

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

VIRGINIA CONLON CONGRESS COMMITTEE

ADDRESS (number and street)

9650 STRICKLAND RD STE 103-252



Check if different than previously reported. (ACC)

Raleigh NC 27615-1902

2. FEC IDENTIFICATION NUMBER

C00559187

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CITY STATE ZIP CODE

STATE DISTRICT

NC

13

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

MM/DD/YYYY

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

02/27/2014

through

04/01/2014

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

Collyn Norann Warner

Signature of Treasurer

[Handwritten Signature]

Date

04/24/2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

14031232018

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Virginia Conlon for Congress Committee

Report Covering the Period:

From:

02 / 27 / 2014

To:

04 / 01 / 2014

**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)) ....

4,159.70

4,159.70

(b) Total Contribution Refunds  
(from Line 20(d)) .....

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

4,159.70

4,159.70

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

2,877.78

2,877.78

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.00

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

2,877.78

2,877.78

**8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....**

0.00

**9. Debts and Obligations Owed TO  
the Committee (itemize all on  
Schedule C and/or Schedule D) .....**

0.00

**10. Debts and Obligations Owed BY  
the Committee (itemize all on  
Schedule C and/or Schedule D) .....**

2,000.00

**For further information contact:**

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

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

14031232019

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**VIRGINIA CONLON FOR CONGRESS COMMITTEE**

Report Covering the Period: From:

**02 / 27 / 2014**

To:

**04 / 01 / 2014**

**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).....

2,200.00

2,200.00

(ii) Unitemized.....

685.00

685.00

(iii) TOTAL of contributions from individuals ▶

2,885.00

2,885.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1,274.70

3,274.70

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4,159.70

6,159.70

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

2,000.00

2,000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

2,000.00

2,000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....**

0.00

0.00

**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)..... ▶**

6,159.70

6,159.70

14031232020

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	2,877.78	2,877.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2,877.78	2,877.78

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6,159.70
25. SUBTOTAL (add Line 23 and Line 24).....	6,159.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,877.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3,281.92

14031232021

**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 1 OF 1	
<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

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)	VIRGINIA CONLON FOR CONGRESS COMMITTEE
-----------------------------	--

Full Name (Last, First, Middle Initial) <b>A. Crisp, Shelley, J.</b>		Date of Receipt MM / DD / YYYY <b>03 / 13 / 2014</b>
Mailing Address <b>1502 Duplin Rd.</b>		Amount of Each Receipt this Period <b>5 0 0 0 0</b>
City <b>Raleigh</b>	State Zip Code <b>NC 27607-6655</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>NA</b>	Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5 0 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. Palmour, John W.</b>		Date of Receipt MM / DD / YYYY <b>03 / 30 / 2014</b>
Mailing Address <b>231 Devonbrook Lane</b>		Amount of Each Receipt this Period <b>1,2 0 0 0 0</b>
City <b>Cary</b>	State Zip Code <b>NC 27518</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Cree</b>	Occupation <b>Scientist</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1,2 0 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C. Bass, Bonnie A.</b>		Date of Receipt MM / DD / YYYY <b>03 / 30 / 2014</b>
Mailing Address <b>4504 Old Village Rd.</b>		Amount of Each Receipt this Period <b>5 0 0 0 0</b>
City <b>Raleigh</b>	State Zip Code <b>NC 27612</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Duke Hospital</b>	Occupation <b>Pharmacist</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5 0 0 0 0</b>	

SUBTOTAL of Receipts This Page (optional).....	<b>2,2 0 0 0 0</b>
TOTAL This Period (last page this line number only).....	<b>2,2 0 0 0 0</b>

14031232022

**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 1 OF 2

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
---	------------------------------------	-------------------------------------	------------------------------------

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)

**VIRGINIA CONLON FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

A.

**Morrison, Carissa**

Mailing Address

**204 Dry Ave.**

City

**Cary**

State  
**NC**

Zip Code  
**27511**

Purpose of Disbursement

**Media Advertisement**

Candidate Name

**Virginia Conlon**

**0-0-4**  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

**NC**

District:

**13**

Date of Disbursement

**03 / 13 / 2014**

Amount of Each Disbursement this Period

**2,150.00**

Full Name (Last, First, Middle Initial)

B.

