



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Voncannon For Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	80827.58	119195.44
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	80827.58	119195.44
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	252373.42	326805.28
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	252373.42	326805.28
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	5160.16	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	212770	

**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

Voncannon 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).....	61650	70000
(ii) Unitemized.....	2185	2635
(iii) TOTAL of contributions from individuals ▶	63835	72635
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) The Candidate.....	16992.58	46560.44
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	80827.58	119195.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	145500	212770
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	145500	212770
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	226327.58	331965.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	252373.42	326805.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	252373.42	326805.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31206
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	226327.58
25. SUBTOTAL (add Line 23 and Line 24).....	257533.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	252373.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5160.16

**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 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Binder**

Mailing Address 2136 Wyoming Ave NW

City Washington State DC Zip Code 20008

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 **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2014**

**Transaction ID : SA11Ai-CN20615**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**James R Bullock Jr**

Mailing Address 521 Banner Ave

City Greensboro State NC Zip Code 27401

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

Name of Employer Environmental Air Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : SA11Ai-CN20664**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Timothy Burnett**

Mailing Address 810 Country Club Dr

City Greensboro State NC Zip Code 27408

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

Name of Employer Bessemer Real Estate Group Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : SA11Ai-CN20643**

Amount of Each Receipt this Period  
**1000**

**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)	PAGE 6 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Burton**

Mailing Address 2515 S. Atlantic Ave  
Unit 603

City State Zip Code  
Daytona Beach Shores FL 32826

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

Name of Employer Occupation  
Li & Fung Supply chain

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2014

**Transaction ID : SA11Ai-CN20630**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Tai-Tih Chao**

Mailing Address 8109 Crabapple Ln

City State Zip Code  
Gaithersburg MD 20879

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 25 / 2014

**Transaction ID : SA11Ai-CN20640**

Amount of Each Receipt this Period  
2600

**C.** Full Name (Last, First, Middle Initial)  
**James A Chrismon**

Mailing Address 1451 Thornhill Ln

City State Zip Code  
Winston Salem NC 27106

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

Name of Employer Occupation  
Penland-Bailey Companies President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : SA11Ai-CN20611**

Amount of Each Receipt this Period  
250

**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 7 OF 44
	<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)  
**Voncannon For Congress**

**A. Dean Colson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 255 Alhambra Circle - PH  
City Coral Gables State FL Zip Code 33134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hicks And Colson Occupation Attorney  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2014  
**Transaction ID : SA11Ai-CN20654**  
Amount of Each Receipt this Period  
1000

**B. Marc Compagnon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7th Floor Hk Spinners Industrial  
800 Cheung Sha Wan Road  
City Kowloon State AA Zip Code 00000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Li Fung Sourcing Occupation President  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 5000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2014  
**Transaction ID : SA11Ai-CN20636**  
Amount of Each Receipt this Period  
5000

**C. Marc Compagnon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7th Floor Hk Spinners Industrial  
800 Cheung Sha Wan Road  
City Kowloon State AA Zip Code 00000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Li Fung Sourcing Occupation President  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 2600

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2014  
**Transaction ID : SA11Ai-CN20680**  
Amount of Each Receipt this Period  
-2400  
Redesignated to General 2014  
**[MEMO ITEM]**  
Redesignated

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

6000.00

**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 8 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marc Compagnon**

Mailing Address 7th Floor Hk Spinners Industrial  
800 Cheung Sha Wan Road

City Kowloon State AA Zip Code 00000

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

Name of Employer Li Fung Sourcing Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11Ai-CN20681**

Amount of Each Receipt this Period  
2400

Redesignated from Primary 2014

**[MEMO ITEM]**  
Redesignation

**B.** Full Name (Last, First, Middle Initial)  
**Michael Desombre**

Mailing Address C/o Sullivan & Cromwell  
125 Broad Street

City New York State NY Zip Code 10004

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

Name of Employer Sullivan & Cromwell Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 26 / 2014

**Transaction ID : SA11Ai-CN20618**

Amount of Each Receipt this Period  
2600

**C.** Full Name (Last, First, Middle Initial)  
**John Dickson**

Mailing Address 5 Hancock Rd

City Pittsfield State MA Zip Code 01201-0000

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  
350

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11Ai-CN20656**

Amount of Each Receipt this Period  
250

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

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

2850.00

**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 9 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William M Dutton**

