

500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Eric Poore

Mailing Address **14808 Castletown House Dr**

City **Charlotte** State **NC** Zip Code **28273-7009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Star Bright Pharmacy** Occupation **Pharmacist**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
562.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

Transaction ID : VPFBPG4PEP6

Amount of Each Receipt this Period

212.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
1207.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2015

Transaction ID : VPFBPG4PEP6E

Amount of Each Receipt this Period

212.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

212.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
Velma R. Speight

Mailing Address 11 Carissa Ct

City Greensboro State NC Zip Code 27407-6366

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : VPFBPGE5H2

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

7324.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND (AMAZON PAC)

Mailing Address **601 New Jersey Ave NW
Ste 900**

City **Washington** State **DC** Zip Code **20001-2018**

FEC ID number of contributing federal political committee. **C C00360354**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 17 / 2015

Transaction ID : VPFBPGAZJW5

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address **1120 Connecticut Ave NW**

City **Washington** State **DC** Zip Code **20036-3902**

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 16 / 2015

Transaction ID : VPFBPGAXC13

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1505 Prince St
Ste 300**

City **Alexandria** State **VA** Zip Code **22314-2845**

FEC ID number of contributing federal political committee. **C C00024968**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 28 / 2015

Transaction ID : VPFBPGC5KX4

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
AT&T PAC

Mailing Address 208 S Akard St
Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : VPFBPGCNX19

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

FEC ID number of contributing federal political committee. **C** C00558437

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : VPFBPG70562

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CME GROUP INC. PAC

Mailing Address 20 S Wacker Dr

City Chicago State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : VPFBPGAJZ8

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 42
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

A. Mailing Address 100 Indiana Ave NW

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : VPFBPG93MQ6

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
CONGRESSIONAL BLACK CAUCUS PAC

B. Mailing Address PO Box 70980

City Washington State DC Zip Code 20024-0980

FEC ID number of contributing federal political committee. **C** C00147512

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : VPFBPG6GCW4

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
DEAN FOODS COMPANY POLITICAL ACTION COMMITTEE

C. Mailing Address 2711 N Haskell Ave Ste 3400

City Dallas State TX Zip Code 75204-2928

FEC ID number of contributing federal political committee. **C** C00340083

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : VPFBPG7S128

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
ENDO PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (ENDO PAC)

Mailing Address 1400 Atwater Dr
 City Malvern State PA Zip Code 19355-8701

FEC ID number of contributing federal political committee. **C C00452052**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : VPFBPG46VR3

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ENDO PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (ENDO PAC)

Mailing Address 1400 Atwater Dr
 City Malvern State PA Zip Code 19355-8701

FEC ID number of contributing federal political committee. **C C00452052**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : VPFBPGC5KS2

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L St NW Ste 900
 City Washington State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : VPFBPGC5KY2

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (IPAL)

Mailing Address 1750 New York Ave NW
Ste 400

City Washington State DC Zip Code 20006-5315

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : VPFBPGAXB2

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
JSTREETPAC

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : VPFBPGC5KW6

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1300 S Clinton St

City Fort Wayne State IN Zip Code 46802-3506

FEC ID number of contributing federal political committee. **C** C00110577

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : VPFBPGC5M24

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS &

Mailing Address 9000 Machinists Pl

City State Zip Code
Upper Marlboro MD 20772-2675

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : VPFBPG97563

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 State St

City State Zip Code
Springfield MA 01111-0001

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : VPFBPGC5K20

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A - FEDERAL ONLY

Mailing Address 1095 Avenue Of The Americas

City State Zip Code
New York NY 10036-6797

FEC ID number of contributing federal political committee. **C** C00493551

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : VPFBPG7S186

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address **1771 N St NW**
City **Washington** State **DC** Zip Code **20036-2800**

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : VPFBPGCNX27

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **51 Madison Ave Rm 1109**
City **New York** State **NY** Zip Code **10010-1603**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date **3500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : VPFBPG6GCN9

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PILLSBURY WINTHROP SHAW PITTMAN LLP POLITICAL ACTION COMMITTEE

Mailing Address **4 Embarcadero Ctr FI 22**
City **San Francisco** State **CA** Zip Code **94111-5998**

