FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)								
Adams, Alma, Shealey, ,								
(b) Address (number and street) 310 W 10th Street	□ Check if address changed				2. Candidate's FEC Identification Number H4NC12100			
(c) City, State, and ZIP Code					3. Is This	Ne		Amended
Charlotte		NC	28202	2	Statem	ent (N) OR	X (A)
4. Party Affiliation	5. Office Sought			6. State & Distr		ate		
DEMOCRATIC PARTY	House			NC	12			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby designate the following nar	ned political committee	as my Prii	ncipal C	Campaign Comn	nittee for the	2024 (year of elec	tion)	on(s).
NOTE: This designation should be f	iled with the appropriate	e office list	ed in th	e instructions.				
(a) Name of Committee (in full)								
Alma Adams for Co	ngress							
(b) Address (number and street) P.O. Box 31473								
(c) City, State, and ZIP Code								
Charlotte				NC	28231			
 8. I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) 					nmittee, to red	ceive and exp	bend funds	on behalf of my
(c) City, State, and ZIP Code								
	mined this Statement a	nd to the b	est of I	my knowledge a	-	true, correct	and compl	ete.
Signature of Candidate					Date			
Adams, Alma, S, ,			[Elect	ronically Filed]	11/18/202	22		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
·				I			FE	C FORM 2 (REV. 02/2009)