Mailing Address **845 South Elm Street**

City **Hinsdale** State **IL** Zip Code **60521**

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

Name of Employer **Skyline Asset Management L.P.** Occupation **Investment Management**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

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

**Transaction ID : SA11Ai-CN20624**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Vladimir Egger**

Mailing Address **16 St.lucia Place**

City **Tiburon** State **CA** Zip Code **94920**

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

Name of Employer **Vitol** Occupation **Oil Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : SA11Ai-CN20651**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Doris Fisher**

Mailing Address **One Maritime Plaza  
Suite 1400**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : SA11Ai-CN20628**

Amount of Each Receipt this Period  
**2600**

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

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

**7800.00**

**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 10 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J. Fisher**

Mailing Address **One Maritime Plazas**  
**Suite 1400**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **Pisces Inc** Occupation **Managing Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2014**

**Transaction ID : SA11Ai-CN20608**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Fisher**

Mailing Address **One Maritime Plazas**  
**Suite 1400**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **Pisces Inc** Occupation **Managing Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2014**

**Transaction ID : SA11Ai-CN20609**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Shihwen Hsieh**

Mailing Address **102 Argosy Dr**

City **Gaithersburg** State **MD** Zip Code **20878**

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  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : SA11Ai-CN20641**

Amount of Each Receipt this Period  
**2600**

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

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

**7800.00**

**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 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Yuying Hsieh**

Mailing Address 102 Argosy Dr

City Gaithersburg State MD Zip Code 20878

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 **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11Ai-CN20642**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Constance Hsu**

Mailing Address 37 Smithcliffs

City Laguna Beach State CA Zip Code 92651

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11Ai-CN20638**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 37 Smithcliffs

City Laguna Beach State CA Zip Code 92651

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

Name of Employer Self Employed Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11Ai-CN20639**

Amount of Each Receipt this Period  
**2600**

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

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

**7800.00**

**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 12 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dira Katiyapong**

Mailing Address 1828 Star House 3 Salisbury Road

City Hong Kong State AA Zip Code 00000

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

Name of Employer The Matco Engineering (Overseas) Ltd Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11Ai-CN20629**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Larry Lai**

Mailing Address 29047 Wagon Rd.

City Agoura Hills State CA Zip Code 91301

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

Name of Employer BMS Occupation Computer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2014

**Transaction ID : SA11Ai-CN20614**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Charles K Lau**

Mailing Address 1211 Canada Road

City Woodside State CA Zip Code 94062

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

Name of Employer Woodhills Partners LLC Occupation Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11Ai-CN20622**

Amount of Each Receipt this Period  
**1000**

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

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

**4600.00**

**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 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Lee**

Mailing Address **Island Harbourview Tower 5 Flat**  
**Taikoktsui Kowloon**

City **Hong Kong** State **AA** Zip Code **00000**

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

Name of Employer **Crown Rising International** Occupation **Finance**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 12 / 2014**

**Transaction ID : SA11Ai-CN20613**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Howard Lee**

Mailing Address **Island Harbourview Tower 5 Flat**  
**Taikoktsui Kowloon**

City **Hong Kong** State **AA** Zip Code **00000**

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

Name of Employer **Crown Rising International** Occupation **Finance**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11Ai-CN20665**

Amount of Each Receipt this Period  
**1600**

**C.** Full Name (Last, First, Middle Initial)  
**Richard Levy**

Mailing Address **2104 Granville Rd**

City **Greensboro** State **NC** Zip Code **27408**

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

Name of Employer **Self Employed** Occupation **Textiles**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11Ai-CN20658**

Amount of Each Receipt this Period  
**1000**

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

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

**3600.00**

**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 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**W.D. Maccurdy**

Mailing Address 11201 Santa Monica Dr NE

City Albuquerque State NM Zip Code 87122

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

Name of Employer Self Employed Occupation Tennis Coach

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : SA11Ai-CN20645**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Steven Monat**

Mailing Address 108 St. George's Building

City Hong Kong State AA Zip Code 00000

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

Name of Employer Charles Monat Associates Ltd. Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