FEC ID number of contributing federal political committee. **C C00177972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : VPFBPG7S144

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial)
PRUDENTIAL FINANCIAL INC. FEDERAL POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL FEDERAL PAC)

A. Mailing Address 751 Broad St
FI 14

City Newark State NJ Zip Code 07102-3714

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : VPFBPGC5KV8

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

B. Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5386

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : VPFBPGAXBZ7

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
TE CONNECTIVITY, INC. POLITICAL ACTION COMMITTEE TELPAC

C. Mailing Address 607 14th St NW
Ste 250

City Washington State DC Zip Code 20005-2072

FEC ID number of contributing federal political committee. **C** C00433482

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : VPFBPGCNWZ4

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
A. Mailing Address 601 13th St NW SUITE 700 NORTH		Transaction ID : VPFBPG93MV7
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00431361		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
B. Mailing Address 601 13th St NW SUITE 700 NORTH		Transaction ID : VPFBPGC5M16
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00431361		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) UNIFI, INC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
C. Mailing Address 7201 W Friendly Ave		Transaction ID : VPFBPGCNWY6
City Greensboro	State NC	
FEC ID number of contributing federal political committee. C C00502351		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 Pennsylvania Ave NW
FI 10

City Washington State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : VPFBPG7S1H7

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
UNIVERSAL TECHNICAL INSTITUTE INC. PAC (UTIPAC)

Mailing Address 16220 N Scottsdale Rd
Ste 100

City Scottsdale State AZ Zip Code 85254-1825

FEC ID number of contributing federal political committee. **C C00497545**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : VPFBPG6GCM1

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I St NW
Ste 400

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : VPFBPGCNX02

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

A. Full Name (Last, First, Middle Initial)
Vi Alexander Lyles for City Council

Mailing Address 7007 Conservatory Ln

City Charlotte State NC Zip Code 28210-3606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : VPFBPG70521

Amount of Each Receipt this Period
 212.00

B. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)

Mailing Address Sixth And Marquette
MAC N9305-084

City Minneapolis State MN Zip Code 55479-0001

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : VPFBPG7S160

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1212.00

46712.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : VFPBPG70521

Federally Permissible Funds

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 19.05
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type 003	Transaction ID : VPECEA0CMB9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 28.64
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type 003	Transaction ID : VPECEA0EF47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Alma Shealey Adams		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2109 Liberty Valley Rd		Amount of Each Disbursement this Period 316.70
City Greensboro State NC Zip Code 27406-5431	Purpose of Disbursement Reimbursement / Airfare	
Candidate Name	Category/Type	Transaction ID : VPECE9ZZCY8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	364.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.70
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Airfare	Transaction ID : VPECE9ZZCZ6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Alma Shealey Adams		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 2109 Liberty Valley Rd		Amount of Each Disbursement this Period 325.00
City Greensboro	State NC	
Zip Code 27406-5431	Purpose of Disbursement Reimbursement / Parade Entry Fees	Transaction ID : VPECEA056Z9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. North Carolina A&T State University		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 1601 E Market St		Amount of Each Disbursement this Period 225.00
City Greensboro	State NC	
Zip Code 27411-0001	Purpose of Disbursement Parade Entry Fee	Transaction ID : VPECEA05714
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Alma Shealey Adams		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 2109 Liberty Valley Rd		Amount of Each Disbursement this Period 16.95
City Greensboro State NC Zip Code 27406-5431	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : VPECEA09TR9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 201 N Murrow Blvd		Amount of Each Disbursement this Period 16.95
City Greensboro State NC Zip Code 27401-2914	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : VPECEA09TS7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] *

