

# 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  
Greensboro NC 27420  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C C00546358  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
Greensboro NC 27420 NC 12

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 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 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 04 / 15 / 2015

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

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))....	52489.00	53896.39
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52489.00	53896.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	28072.42	75073.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	13.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28072.42	75060.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42508.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	3757.28	

**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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7800.00	7800.00
(ii) Unitemized.....	689.00	1096.39
(iii) TOTAL of contributions from individuals ▶	8489.00	8896.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	44000.00	45000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	52489.00	53896.39
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	13.19
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	52489.00	53909.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28072.42	75073.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	5000.00	5000.00
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	33072.42	80073.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23091.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	52489.00
25. SUBTOTAL (add Line 23 and Line 24).....	75580.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33072.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42508.03

**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 31
	<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)  
**Mark R. Craig**

Mailing Address 1620 Fairfax Rd

City Greensboro State NC Zip Code 27407-4139

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

Name of Employer R.H. Barringer Dist. Co., Inc. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : VPFBPC7MCY5**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Dreyfus**

Mailing Address 5104 Ocean Front Ave

City Virginia Beach State VA Zip Code 23451-2339

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

Name of Employer ECPI University Occupation Education Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : VPFBPCJHQ4**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Charlene 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 American Anesthesiology Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : VPFBPB7M094**

Amount of Each Receipt this Period  
 2600.00

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

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

4100.00

**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 31
	<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)  
**Michael 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  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VPFBCPA4K3**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Stuart L. Schnider**

Mailing Address PO Box 38470

City Charlotte State NC Zip Code 28278-1008

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

Name of Employer The Schnider Group Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : VPFBCMEV17**

Amount of Each Receipt this Period  
2700.00

\* 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  
3234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : VPFBCMEV17E**

Amount of Each Receipt this Period  
2700.00

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

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

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

3200.00

**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 31
	<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)  
**John I. Wilson**

Mailing Address 5007 Dunwoody Trl

City Raleigh State NC Zip Code 27606-1762

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : VPFBPAYA8D5**

Amount of Each Receipt this Period  
 500.00

**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 / 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 / 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).....

500.00

7800.00

**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 31
	<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)  
**AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)**

Mailing Address 1932 Wynnton Rd

City Columbus State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

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  
 03 / 31 / 2015

**Transaction ID : VPFBPCNA770**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN AIRLINES INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1101 17th St NW Ste 600

City Washington State DC Zip Code 20036-4768

FEC ID number of contributing federal political committee. **C** C00107300

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  
 01 / 16 / 2015

**Transaction ID : VPFBPAYA860**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 777 6th St NW Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C** C00024521

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  
 03 / 23 / 2015

**Transaction ID : VPFBPCJPPH1**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 31
	<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)  
AMERICAN BEVERAGE ASSOCIATION POLITICAL ACTION COMMITTEE (AKA AMERICAN BEVERAGE PAC)

A. Mailing Address 1101 16th St NW

City State Zip Code  
Washington DC 20036-4829

FEC ID number of contributing federal political committee. **C** C00100107

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  
 03 / 31 / 2015

Transaction ID : VPFBPCNH3Q5

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 208 S Akard St Ste 2701

City State Zip Code  
Dallas TX 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  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

Transaction ID : VPFBPCPN9R9

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 S Capitol St SW Ste 422

City State Zip Code  
Washington DC 20003-4028

FEC ID number of contributing federal political committee. **C** C00399196

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  
 03 / 31 / 2015

Transaction ID : VPFBPCNA705

Amount of Each Receipt this Period  
 5000.00

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

7000.00

**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 10 OF 31
	<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. BUTTERFIELD FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2571

City: Wilson State: NC Zip Code: 27894-2571

FEC ID number of contributing federal political committee: **C C00401190**

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 30 / 2015

**Transaction ID : VPFBPCMJZQ9**

Amount of Each Receipt this Period: 500.00

**B. CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave NW  
10TH FLOOR WEST

City: Washington State: DC Zip Code: 20001-2133

FEC ID number of contributing federal political committee: **C C00001016**

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 23 / 2015

**Transaction ID : VPFBPCJPS61**

Amount of Each Receipt this Period: 5000.00

**C. CME GROUP INC. PAC**

Full Name (Last, First, Middle Initial)  
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: 03 / 23 / 2015