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

**Transaction ID : SA11Ai-CN20612**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Stuart Nickerson**

Mailing Address 2503 Hutchinson Ct

City Burlington State NC Zip Code 27215

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 **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11Ai-CN20659**

Amount of Each Receipt this Period  
**250**

**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)	PAGE 15 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John P Preyer**

Mailing Address 214 Glenburnie St

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Self Employed Occupation Project Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11Ai-CN20677**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 648 Welsh Partridge Cir

City Biltmore Lake State NC Zip Code 28715

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2014**

**Transaction ID : SA11Ai-CN20606**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Susan Rajlal**

Mailing Address 26762 Iron Canyon Rd

City Santa Clara State CA Zip Code 91387

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

Name of Employer Self Employed Occupation Medical Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : SA11Ai-CN20652**

Amount of Each Receipt this Period  
**250**

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

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

**2250.00**

**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 16 OF 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Redding**

Mailing Address 1151 Brookhaven Court

City Atlanta State GA Zip Code 30319

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**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11Ai-CN20635**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Shaffer**

Mailing Address 10330 Whipple St

City Toluca Lake State CA Zip Code 91602

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : SA11Ai-CN20623**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Alric B Simon**

Mailing Address 8603 Forest Glen Dr

City Irving State TX Zip Code 75063

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

Name of Employer Streetcars Inc Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11Ai-CN20637**

Amount of Each Receipt this Period  
**2000**

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

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

**3000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 44  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barry Stowe**

Mailing Address 20 Inveraray

City Nashville State TN Zip Code 37215

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

Name of Employer Prudential Corporation Asia Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11Ai-CN20621**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600

**B.** Full Name (Last, First, Middle Initial)  
**William G Swigart**

Mailing Address 2102 Kinwick Centre  
32-36 Hollywood Rd

City Hong Kong State AA Zip Code 00000

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

Name of Employer Santana Shipping Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1300

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2014

**Transaction ID : SA11Ai-CN20610**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1300

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Tagliere**

Mailing Address 70 Macdonnell Road

City Hong Kong State AA Zip Code 00000

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

Name of Employer GPP Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11Ai-CN20620**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600

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

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

\_\_\_\_\_ 6500.00

\_\_\_\_\_

**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 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Wall**

Mailing Address 536 Woodvale Dr

City Greensboro State NC Zip Code 27410

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**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : SA11Ai-CN20648**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mark Steven Wilhoit**

Mailing Address 1200 Hobbs Road

City Greensboro State NC Zip Code 27410

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

Name of Employer Travis & Company Occupation Textiles

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 09 / 2014**

**Transaction ID : SA11Ai-CN20626**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Cora Yen**

Mailing Address 13424 Rippling Brook Drive

City Silver Spring State MD Zip Code 20906

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 **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 04 / 2014**

**Transaction ID : SA11Ai-CN20625**

Amount of Each Receipt this Period  
**2600**

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

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

**3350.00**

**61650.00**

**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 44
	<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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Voncannon**

Mailing Address **PO Box 368**

City **Pleasant Garden** State **NC** Zip Code **27313**

FEC ID number of contributing federal political committee. **C H4NC06110**

Name of Employer Candidate \_\_\_\_\_ Occupation Candidate \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **46560.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11D-CN20678**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **16992.58**

In-Kind Travel Food Office Supplies

**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 M / D 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 M / D 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).....

\_\_\_\_\_ **16992.58**

\_\_\_\_\_ **16992.58**

**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 44
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Voncannon**

Mailing Address P.O. Box 368

City Pleasant Garden State NC Zip Code 27313

FEC ID number of contributing federal political committee. **C H4NC06110**

Name of Employer Candidate Occupation Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : SA13a-LN3**

Amount of Each Receipt this Period  
**7500**

Loan

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Voncannon**

Mailing Address P.O. Box 368

City Pleasant Garden State NC Zip Code 27313

FEC ID number of contributing federal political committee. **C H4NC06110**

Name of Employer Candidate Occupation Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **20000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 09 / 2014**

