

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

CLEARY, BRENDA LEWIS

ADDRESS (number and street)

PO BOX 28778

Check if different than previously reported. (ACC)

RALEIGH

NC

27611

2. FEC IDENTIFICATION NUMBER ▼

C C00553842

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

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

through

M M /

D D /

Y Y Y Y

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 Robert Dixon

Signature of Treasurer Robert Dixon

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CLEARY, BRENDA LEWIS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 17 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 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))....	28250.00	44479.50
(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)).....	28250.00	44479.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16205.49	24042.32
(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)).....	16205.49	24042.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30337.18	
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).....	10000.00	

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

CLEARY, BRENDA LEWIS

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

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).....	16835.00	23660.00
(ii) Unitemized.....	6815.00	13535.50
(iii) TOTAL of contributions from individuals ▶	23650.00	37195.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) The Candidate.....	2600.00	5284.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28250.00	44479.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10000.00
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)..... ▶	28250.00	54479.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16205.49	24042.32
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	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16205.49	24142.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18292.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28250.00
25. SUBTOTAL (add Line 23 and Line 24).....	46542.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16205.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30337.18

**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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Cynthia Ball

Mailing Address 2517 Olive Chapel Rd

City State Zip Code
Apex NC 27502

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

Name of Employer self Occupation mediator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period
 500.00
 check

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

Mailing Address 3637 Virginia Rd

City State Zip Code
Los Angeles CA 90016

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

Name of Employer Cedar Sinai Occupation Nurse Exec

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period
 500.00
 check

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

Mailing Address 4701 Ramsgate Lane

City State Zip Code
Bowie MD 20715

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

Name of Employer Christain Community Presby. Ch Occupation pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 10 / 2014

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period
 100.00
 Earmarked through ActBlue

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

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

1100.00

**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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

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

FEC ID number of contributing federal political committee: C

Name of Employer: - Occupation: Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 7719.00

Date of Receipt: 05 / 10 / 2014

Transaction ID : SA11AI.4513.0

Amount of Each Receipt this Period: 100.00

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

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

Mailing Address 4701 Ramsgate Lane

City: Bowie State: MD Zip Code: 20715

FEC ID number of contributing federal political committee: C

Name of Employer: Christain Community Presby. Ch Occupation: pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 06 / 10 / 2014

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period: 100.00

earmarked via ActBlue

C. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

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

FEC ID number of contributing federal political committee: C

Name of Employer: - Occupation: Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 9469.00

Date of Receipt: 06 / 06 / 2014

Transaction ID : SA11AI.4590.0

Amount of Each Receipt this Period: 100.00

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

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

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

100.00

**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 28
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. Regan Brown		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 109 Cape Cod Drive		Transaction ID : SA11Al.4653	
City Cary State NC Zip Code 27511	Amount of Each Receipt this Period 1000.00 check		
FEC ID number of contributing federal political committee. C	Name of Employer retired Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) B. Woodie Samuel Cleary		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 103 Highlands Lake Dr		Transaction ID : SA11Al.4661	
City Cary State NC Zip Code 27518	Amount of Each Receipt this Period 2600.00 check		
FEC ID number of contributing federal political committee. C	Name of Employer NC Dept of Revenue Occupation IT Security Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. Candice Lynn Davies		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 108 Steep Bank Dr		Transaction ID : SA11Al.4643	
City Cary State NC Zip Code 27518	Amount of Each Receipt this Period 100.00 check		
FEC ID number of contributing federal political committee. C	Name of Employer not employed Occupation not employed		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Beth Dixson

Mailing Address 2508 Winterbury Court

City Raleigh State NC Zip Code 27607

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

Name of Employer self Occupation Executive Coach

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.4517

Amount of Each Receipt this Period
25.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer - Occupation Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7344.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.4517.0

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 2508 Winterbury Court

City Raleigh State NC Zip Code 27607

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

Name of Employer self Occupation Executive Coach

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period
25.00

Earmarked through ActBlue

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

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

50.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4499

above donation was received these funds via ActBlue. Total earmarked through conduit. PAC limit not affected.