**Transaction ID : VPFBPCJPSB0**

Amount of Each Receipt this Period: 1000.00

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

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

6500.00

**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 31
	<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)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address **1701 John F Kennedy Blvd**  
**FL 49**

City	State	Zip Code
Philadelphia	PA	19103-2855

FEC ID number of contributing federal political committee. **C C00248716**

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
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		30		2015

**Transaction ID : VPFBPCMJZX6**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

B. Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address **550 S Tryon St**

City	State	Zip Code
Charlotte	NC	28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

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
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2015

**Transaction ID : VPFBPCNH414**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

C. Full Name (Last, First, Middle Initial)  
**HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**

Mailing Address **800 17th St NW**  
**Ste 1100**

City	State	Zip Code
Washington	DC	20006-3962

FEC ID number of contributing federal political committee. **C C00171330**

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
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		27		2015

**Transaction ID : VPFBPC85DY8**

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 12 OF 31
	<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)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Ave NW  
SUITE 500 WEST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

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  
 02 / 27 / 2015

**Transaction ID : VPFBPC85DX0**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND**

Mailing Address 753 State Ave  
Ste 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C C00005157**

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  
 03 / 31 / 2015

**Transaction ID : VPFBPCNH3X3**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)**

Mailing Address 410 1st St SE  
Ste 310

City Washington State DC Zip Code 20003-1819

FEC ID number of contributing federal political committee. **C C00362384**

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  
 03 / 27 / 2015

**Transaction ID : VPFBPCMDQ27**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 31  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**MCGUIREWOODS LLP**

Mailing Address 1 James Ctr  
901 E. CARY STREET

City Richmond State VA Zip Code 23219-4089

FEC ID number of contributing federal political committee. **C C00225342**

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  
 03 / 31 / 2015

**Transaction ID : VPFBPCNH4H1**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address PO Box 2995

City Cordova State TN Zip Code 38088-2995

FEC ID number of contributing federal political committee. **C C00023028**

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  
 03 / 25 / 2015

**Transaction ID : VPFBPCKA804**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16th St NW  
Ste 418

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C C00003251**

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  
 03 / 31 / 2015

**Transaction ID : VPFBPCCA4S9**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 14 OF 31
	<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)  
**OFF THE SIDELINES PAC**

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013-9182

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : VPFBPCJK4F2**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**OFF THE SIDELINES PAC**

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013-9182

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : VPFBPCJK4G0**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Price for Congress**

Mailing Address PO Box 1986

City Raleigh State NC Zip Code 27602-1986

FEC ID number of contributing federal political committee. **C** C00195628

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  
 03 / 30 / 2015

**Transaction ID : VPFBPCMK0G7**

Amount of Each Receipt this Period  
 1000.00

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

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

11000.00

**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 31  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Promise PAC**

Mailing Address 236 Massachusetts Ave NE  
Ste 603

City Washington State DC Zip Code 20002-4971

FEC ID number of contributing federal political committee. **C C00528992**

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  
03 / 23 / 2015

**Transaction ID : VPFBPCJMQ94**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Richmond for Congress**

Mailing Address 1631 Elysian Fields Ave

City New Orleans State LA Zip Code 70117-8208

FEC ID number of contributing federal political committee. **C C00451336**

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  
01 / 16 / 2015

**Transaction ID : VPFBPAYA8B9**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Ave NW  
SUITE 1000 EAST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00350744**

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  
03 / 30 / 2015

**Transaction ID : VPFBPCMK0A9**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 16 OF 31
	<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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VPFBCMDQ01**

Amount of Each Receipt this Period  
 1000.00

**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  
 03 / 03 / 2015

**Transaction ID : VPFBC8D7Z8**

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).....