**Transaction ID : SA13a-LN4**

Amount of Each Receipt this Period  
**20000**

Loan

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Voncannon**

Mailing Address P.O. Box 368

City Pleasant Garden State NC Zip Code 27313

FEC ID number of contributing federal political committee. **C H4NC06110**

Name of Employer Candidate Occupation Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **25000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : SA13a-LN5**

Amount of Each Receipt this Period  
**25000**

Loan

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

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

**52500.00**

**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 21 OF 44
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Voncannon For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Voncannon**

Mailing Address P.O. Box 368

City: Pleasant Garden    State: NC    Zip Code: 27313

FEC ID number of contributing federal political committee: **C H4NC06110**

Name of Employer Candidate: \_\_\_\_\_    Occupation Candidate: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 12 / 2014

**Transaction ID : SA13a-LN6**

Amount of Each Receipt this Period: 30000

Loan

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Voncannon**

Mailing Address P.O. Box 368

City: Pleasant Garden    State: NC    Zip Code: 27313

FEC ID number of contributing federal political committee: **C H4NC06110**

Name of Employer Candidate: \_\_\_\_\_    Occupation Candidate: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 27 / 2014

**Transaction ID : SA13a-LN7**

Amount of Each Receipt this Period: 63000

Loan

**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

Amount of Each Receipt this Period

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

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

93000.00

145500.00

**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 22 OF 44			
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1100 Connecticut Ave NW		Amount of Each Disbursement this Period 60.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Bank Fees	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX147
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) Primary 2014	Bank Fees	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 5863.87
City Alpharetta State GA Zip Code 30022	Purpose of Disbursement Campaign Materials and Supplies	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX12
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) Primary 2014	Campaign Materials and Supplies	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 3500.00
City Alpharetta State GA Zip Code 30022	Purpose of Disbursement Media Consulting and Placement	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX14
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) Primary 2014	Media Consulting and Placement	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9423.87
<b>TOTAL</b> 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 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 2733.49
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Email Service Management	<b>Transaction ID : SB17-EX15</b>
Candidate Name	Category/ Type 001	
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) Primary 2014	Email Service Management
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 1806.83
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Campaign Materials and Supplies	<b>Transaction ID : SB17-EX16</b>
Candidate Name	Category/ Type 001	
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) Primary 2014	Campaign Materials and Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 4375.00
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Website	<b>Transaction ID : SB17-EX20</b>
Candidate Name	Category/ Type 001	
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) Primary 2014	Website
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8915.32
<b>TOTAL</b> 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 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 3500.00
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Media Consulting and Placement	<b>Transaction ID : SB17-EX30</b>
Candidate Name	Category/ Type 001	
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) Primary 2014	Media Consulting and Placement
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 3500.00
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Media Consulting and Placement	<b>Transaction ID : SB17-EX142</b>
Candidate Name	Category/ Type 001	
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) Primary 2014	Media Consulting and Placement
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PEM Management</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 8305 Falls of Neuse Road Suite 2		Amount of Each Disbursement this Period 13500.00
City Raleigh	State NC	
Zip Code 27615	Purpose of Disbursement Media Production	<b>Transaction ID : SB17-EX7</b>
Candidate Name	Category/ Type 001	
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) Primary 2014	Media Production
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20500.00
<b>TOTAL</b> 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 44			
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. PEM Management</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 16 / 2014</b>
Mailing Address <b>8305 Falls of Neuse Road Suite 2</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27615</b>	Purpose of Disbursement <b>Media Consulting</b>	<b>Transaction ID : SB17-EX9</b>
Candidate Name	Category/Type <b>001</b>	<b>Media Consulting</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PEM Management</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2014</b>
Mailing Address <b>8305 Falls of Neuse Road Suite 2</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27615</b>	Purpose of Disbursement <b>Media Consulting</b>	<b>Transaction ID : SB17-EX17</b>
Candidate Name	Category/Type <b>001</b>	<b>Media Consulting</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PEM Management</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2014</b>
Mailing Address <b>8305 Falls of Neuse Road Suite 2</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27615</b>	Purpose of Disbursement <b>Media Consulting</b>	<b>Transaction ID : SB17-EX32</b>
Candidate Name	Category/Type <b>001</b>	<b>Media Consulting</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15000.00</b>
<b>TOTAL</b> 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 44			
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. PEM Management</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 8305 Falls of Neuse Road Suite 2		Amount of Each Disbursement this Period 750.00
City Raleigh	State NC	Zip Code 27615
Purpose of Disbursement Media Consulting	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX37
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) Primary 2014	
State: District:	Media Consulting	