Full Name (Last, First, Middle Initial) c. Alma Shealey Adams		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 2109 Liberty Valley Rd		Amount of Each Disbursement this Period 24.00
City Greensboro State NC Zip Code 27406-5431	Purpose of Disbursement Reimbursement / District Maps	
Candidate Name	Category/Type	Transaction ID : VPECEA0AW92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	40.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Blue Wave Political Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 119 1st Ave S Ste 320		Amount of Each Disbursement this Period 1250.00
City Seattle State WA Zip Code 98104-3424	Purpose of Disbursement Compliance Services	Transaction ID : VPECEA058P3
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Blue Wave Political Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 119 1st Ave S Ste 320		Amount of Each Disbursement this Period 1250.00
City Seattle State WA Zip Code 98104-3424	Purpose of Disbursement Compliance Services	Transaction ID : VPECEA0BPP4
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Blue Wave Political Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 119 1st Ave S Ste 320		Amount of Each Disbursement this Period 1250.00
City Seattle State WA Zip Code 98104-3424	Purpose of Disbursement Compliance Services	Transaction ID : VPECEA0J303
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Borum & Associates Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 14215		Amount of Each Disbursement this Period 351.00
City Greensboro	State NC	
Zip Code 27415-4215	Purpose of Disbursement Rent	Transaction ID : VPECE9ZZD12
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Borum & Associates Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 14215		Amount of Each Disbursement this Period 351.00
City Greensboro	State NC	
Zip Code 27415-4215	Purpose of Disbursement Rent	Transaction ID : VPECEA0B398
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Borum & Associates Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address PO Box 14215		Amount of Each Disbursement this Period 351.00
City Greensboro	State NC	
Zip Code 27415-4215	Purpose of Disbursement Rent	Transaction ID : VPECEA0SES7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1053.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Courtyard By Marriott			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 140 L St SE			Amount of Each Disbursement this Period 319.46 Transaction ID : VPECEA0SFJ4
City Washington	State DC	Zip Code 20003-3335	
Purpose of Disbursement Lodging		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. David L. Andrukitis, Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 8325 Old Marlboro Pike # A13			Amount of Each Disbursement this Period 314.61 Transaction ID : VPECEA0BPC2
City Upper Marlboro	State MD	Zip Code 20772-2617	
Purpose of Disbursement Printing / Stationary		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) c. First Data North America			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000			Amount of Each Disbursement this Period 118.46 Transaction ID : VPECEA057F5
City Atlanta	State GA	Zip Code 30342-1651	
Purpose of Disbursement Credit Card Fees		Category/ Type	003
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	752.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 28.17
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees	
Candidate Name	Category/Type 003	Transaction ID : VPECEA057G3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 2.27
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees	
Candidate Name	Category/Type 003	Transaction ID : VPECEA057H1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 105.96
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees	
Candidate Name	Category/Type 003	Transaction ID : VPECEA05EZ4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	136.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 19.95 Transaction ID : VPECEA0SF02
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 2.10 Transaction ID : VPECEA0SF10
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 21.13 Transaction ID : VPECEA0SEW0
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	43.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 42		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 0.70 Transaction ID : VPECEA0SEX8
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Data North America		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 0.58 Transaction ID : VPECEA0SEY6
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rhonda Foxx		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 6367 Hornbuckle Dr		Amount of Each Disbursement this Period 235.84 Transaction ID : VPECEA057J9
City Fayetteville State NC Zip Code 28311-7104	Purpose of Disbursement Reimbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	237.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Natl Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 79.01
City Washington	State DC	Zip Code 20003-4071
Purpose of Disbursement Campaign Meeting / Meal	Category/Type	
Candidate Name	Transaction ID : VPECEA057R6	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 40.00
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Internet Services	Category/Type	
Candidate Name	Transaction ID : VPECEA057B3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 40.00
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Internet Services	Category/Type	
Candidate Name	Transaction ID : VPECEA05F51	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 40.00
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Internet Services	Transaction ID : VPECEA05F69
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kalik & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 10291 Arizona Cir		Amount of Each Disbursement this Period 3562.60
City Bethesda	State MD	
Zip Code 20817-1227	Purpose of Disbursement Fundraising Consulting	Transaction ID : VPECEA058R9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kalik & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 10291 Arizona Cir		Amount of Each Disbursement this Period 3563.17