2000.00

44000.00

**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 17 OF 31			
	<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) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 4405 W Wendover Ave		Amount of Each Disbursement this Period 96.44 <b>Transaction ID : VPECE9NRX16</b>
City Greensboro State NC Zip Code 27407-2632	Purpose of Disbursement Telephone Expense 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) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 4405 W Wendover Ave		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : VPECE9NRXS6</b>
City Greensboro State NC Zip Code 27407-2632	Purpose of Disbursement Internet Services 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) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 4405 W Wendover Ave		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : VPECE9PAX78</b>
City Greensboro State NC Zip Code 27407-2632	Purpose of Disbursement Telephone Expense 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	213.52
<b>TOTAL</b> 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 18 OF 31			
	<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) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 4405 W Wendover Ave		Amount of Each Disbursement this Period 90.00
City Greensboro	State NC	
Zip Code 27407-2632	Purpose of Disbursement Internet Services	<b>Transaction ID : VPECE9TBAD0</b>
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>B. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address 4405 W Wendover Ave		Amount of Each Disbursement this Period 90.00
City Greensboro	State NC	
Zip Code 27407-2632	Purpose of Disbursement Internet Services	<b>Transaction ID : VPECE9T9ZT4</b>
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>c. Blue Wave Political Partners, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 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	<b>Transaction ID : VPECE9NRT28</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1430.00
<b>TOTAL</b> 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 19 OF 31	
	<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) <b>A. Blue Wave Political Partners, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 119 1st Ave S Ste 320		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : VPECE9PAX53</b>
City Seattle State WA Zip Code 98104-3424	Purpose of Disbursement Compliance Services 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) <b>B. Blue Wave Political Partners, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 119 1st Ave S Ste 320		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : VPECE9TABF2</b>
City Seattle State WA Zip Code 98104-3424	Purpose of Disbursement Compliance Services 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) <b>c. Borum &amp; Associates Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address PO Box 14215		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VPECE9PAX61</b>
City Greensboro State NC Zip Code 27415-4215	Purpose of Disbursement Rent 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 20 OF 31			
	<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) <b>A. Borum &amp; Associates Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address PO Box 14215		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VPECE9RJ854</b>
City Greensboro State NC Zip Code 27415-4215	Purpose of Disbursement Rent	
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>B. Borum &amp; Associates Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO Box 14215		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VPECE9TABE4</b>
City Greensboro State NC Zip Code 27415-4215	Purpose of Disbursement Rent	
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>C. Faith &amp; Politics Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 110 Maryland Ave NE		Amount of Each Disbursement this Period 1700.00 <b>Transaction ID : VPECE9T9ZN5</b>
City Washington State DC Zip Code 20002-5626	Purpose of Disbursement Conference Fee	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> 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 21 OF 31	
	<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) <b>A. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 1.65 <b>Transaction ID : VPECE9NR2G1</b>
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>B. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : VPECE9NR2P9</b>
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>c. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 2.00 <b>Transaction ID : VPECE9NR399</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23.60
<b>TOTAL</b> 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 22 OF 31	
	<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) <b>A. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 98.95 <b>Transaction ID : VPECE9PAX94</b>
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>B. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 75.59 <b>Transaction ID : VPECE9T9ZQ1</b>
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>c. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 3.41 <b>Transaction ID : VPECE9T9ZR9</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.95
<b>TOTAL</b> 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 23 OF 31	
	<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) <b>A. First Data North America</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 0.30 <b>Transaction ID : VPECE9T9ZS6</b>
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>B. Greenprint Strategies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address PO Box 65		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VPECE9PAX37</b>
City Morrisville State NC Zip Code 27560-0065	Purpose of Disbursement Fundraising Consulting 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>c. Greenprint Strategies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO Box 65		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VPECE9TABD6</b>
City Morrisville State NC Zip Code 27560-0065	Purpose of Disbursement Fundraising Consulting 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.30
<b>TOTAL</b> 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 24 OF 31	
	<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) <b>A. Harris Teeter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 1201 1st St NE		Amount of Each Disbursement this Period 34.99
City Washington	State DC	
Zip Code 20002-4274	Purpose of Disbursement Food for Reception	Transaction ID : VPECE9NR6G7
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>B. Kalik &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2015
Mailing Address 10291 Arizona Cir		Amount of Each Disbursement this Period 4079.74
City Bethesda	State MD	
Zip Code 20817-1227	Purpose of Disbursement Fundraising Consulting	Transaction ID : VPECE9NRV54
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>C. Kalik &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 10291 Arizona Cir		Amount of Each Disbursement this Period 3080.04
City Bethesda	State MD	
Zip Code 20817-1227	Purpose of Disbursement Fundraising Consulting	Transaction ID : VPECE9PAX45
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7194.77
<b>TOTAL</b> 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 31	
	<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) <b>A. Kalik &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address 10291 Arizona Cir		Amount of Each Disbursement this Period <b>3083.88</b>
City Bethesda	State MD	
Zip Code 20817-1227	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : VPECE9TABC8</b>
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>B. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2015</b>
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period <b>149.00</b>
City Los Angeles	State CA	
Zip Code 90013-1155	Purpose of Disbursement Internet Services	<b>Transaction ID : VPECE9PAXF2</b>
Candidate Name	Category/ Type <b>001</b>	
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>c. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 02 / 2015</b>
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period <b>149.00</b>
City Los Angeles	State CA	
Zip Code 90013-1155	Purpose of Disbursement Internet Services	<b>Transaction ID : VPECE9T9ZK9</b>
Candidate Name	Category/ Type <b>001</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3381.88</b>
<b>TOTAL</b> 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 31	
	<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) <b>A. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period 149.00
City Los Angeles	State CA Zip Code 90013-1155	
Purpose of Disbursement Internet Services	Category/Type 001	<b>Transaction ID : VPECE9TP265</b>
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>B. NGP VAN, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 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	Category/Type 001	<b>Transaction ID : VPECE9NRB92</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayChex, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 49.00
City Cary	State NC Zip Code 27513-8636	
Purpose of Disbursement Payroll Fees	Category/Type 001	<b>Transaction ID : VPECE9NRR7</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2298.00
<b>TOTAL</b> 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 31			
	<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) <b>A. PayChex, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 679.80 <b>Transaction ID : VPECE9PAXH7</b>
City Cary	State NC Zip Code 27513-8636	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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>B. PayChex, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 185.25 <b>Transaction ID : VPECE9PAX86</b>
City Cary	State NC Zip Code 27513-8636	
Purpose of Disbursement Payroll Fees	Category/Type 001	
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>c. PayChex, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 15501 Weston Pkwy Ste 100		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : VPECE9TA1E3</b>
City Cary	State NC Zip Code 27513-8636	
Purpose of Disbursement Payroll Fees	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	914.05
<b>TOTAL</b> 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 31	
	<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) <b>A. Sheraton Philadelphia Society Hill</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2015</b>	
Mailing Address <b>2nd &amp; Walnut Streets</b>			Amount of Each Disbursement this Period <b>1150.00</b>	
City <b>Philadelphia</b>	State <b>PA</b>	Zip Code <b>19106</b>	Transaction ID : <b>VPECE9PAXG0</b>	
Purpose of Disbursement <b>Conference Fee</b>		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B.</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:	<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) <b>C.</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:	<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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>27405.07</b>