Full Name (Last, First, Middle Initial) <b>B. PEM Management</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 8305 Falls of Neuse Road Suite 2		Amount of Each Disbursement this Period 13500.00
City Raleigh	State NC	Zip Code 27615
Purpose of Disbursement Media Production	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX143
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) Primary 2014	
State: District:	Media Production	

Full Name (Last, First, Middle Initial) <b>c. McLaughlin &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 25000.00
City Blauvelt	State NY	Zip Code 10913
Purpose of Disbursement Media Placement	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX8
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) Primary 2014	
State: District:	Media Placement	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39250.00
<b>TOTAL</b> 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 27 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. McLaughlin &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 22000.00 <b>Transaction ID : SB17-EX13</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media Placement	Media Placement
Candidate Name	001 Category/ Type	
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) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. McLaughlin &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 22000.00 <b>Transaction ID : SB17-EX24</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media Placement	Media Placement
Candidate Name	001 Category/ Type	
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) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. McLaughlin &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 22000.00 <b>Transaction ID : SB17-EX36</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media Placement	Media Placement
Candidate Name	001 Category/ Type	
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) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	66000.00
<b>TOTAL</b> 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 28 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. McLaughlin &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 50000.00
City Blauvelt	State NY	Zip Code 10913
Purpose of Disbursement Media Placement	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX144
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) Primary 2014	
State: District:	Media Placement	

Full Name (Last, First, Middle Initial) <b>B. High Point Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 1236 Sturbridge Ave		Amount of Each Disbursement this Period 2000.00
City High Point	State NC	Zip Code 27262
Purpose of Disbursement Table Sponsorship	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX10
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) Primary 2014	
State: District:	Table Sponsorship	

Full Name (Last, First, Middle Initial) <b>c. Christophe Yee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 127 Silverton Rd		Amount of Each Disbursement this Period 1000.00
City Pooler	State GA	Zip Code 31322
Purpose of Disbursement Management Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX18
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) Primary 2014	
State: District:	Management Consulting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53000.00
<b>TOTAL</b> 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 29 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Christophe Yee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 127 Silverton Rd		Amount of Each Disbursement this Period 1000.00
City Pooler	State GA	Zip Code 31322
Purpose of Disbursement Management Consulting	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX34
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) Primary 2014	
State: District:	Management Consulting	

Full Name (Last, First, Middle Initial) <b>B. Maria Barton Blust</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 5630 David Christian Place		Amount of Each Disbursement this Period 500.00
City Greensboro	State NC	Zip Code 27410
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX19
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) Primary 2014	
State: District:	Administrative/Salary/Overhead Expenses	