City Bethesda	State MD	
Zip Code 20817-1227	Purpose of Disbursement Fundraising Consulting	Transaction ID : VPECEA0BPA6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7165.77
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Kalik & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 10291 Arizona Cir		Amount of Each Disbursement this Period 3555.94
City Bethesda	State MD	
Zip Code 20817-1227	Purpose of Disbursement Fundraising Consulting	Transaction ID : VPECEA0SER9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 2100.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Computer Software	Transaction ID : VPECE9ZZCX0
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. PayChex, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 64.00
City Cary	State NC	
Zip Code 27513-8636	Purpose of Disbursement Payroll Fees	Transaction ID : VPECEA0SF28
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5719.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. PayChex, Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 54.00
City Cary	State NC Zip Code 27513-8636	
Purpose of Disbursement Payroll Fees	Category/Type 001	Transaction ID : VPECEA0SF36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PayChex, Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 54.00
City Cary	State NC Zip Code 27513-8636	
Purpose of Disbursement Payroll Fees	Category/Type 001	Transaction ID : VPECEA0SF44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rhue Still, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 1216 E Kenosha St # 313		Amount of Each Disbursement this Period 484.50
City Broken Arrow	State OK Zip Code 74012-2007	
Purpose of Disbursement Website	Category/Type 001	Transaction ID : VPECEA0B3A6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	592.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 42		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Sona Creamery & Wine Bar		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 660 Pennsylvania Ave SE		Amount of Each Disbursement this Period 275.00
City Washington	State DC	
Zip Code 20003-4346	Purpose of Disbursement Catering Deposit / Fundraiser	Transaction ID : VPECEA0SFH6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sona Creamery & Wine Bar		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 660 Pennsylvania Ave SE		Amount of Each Disbursement this Period 365.00
City Washington	State DC	
Zip Code 20003-4346	Purpose of Disbursement Catering / Fundraiser	Transaction ID : VPECEA0SFB9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. State Board of Elections		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address PO Box 27255		Amount of Each Disbursement this Period 1740.00
City Raleigh	State NC	
Zip Code 27611-7255	Purpose of Disbursement Election Filing Fee	Transaction ID : VPECEA0SFQ4
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2380.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. Strategic Health Care		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 1120 G St NW Ste 1000		Amount of Each Disbursement this Period 350.00
City Washington	State DC	
Zip Code 20005-3892	Purpose of Disbursement Event Space Rental	Transaction ID : VPECEA0B5W2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 666 11th St NW		Amount of Each Disbursement this Period 19.99
City Washington	State DC	
Zip Code 20001-4500	Purpose of Disbursement Stamps	Transaction ID : VPECEA05748
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 666 11th St NW		Amount of Each Disbursement this Period 125.44
City Washington	State DC	
Zip Code 20001-4500	Purpose of Disbursement Stamps	Transaction ID : VPECEA05764
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	495.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 201 N Murrow Blvd		Amount of Each Disbursement this Period 82.00
City Greensboro State NC Zip Code 27401-2914	Purpose of Disbursement PO Box Rental	
Candidate Name	Category/Type 001	Transaction ID : VPECEA058F8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 666 11th St NW		Amount of Each Disbursement this Period 5.75
City Washington State DC Zip Code 20001-4500	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : VPECEA0B3D0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] *

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 666 11th St NW		Amount of Each Disbursement this Period 5.75
City Washington State DC Zip Code 20001-4500	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : VPECEA0SF93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	87.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015		
Mailing Address 201 N Murrow Blvd			Amount of Each Disbursement this Period 16.95		
City Greensboro	State NC	Zip Code 27401-2914	Transaction ID : VPECEA0VPV6		
Purpose of Disbursement Postage		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	16.95
TOTAL This Period (last page this line number only).....	23240.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 42
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alma Adams for Congress

Full Name (Last, First, Middle Initial) A. MARK TAKAI FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 2267		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : VPECEA0QN85
City Pearl City State HI Zip Code 96782-9267	Purpose of Disbursement Contribution	
Candidate Name KYLE MARK TAKAI	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: HI District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 500.00
TOTAL This Period (last page this line number only).....	\$ 500.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Alma Adams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DC Taste		Nature of Debt (Purpose): Catering / Fundraiser
Mailing Address 1600 Fitzgerald Ln		
City State	Zip Code	
Alexandria	VA 22302-2004	

Outstanding Balance Beginning This Period	Transaction ID : VPCDY9H9630	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
931.48	0.00	931.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	931.48
2) TOTALS This Period (last page this line number only)	931.48
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	931.48