

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

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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 ▼

C0059187

3. IS THIS REPORT X 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 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 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

Collyn N. Warner

Date

04'11'2014

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)

14031212204

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Virginia Conlon for Congress Committee

Report Covering the Period: From: ^M02 / ^D27 / ^Y2014 To: ^M04 / ^D01 / ^Y2014

14031212205

	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))	, 6,159.70	, 6,159.70
(b) Total Contribution Refunds (from Line 20(d))	, ,	, ,
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 6,159.70	, 6,159.70
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)	, , 0.00	

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

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

VIRGINIA CONLON FOR CONGRESS COMMITTEE

Report Covering the Period: From: ^M0 ^M2 / ^D27 / ^Y20 ^Y14 To: ^M04 / ^D01 / ^Y20 ^Y14

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.....

(c) Other Political Committees (such as PACs).....	0.00	0.00
--	------	------

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)	3,274.70	3,274.70
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(add Lines 11(a)(iii), (b), (c), and (d))..	6,159.70	6,159.70
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12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

	0.00	0.00
--	------	------

13. LOANS:

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

	0.00	0.00
--	------	------

(b) All Other Loans.....

	0.00	0.00
--	------	------

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

	0.00	0.00
--	------	------

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
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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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

14031212207

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) A. Crisp, Shelley, J.		Date of Receipt M M / D D / Y Y Y Y 03 13 2014	
Mailing Address 1502 Duplin Rd. City Raleigh State NC Zip Code 27607-6655		Amount of Each Receipt this Period , 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 500.00	
Name of Employer NA Occupation Retired		Amount of Each Receipt this Period , 500.00	
Receipt For: <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. Palmour, John W.		Date of Receipt M M / D D / Y Y Y Y 03 30 2014	
Mailing Address 231 Devonbrook Lane City Cary State NC Zip Code 27518		Amount of Each Receipt this Period , 1,200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1,200.00	
Name of Employer Cree Occupation Scientist		Amount of Each Receipt this Period , 1,200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , 1,200.00	
Full Name (Last, First, Middle Initial) C. Bass, Bonnie A.		Date of Receipt M M / D D / Y Y Y Y 03 30 2014	
Mailing Address 4504 Old Village Rd. City Raleigh State NC Zip Code 27612		Amount of Each Receipt this Period , 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 500.00	
Name of Employer Duke Hospital Occupation Pharmacist		Amount of Each Receipt this Period , 500.00	
Receipt For: <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).....		, 2,200.00	
TOTAL This Period (last page this line number only).....		, 2,200.00	

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**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: NC District: 13

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 1 4

Amount of Each Disbursement this Period

, 2 1 5 . 0 0

0 0 4
Category/
Type

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
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: NC District: 13

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 4

Amount of Each Disbursement this Period

, 1, 3 6 9 . 0 7

0 0 6
Category/
Type

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
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: NC District: 13

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 4

Amount of Each Disbursement this Period

, 3 3 1 . 9 9

0 0 6
Category/
Type

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

, 1, 9 1 6 . 0 6

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

, 2, 5 8 0 . 0 0

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**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)		Date of Disbursement	
A. Fed Ex Office		M M / D D / Y Y Y Y 03 25 2014	
Mailing Address 908 Springfield Commons Dr.		Amount of Each Disbursement this Period	
City Raleigh	State NC	, , 6 6 3.9 4	
Zip Code 27609-8526			
Purpose of Disbursement Buck Slips	Category/Type 0 0 6		
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC District: 13			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B.		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)		Date of Disbursement	
C.		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)	, , 6 6 3.9 4
TOTAL This Period (last page this line number only)	, 2,5 8 0.0 0

14031212210

14031212211

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Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (8/2013)

4/14/14
 DATE PREPARED

14031212212