**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 31
	<input type="checkbox"/> 17 20a <input checked="" 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**

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
Alma Adams for Congress

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Contribution

Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 5000.00

Transaction ID : VPECE9TMTH8

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... 5000.00

**TOTAL** This Period (last page this line number only) ..... 5000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Alma Adams for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CES Mail Communications Inc**

Mailing Address PO Box 28151

City State Zip Code  
 Raleigh NC 27611-8151

Nature of Debt (Purpose):  
 Postage

Outstanding Balance Beginning This Period  **Transaction ID : VPCDY9H7GK1**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CES Mail Communications Inc**

Mailing Address PO Box 28151

City State Zip Code  
 Raleigh NC 27611-8151

Nature of Debt (Purpose):  
 Mail Processing

Outstanding Balance Beginning This Period  **Transaction ID : VPCDY9H7GM9**

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  
**Greenprint Strategies Inc.**

Mailing Address PO Box 65

City State Zip Code  
 Morrisville NC 27560-0065

Nature of Debt (Purpose):  
 Fundraising Consulting

Outstanding Balance Beginning This Period  **Transaction ID : VPCDY9H7GQ3**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3203.88"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Alma Adams for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Natl Democratic Club**

Mailing Address 30 Ivy St SE

City State Zip Code  
Washington DC 20003-4071

Nature of Debt (Purpose):  
Catering

Outstanding Balance Beginning This Period  **Transaction ID : VPCDY9H7GN7**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="553.40"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="3757.28"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="3757.28"/>