Form/Schedule:

Transaction ID:

**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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

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

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

Name of Employer: - Occupation: Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 9144.00

Date of Receipt: 05 / 29 / 2014

Transaction ID : SA11AI.4499.0

Amount of Each Receipt this Period: 25.00

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

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

Mailing Address 2508 Winterbury Court

City: Raleigh State: NC Zip Code: 27607

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

Name of Employer: self Occupation: Executive Coach

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 06 / 29 / 2014

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period: 25.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

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

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

Name of Employer: - Occupation: Conduit total listed in Agg. Field

Receipt For: 2104
 Primary General
 Other (specify)

Election Cycle-to-Date: 14004.00

Date of Receipt: 06 / 29 / 2014

Transaction ID : SA11AI.4623.0

Amount of Each Receipt this Period: 25.00

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

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

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

25.00

**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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Jiangxi Gooqe

Mailing Address 101 Highlands Lake Dr

City Cary State NC Zip Code 27518

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

Name of Employer self Occupation Real Estate Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
 1000.00
 check

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

Mailing Address 1697 Trails End

City Greenville State NC Zip Code 27858

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

Name of Employer Vidant Medical Center Occupation Registered Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period
 500.00
 earmarked via ActBlue

C. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer - Occupation Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.4585.0

Amount of Each Receipt this Period
 500.00

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

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

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

1500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 28

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NAME OF COMMITTEE (In Full)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Penelope M Hornsby

Mailing Address 4900 Lilly Atkins Rd

City Cary State NC Zip Code 27518

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

Name of Employer retired Occupation librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11Al.4651

Amount of Each Receipt this Period
150.00
 check

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

Mailing Address 13005 Hanford Court

City Raleigh State NC Zip Code 27614

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

Name of Employer N Raleigh Family Medicine Occupation NP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11Al.4642

Amount of Each Receipt this Period
400.00
 check

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

Mailing Address 820 Fifth Avenue

City New York State NY Zip Code 10065

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

Name of Employer self Occupation entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11Al.4859

Amount of Each Receipt this Period
2600.00
 check

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

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

3150.00

**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 13 OF 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Barbara Jonas

Mailing Address 820 Fifth Avenue

City State Zip Code
New York NY 10065

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

Name of Employer self Occupation entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
 2600.00
 check

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

Mailing Address 105 Sonoma Valley Dr

City State Zip Code
Cary NC 27518

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
 500.00
 Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

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

Name of Employer - Occupation Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13979.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.4627.0

Amount of Each Receipt this Period
 500.00

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

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

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

3100.00

**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 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Denise Kilfoil

Mailing Address 112 Greenstone Ln

City Cary State NC Zip Code 27518

FEC ID number of contributing federal political committee.

Name of Employer Great Grapes Occupation staff

Receipt For: 2104
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

 check

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

Mailing Address 2912 Padina Drive

City Austin State TX Zip Code 78733

FEC ID number of contributing federal political committee.

Name of Employer not employed Occupation not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period

 Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee.

Name of Employer - Occupation Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.4626.0

Amount of Each Receipt this Period

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

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

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 15 OF 28
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. Angela McBride		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address Cherokee Ave		Transaction ID : SA11Al.4625	
City Lafayette	State IN	Zip Code 47905	Amount of Each Receipt this Period _____ 250.00 Earmarked through ActBlue
FEC ID number of contributing federal political committee.		C	
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

Full Name (Last, First, Middle Initial) B. - ActBlue Federal Conduit		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address PO Box 441146		Transaction ID : SA11Al.4625.0	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 250.00 Note: Above Contribution earmarked through this organization [MEMO ITEM]
FEC ID number of contributing federal political committee.		C	
Name of Employer -	Occupation Conduit total listed in Agg. Field		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 12629.00		

Full Name (Last, First, Middle Initial) C. Jimmy Mohler		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 627 W 70th Street		Transaction ID : SA11Al.4645	
City Kansas City	State MO	Zip Code 64113	Amount of Each Receipt this Period _____ 500.00 check
FEC ID number of contributing federal political committee.		C	
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 750.00
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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Grant Mostak

Mailing Address 6362 Chamar Circle

City Kannapolis State NC Zip Code 28081

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

Name of Employer OrthoCarolina Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2014

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
1000.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
- ActBlue Federal Conduit

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer - Occupation Conduit total listed in Agg. Field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8819.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2014

Transaction ID : SA11AI.4509.0

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mary O'Connell

Mailing Address 5000 Birchleaf Dr

City Raleigh State NC Zip Code 27606

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

Name of Employer requested Occupation requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period
250.00

check

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

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

1250.00

**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 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
Judy Seamon

Mailing Address 908 Scottish Rite Dr

City Greensboro State NC Zip Code 27407

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

Name of Employer retired Occupation RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
201.50

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period
100.00
 check

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

Mailing Address 3832 Ranier Court

City Walkertown State NC Zip Code 27051

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

Name of Employer Winston Salem State University Occupation Professor

Receipt For: 2104
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period
60.00
 cash