**The Sign Shop**

Mailing Address

**PO Box 1014**

City

**Holly Springs**

State  
**NC**

Zip Code  
**27540**

Purpose of Disbursement

**Candidate Signs**

Candidate Name

**Virginia Conlon**

**0-0-6**  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

**NC**

District:

**13**

Date of Disbursement

**03 / 25 / 2014**

Amount of Each Disbursement this Period

**1,369.07**

Full Name (Last, First, Middle Initial)

C.

**Grass Roots Press**

Mailing Address

**401 1/2 W. Peace St.**

City

**Raleigh**

State  
**NC**

Zip Code  
**27603**

Purpose of Disbursement

**Buttons and Business Cards**

Candidate Name

**Virginia Conlon**

**0-0-6**  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

**NC**

District:

**13**

Date of Disbursement

**03 / 03 / 2014**

Amount of Each Disbursement this Period

**331.99**

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

**1,916.06**

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

**2,580.00**

14031232023

**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 2 OF 2	
	<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)  
**VIRGINIA CONLON FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Fed Ex Office</b>		Date of Disbursement MM / DD / YYYY <b>03 / 25 / 2014</b>
Mailing Address <b>908 Springfield Commons Dr.</b>		Amount of Each Disbursement this Period <b>6 6 3 9 4</b>
City <b>Raleigh</b>	State <b>NC</b>	
Zip Code <b>27609-8526</b>		Category/ Type <b>0 0 6</b>
Purpose of Disbursement <b>Buck Slips</b>		
Candidate Name <b>Virginia Conlon</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NC</b> District: <b>13</b>	

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Amount of Each Disbursement this Period
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)		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Amount of Each Disbursement this Period
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>6 6 3 9 4</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2 5 8 0 0 0</b>

14031232024

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Virginia Conlon for Congress**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Conlon, Virginia, L.**

Mailing Address  
**2601 N. Falls Drive**

Election:  
 Primary  
 General  
 Other (specify) \_\_\_\_\_

City **Raleigh** State **NC** ZIP Code **27615**

Original Amount of Loan **2,000.00** Cumulative Payment To Date **0 00** Balance Outstanding at Close of This Period **2,000.00**

**TERMS** Date Incurred **03 / 01 / 2014** Date Due **NONE** Interest Rate **NONE % (apr)** Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) <b>Virginia, Conlon, L.</b>	Name of Employer <b>Self-Employed</b>
Mailing Address <b>2601 N. Falls Drive</b>	Occupation <b>Candidate</b>
City <b>Raleigh</b> State <b>NC</b> ZIP Code <b>27615</b>	Amount Guaranteed Outstanding: <b>2,000.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ..... **2,000.00**

**TOTALS** This Period (last page in this line only) ..... **2,000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031232025



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

NAME OF COMMITTEE (In Full)  
**Virginia Conlon for Congress Committee**

A. 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	

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) .....	▶	
2) TOTALS This Period (last page this line number only) .....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	▶	2,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	▶	2,000.00

14031232026

14031232027

VIRGINIA FOR CONGRESS CTR  
CON CON  
9650 STORCKLAND RD  
SUITE 103-252  
RALEIGH, NC 27615

RECEIVED  
2014 APR 29 AM 11:46  
FEC MAIL CENTER

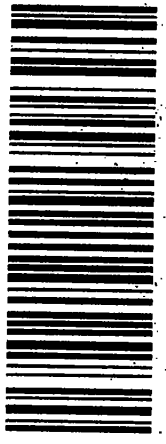
FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

U.S. POSTAGE  
PAID  
RALEIGH, NC  
27615  
APR 25, 14  
AMOUNT  
\$4.00  
00060559-0



1000 20463

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7013 3020 0001 2475 2869

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/25/2014
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JH  
 PREPARER  
 (8/2013)

4/29/2014  
 DATE PREPARED

14031232028