Full Name (Last, First, Middle Initial) <b>c. Maria Barton Blust</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 5630 David Christian Place		Amount of Each Disbursement this Period 500.00
City Greensboro	State NC	Zip Code 27410
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX33
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) Primary 2014	
State: District:	Administrative/Salary/Overhead Expenses	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> 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 30 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jackson-Alvarez Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 14 / 2014</b>
Mailing Address <b>P.O. BOX 7272</b>		Amount of Each Disbursement this Period <b>15000.00</b>
City <b>McLean</b> State <b>VA</b> Zip Code <b>22106</b>	Purpose of Disbursement <b>Research</b>	<b>Transaction ID : SB17-EX25</b>
Candidate Name	Category/Type <b>001</b>	<b>Research</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 31 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>		Amount of Each Disbursement this Period <b>439.88</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	<b>Transaction ID : SB17-EX26</b>
Candidate Name	Category/Type <b>001</b>	<b>Credit Card Processing Fees</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>		Amount of Each Disbursement this Period <b>1451.89</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	<b>Transaction ID : SB17-EX28</b>
Candidate Name	Category/Type <b>001</b>	<b>Credit Card Processing Fees</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16891.77</b>
<b>TOTAL</b> 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 31 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 200.07
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees		<b>Transaction ID : SB17-EX148</b>
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) Primary 2014	Credit Card Processing Fees
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Arent Fox LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1717 K Street NW		Amount of Each Disbursement this Period 3553.68
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Legal accounting administration		<b>Transaction ID : SB17-EX31</b>
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) Primary 2014	Legal accounting administration
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Bruce Vonnannon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 368		Amount of Each Disbursement this Period 16992.58
City Pleasant Garden	State NC Zip Code 27313	
Purpose of Disbursement In-Kind: SEE MEMO ITEMS BELOW		<b>Transaction ID : SB17-EX200</b>
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) Primary 2014	In-Kind: SEE MEMO ITEMS BELOW
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20746.33
<b>TOTAL</b> 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 32 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Atlantic Custom Packaging Corp</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5315 Liberty Rd			Amount of Each Disbursement this Period 215.50	
City Greensboro	State NC	Zip Code 27313	Transaction ID : SB17-EX203	
Purpose of Disbursement Mailing Services		Category/Type 001	[MEMO ITEM]	
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) Primary 2014		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. BP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6770 Jordan Rd			Amount of Each Disbursement this Period 704.79	
City Ramseur	State NC	Zip Code 27316	Transaction ID : SB17-EX206	
Purpose of Disbursement Travel Expenses		Category/Type 001	[MEMO ITEM]	
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) Primary 2014		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Captitol Hill Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 200 C Street SE			Amount of Each Disbursement this Period 306.21	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17-EX209	
Purpose of Disbursement Lodging Expense		Category/Type 001	[MEMO ITEM]	
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) Primary 2014		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 33 OF 44			
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Christophe Yee</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014		
Mailing Address 127 Silverton Rd			Amount of Each Disbursement this Period 3000.00		
City Pooler	State GA	Zip Code 31322	Transaction ID : SB17-EX210  [MEMO ITEM]		
Purpose of Disbursement Campaign Services/Payroll		001 Category/Type			
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) Primary 2014				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Duke Energy</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014		
Mailing Address 5335 Old Randleman Rd			Amount of Each Disbursement this Period 335.36		
City Pleasant Garden	State NC	Zip Code 27406	Transaction ID : SB17-EX213  [MEMO ITEM]		
Purpose of Disbursement Utilities Expenses		001 Category/Type			
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) Primary 2014				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Guilford County Republican Party</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014		
Mailing Address 3950 W Market St			Amount of Each Disbursement this Period 70.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : SB17-EX219  [MEMO ITEM]		
Purpose of Disbursement Convention Fee		001 Category/Type			
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) Primary 2014				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 34 OF 44	
	<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)  
**Voncannon For Congress**

**A. Gso Printing**

Full Name (Last, First, Middle Initial)  
Mailing Address 317 S Westgate Dr

City Greensboro State NC Zip Code 27407

Purpose of Disbursement Printing Campaign Materials

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 3611.36

Transaction ID : SB17-EX222

[MEMO ITEM]

**B. Huffs**

Full Name (Last, First, Middle Initial)  
Mailing Address 4821 Pleasant Garden Rd

City Pleasant Garden State NC Zip Code 27313

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 281.78

Transaction ID : SB17-EX225

[MEMO ITEM]