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

Mailing Address 5854 Lawton Loop West Dr

City Indianapolis State IN Zip Code 46216

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

Name of Employer American Academy of Nursing Occupation Nurse exec

Receipt For: 1000
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period
1000.00
 check

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

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

1160.00

**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 28
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. Eileen Sullivan-Marx		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address 29 Washington Square West Ave		Transaction ID : SA11AI.4622
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New York University	Occupation Dean and Professor	Earmarked through ActBlue
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. - ActBlue Federal Conduit		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address PO Box 441146		Transaction ID : SA11AI.4622.0
City West Somerville	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer -	Occupation Conduit total listed in Agg. Field	Note: Above Contribution earmarked through this organization [MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13379.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	16835.00

**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 19 OF 28
	<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)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
American Nurses Assoc. PAC

Mailing Address 8515 Georgia Avenue
Suite 400

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11C.4849

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 1986

City Raleigh State NC Zip Code 27602

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11C.4855

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

2000.00

**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 28
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEARY, BRENDA LEWIS

A. Full Name (Last, First, Middle Initial)
BRENDA LEWIS CLEARY

Mailing Address PO BOX 28778

City State Zip Code
RALEIGH NC 27611

FEC ID number of contributing federal political committee. **C H4NC13033**

Name of Employer self employed Occupation Nurse Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5284.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : SA11D.4665

Amount of Each Receipt this Period
2600.00
 check

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).....

2600.00

2600.00

**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 21 OF 28			
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.40 Transaction ID : SB17.4579
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 04 / 27 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 9.88 Transaction ID : SB17.4835
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.4834
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

SUBTOTAL of Disbursements This Page (optional).....	12.26
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 22 OF 28			
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 1.98
City Cambridge	State MA	
Zip Code 02238-2110		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 53.33
City Cambridge	State MA	
Zip Code 02238-2110		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 7.90
City Cambridge	State MA	
Zip Code 02238-2110		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

SUBTOTAL of Disbursements This Page (optional)..... 63.21
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 23 OF 28	
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 05 / 26 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.4561
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 01 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.99 Transaction ID : SB17.4562
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 08 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.4563
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

SUBTOTAL of Disbursements This Page (optional).....	6.92
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 24 OF 28			
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 45.05 Transaction ID : SB17.4564
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 69.98 Transaction ID : SB17.4565
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 83.95 Transaction ID : SB17.4832
City Cambridge	State MA	
Purpose of Disbursement credit card processing fee		Category/ Type 001
Candidate Name CLEARY, BRENDA LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	198.95
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 25 OF 28	
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. BJ's Wholesale Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2370 Walnut St		Amount of Each Disbursement this Period 112.38 Transaction ID : SB17.4676
City Cary	State NC Zip Code 27511	
Purpose of Disbursement material for kickoff meeting	Category/Type 007	
Candidate Name CLEARY, BRENDA LEWIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) B. CES Mail Communications, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 2319 Atlantic Ave		Amount of Each Disbursement this Period 12506.65 Transaction ID : SB17.4443
City Raleigh	State NC Zip Code 27611	
Purpose of Disbursement Processing for mailing	Category/Type 004	
Candidate Name CLEARY, BRENDA LEWIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) C. CES Mail Communications, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2319 Atlantic Ave		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4898
City Raleigh	State NC Zip Code 27611	
Purpose of Disbursement mailing	Category/Type 004	
Candidate Name CLEARY, BRENDA LEWIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

SUBTOTAL of Disbursements This Page (optional).....	12919.03
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 28		
	<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)
CLEARY, BRENDA LEWIS

Full Name (Last, First, Middle Initial) A. NCDP			Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 220 Hillsborough Street			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4845
City Raleigh	State NC	Zip Code 27603	
Purpose of Disbursement NGP VAN		Category/ Type 006	
Candidate Name CLEARY, BRENDA LEWIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC	District: 13		

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY
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) C.			Date of Disbursement MM / DD / YYYY
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:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	15700.40

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)

Transaction ID : SC/10.4284

CLEARY, BRENDA LEWIS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CLEARY, BRENDA LEWIS

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 28778

City State ZIP Code
RALEIGH NC 27611

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 31 / 2014 M M / D D / 12/31/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)..... ▶ 5000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CLEARY, BRENDA LEWIS** Transaction ID : **SC/10.4442**

LOAN SOURCE Full Name (Last, First, Middle Initial) **CLEARY, BRENDA LEWIS** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 28778

City State ZIP Code
 RALEIGH NC 27611

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred M 04 / D 14 / Y 2014	Date Due M M / D D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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).....	5000.00
TOTALS This Period (last page in this line only).....	10000.00

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