

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

COMMITTEE TO ELECT CLEARY FOR CONGRESS

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 11 / 04 / 2014 in the State of NC

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 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 Robert Dixon

Signature of Treasurer Robert Dixon

[Electronically Filed]

Date

10 / 23 / 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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT CLEARY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 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))....	2895.00	71000.97
(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)).....	2895.00	71000.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	524.00	32895.76
(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)).....	524.00	32895.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48005.21	
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

COMMITTEE TO ELECT CLEARY FOR CONGRESS

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).....	960.00	39851.47
(ii) Unitemized.....	1935.00	21665.50
(iii) TOTAL of contributions from individuals ▶	2895.00	61516.97
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4200.00
(d) The Candidate.....	0.00	5284.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2895.00	71000.97
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)..... ▶	2895.00	81000.97

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	524.00	32895.76
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) ▶	524.00	32995.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	45634.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2895.00
25. SUBTOTAL (add Line 23 and Line 24).....	48529.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	524.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	48005.21

**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 11
	<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	

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)
COMMITTEE TO ELECT CLEARY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Peter G Bougades

Mailing Address 3901 Yadkin Dr

City Raleigh State NC Zip Code 27609

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

Name of Employer self employed Occupation financial consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SA11AI.5338

Amount of Each Receipt this Period
 60.00
 check

B. Full Name (Last, First, Middle Initial)
Jan Jones-Schenk

Mailing Address 1500 Lucky John Dr

City Park City State UT Zip Code 84060

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

Name of Employer Western Governors University Occupation Dean, College of Health Professions

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
 10 / 11 / 2014

Transaction ID : SA11AI.5301

Amount of Each Receipt this Period
 50.00
 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
29342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2014

Transaction ID : SA11AI.5301.0

Amount of Each Receipt this Period
 50.00

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

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

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

110.00

**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 11
	<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)
COMMITTEE TO ELECT CLEARY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lunsford Preyer Jr.

Mailing Address 109 Millstone Dr Ste A

City Hillsborough State NC Zip Code 27278

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

Name of Employer Deep Springs Management LLC Occupation Member Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.5277

Amount of Each Receipt this Period
500.00

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
28442.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.5277.0

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2200 N Lakeshore Dr

City Chapel Hill State NC Zip Code 27514

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

Name of Employer US Government Occupation congressman

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
 10 / 15 / 2014

Transaction ID : SA11AI.5344

Amount of Each Receipt this Period
250.00

check

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

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

750.00

**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 11			
	<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)
COMMITTEE TO ELECT CLEARY FOR CONGRESS

A. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period
100.00
 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).....

100.00

960.00

**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 8 OF 11			
	<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)
COMMITTEE TO ELECT CLEARY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 35.57 Transaction ID : SB17.5317
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name COMMITTEE TO ELECT CLEARY FOR CONGRESS		
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 M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 28.07 Transaction ID : SB17.5318
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name COMMITTEE TO ELECT CLEARY FOR CONGRESS		
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 10 / 15 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 18.77 Transaction ID : SB17.5319
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name COMMITTEE TO ELECT CLEARY FOR CONGRESS		
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)	82.41
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 9 OF 11	
	<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)
COMMITTEE TO ELECT CLEARY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Guild Master Graphics		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO Box 31184		Amount of Each Disbursement this Period 434.90
City Raleigh	State NC Zip Code 27622	
Purpose of Disbursement campaign material	Category/Type 006	Transaction ID : SB17.5347
Candidate Name		
Office Sought: <input 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: District:		

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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).....	434.90
TOTAL This Period (last page this line number only).....	517.31

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4284**
COMMITTEE TO ELECT CLEARY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CLEARY FOR CONGRESS	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) **Transaction ID : SC/10.4442**
COMMITTEE TO ELECT CLEARY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CLEARY FOR CONGRESS	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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:
04 / 14 / 2014	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	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.