**c. James Singleton**

Full Name (Last, First, Middle Initial)  
Mailing Address 7725 Falcon Rest Cir

City Raleigh State NC Zip Code 27615

Purpose of Disbursement Clerical Work

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17-EX229

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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 35 OF 44			
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 176 N Carolina 42		Amount of Each Disbursement this Period 564.30
City Asheville	State NC	
Zip Code 27203	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX247 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/Type	
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) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4400 North Point Pkwy Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX248 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/Type	
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) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1813 Spring Garden St		Amount of Each Disbursement this Period 1189.52
City Pleasant Garden	State NC	
Zip Code 27403	Purpose of Disbursement Cable/Internet Expenses	Transaction ID : SB17-EX253 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/Type	
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) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 36 OF 44	
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4621 Pleasant Garden Rd		Amount of Each Disbursement this Period 1175.25
City Pleasant Garden	State NC Zip Code 27313	
Purpose of Disbursement Postage Expense	Category/Type 001	Transaction ID : SB17-EX256 <b>[MEMO ITEM]</b>
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) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4207 W Wendover Ave		Amount of Each Disbursement this Period 1077.46
City Pleasant Garden	State NC Zip Code 27407	
Purpose of Disbursement Telephone Service	Category/Type 001	Transaction ID : SB17-EX257 <b>[MEMO ITEM]</b>
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) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 121 W Elmsley Dr		Amount of Each Disbursement this Period 48.72
City Greensboro	State NC Zip Code 27406	
Purpose of Disbursement Office Supplies	Category/Type 001	Transaction ID : SB17-EX260 <b>[MEMO ITEM]</b>
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) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 37 OF 44			
	<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)  
**Voncannon For Congress**

Full Name (Last, First, Middle Initial) <b>A. Winstons Grille</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>6401 Falls of Neuse Rd</b>		Amount of Each Disbursement this Period <b>217.08</b>
City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27615</b>	Category/Type <b>001</b>	
Purpose of Disbursement <b>Meals</b>	Candidate Name	<b>Transaction ID : SB17-EX264</b>  <b>[MEMO ITEM]</b>
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) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	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) <b>C.</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	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>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>251727.29</b>

**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 : SC10-LN1

Voncannon For Congress

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

[PERSONAL FUNDS]

Election: 2014

Bruce Voncannon

Primary

General

Other (specify) ▼

Mailing Address

P.O. Box 368

City

State

ZIP Code

Pleasant Garden

NC

27313

Original Amount of Loan

25000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 23 / Y 2013

M 12 / D 31 / Y 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)..... ▶

25000.00

**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**

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)  
**Voncannon For Congress**

Transaction ID : **SC10-LN2**

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

**Bruce Voncannon**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 368

City State ZIP Code  
Pleasant Garden NC 27313

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
42270 .00 42270.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2013 M 12 / D 31 / Y 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)..... ▶ 42270.00

**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**

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 : SC10-LN3

Voncannon For Congress

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

[PERSONAL FUNDS]

Election: 2014

Bruce Voncannon

Primary

General

Other (specify) ▼

Mailing Address

P.O. Box 368

City

State

ZIP Code

Pleasant Garden

NC

27313

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7500

.00

7500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 02 / D 25 / Y 2014 Y

M 12 / D 31 / Y 2014 Y

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)..... ▶

7500.00

**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**

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)  
**Voncannon For Congress**

Transaction ID : **SC10-LN4**

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

**Bruce Voncannon**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 368

City State ZIP Code  
Pleasant Garden NC 27313

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
20000 .00 20000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 01 / D 09 / Y 2014 M 12 / D 31 / Y 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)..... ▶ 20000.00  
**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) **Voncannon For Congress** Transaction ID : **SC10-LN5**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Bruce Voncannon**  Primary  
 Mailing Address P.O. Box 368  General  
 Other (specify) ▼

City Pleasant Garden State NC ZIP Code 27313

Original Amount of Loan 25000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 25000.00
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**TERMS**

Date Incurred M 01 / D 30 / Y 2014	Date Due M 12 / D 31 / Y 2014	Interest Rate 2500000.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> 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) **Voncannon For Congress** Transaction ID : **SC10-LN6**

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

Mailing Address  
P.O. Box 368

City Pleasant Garden State NC ZIP Code 27313

Original Amount of Loan 30000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 30000.00
----------------------------------	-----------------------------------	---

**TERMS**

Date Incurred: M 03 / D 12 / Y 2014  
Date Due: M 12 / D 31 / Y 2014  
Interest Rate: 0.00 % (apr)  
Secured:  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)..... ▶ 30000.00

**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) **Voncannon For Congress** Transaction ID : **SC10-LN7**

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

Mailing Address P.O. Box 368  
 City Pleasant Garden State NC ZIP Code 27313

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63000	.00	63000.00

**TERMS**  
 Date Incurred: M 03 / D 27 / Y 2014  
 Date Due: M 12 / D 31 / Y 2014  
 Interest Rate: 0.00 % (apr)  
 Secured:  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	63000.00
<b>TOTALS</b> This Period (last page in this line only).....	212770.00

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