

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

REC'D  
SECRETARY OF PUBLIC WORKS

14 APR 17 AM 11:24  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**  
Weather Grant for US Senate

ADDRESS (number and street) **PO Box 474**  
 Check if different than previously reported. (ACC) **W. R. Kiesborio NC 28697**

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**  
**00547943** **STATE** **DISTRICT**  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A) **NC** **1**

4. **TYPE OF REPORT** (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
 Election on **05 06 2014** in the State of **NC**  
 (c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **01 01 2014** through **03 31 2014**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
 Type or Print Name of Treasurer Juanita C Anderson  
 Signature of Treasurer Juanita C Anderson Date **04 14 2014**

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

Office Use Only							
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**FEC FORM 3**  
(Revised 02/2003)

14020250268

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Heather Grant for US Senate

Report Covering the Period: From:

01 01 2014

To:

03 31 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))..	1,310.04	4,539.04
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	1,310.04	4,539.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	7,310.04	16,539.04
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	7,310.04	16,539.04
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1,076.9	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	6,000.00	

**For further information contact:**

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

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

14020250269

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Heather Grant for US Senate

Report Covering the Period: From:

MM DD YYYY  
01 01 2014

To:

MM DD YYYY  
03 31 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...		945.00
(ii) Unitemized.....	654.00	2364.00
(iii) TOTAL of contributions from individuals	654.00	
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) The Candidate.....	656.04	1,230.04
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1,310.04	4,539.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	6,000.00	12,000.00
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...	6,000.00	12,000.00
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)...	7,310.04	16,539.04

14020250270

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	7,310.04	16,539.04
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) ►	7,310.04	16,539.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	107.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	7,310.04
25. SUBTOTAL (add Line 23 and Line 24)...	7,417.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	7,310.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	107.69

14020250271

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
 Grant Heather A

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1812 Brushy Mt rd

City State ZIP Code  
 Wikesboro NC 28697

Original Amount of Loan 6,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 6,000.00
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**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶ 6,000.00
<b>TOTALS</b> This Period (last page in this line) ...	▶ 6,000.00

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

14020250272

**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 ) OF //	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Heather Grant for US Senate

A. NC Board of Election

Mailing Address: 441 N Harrington St  
City: Raleigh State: NC Zip Code: 27603

Purpose of Disbursement: Filing fee Category/Type: 001

Candidate Name: Heather Grant

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: NC District:

Date of Disbursement: 02 14 2014

Amount of Each Disbursement this Period: 1,740.00

B. Piryx

Mailing Address: 144 2nd St  
City: San Francisco State: CA Zip Code: 94105

Purpose of Disbursement: Fundraising fee Category/Type: 003

Candidate Name: Heather Grant

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: NC District:

Date of Disbursement: 03 29 2014

Amount of Each Disbursement this Period: 27.29

C. Murphy Express 8558

Mailing Address: 2005 W US Hwy421  
City: Wikesboro State: NC Zip Code: 28657

Purpose of Disbursement: Travel expense Category/Type: 001

Candidate Name: Heather Grant

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: NC District:

Date of Disbursement: 03 21 2014

Amount of Each Disbursement this Period: 56.03

SUBTOTAL of Disbursements This Page (optional)..... 1,823.32

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

14020250273

**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)

<input 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)  
**Heather Grant for US Senate**

**A. NewsMax Media**

Mailing Address: **560 Village Blvd Suite 120**  
City: **West Palm beach** State: **FL** Zip Code: **33409**

Purpose of Disbursement: **email solicitation**

Candidate Name: **Heather Grant**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **NC** District:

Date of Disbursement: **03 18 2014**

Amount of Each Disbursement this Period: **212.00**

Category/Type: **003**

**B. NewsMax Media**

Mailing Address: **560 Village Blvd Suite 120**  
City: **West Palm beach** State: **FL** Zip Code: **33409**

Purpose of Disbursement: **email solicitation**

Candidate Name: **Heather Grant**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **NC** District:

Date of Disbursement: **03 24 2014**

Amount of Each Disbursement this Period: **212.00**

Category/Type: **003**

**C. NewsMax Media**

Mailing Address: **560 Village Blvd Suite 120**  
City: **West Palm beach** State: **FL** Zip Code: **33409**

Purpose of Disbursement: **email solicitation**

Candidate Name: **Heather Grant**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **03 31 2014**

Amount of Each Disbursement this Period: **212.00**

Category/Type: **003**

**SUBTOTAL** of Disbursements This Page (optional)..... **636.00**

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

14020250274

**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)

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**Heather Grant for US Senate**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address: **1907 Hwy 421**

City: **Wilkesboro** State: **NC** Zip Code: **28697**

Purpose of Disbursement: **Campaign materials**

Candidate Name: **Heather Grant**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **NC** District:

Date of Disbursement: **02 28 2014**

Amount of Each Disbursement this Period: **80.24**

Category/Type: **006**

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address: **1907 Hwy 421**

City: **Wilkesboro** State: **NC** Zip Code: **28697**

Purpose of Disbursement: **Campaign materials**

Candidate Name: **Heather Grant**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **NC** District:

Date of Disbursement: **03 28 2014**

Amount of Each Disbursement this Period: **76.23**

Category/Type: **006**

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address: **1907 Hwy 421**

City: **Wilkesboro** State: **NC** Zip Code: **28697**

Purpose of Disbursement: **Campaign materials**

Candidate Name: **Heather Grant**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **03 21 2014**

Amount of Each Disbursement this Period: **80.24**

Category/Type: **006**

**SUBTOTAL** of Disbursements This Page (optional)..... **236.71**

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

14020250275



**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 4 OF 11	
	<input 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)  
**Heather Grant for US Senate**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM DD YY <b>03 14 2014</b>
Mailing Address <b>1907 Hwy 421</b>		Amount of Each Disbursement this Period <b>144.43</b>
City <b>Wilkesboro</b>	State <b>NC</b>	
Zip Code <b>28697</b>	Purpose of Disbursement <b>Campaign materials</b>	Category/Type <b>006</b>
Candidate Name <b>Heather Grant</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: <b>NC</b>	District:

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM DD YY <b>01 30 2014</b>
Mailing Address <b>1907 Hwy 421</b>		Amount of Each Disbursement this Period <b>2.14</b>
City <b>Wilkesboro</b>	State <b>NC</b>	
Zip Code <b>28697</b>	Purpose of Disbursement <b>office supplies</b>	Category/Type <b>001</b>
Candidate Name <b>Heather Grant</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: <b>NC</b>	District:

Full Name (Last, First, Middle Initial) <b>C. Screen Printers Unlimited</b>		Date of Disbursement MM DD YY <b>02 14 2014</b>
Mailing Address <b>331 E Main St</b>		Amount of Each Disbursement this Period <b>23.43</b>
City <b>Wilkesboro</b>	State <b>NC</b>	
Zip Code <b>28697</b>	Purpose of Disbursement <b>Campaign materials</b>	Category/Type <b>006</b>
Candidate Name <b>Heather Grant</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: <b>NC</b>	District:

SUBTOTAL of Disbursements This Page (optional).....	<b>170.00</b>
TOTAL This Period (last page this line number only).....	

14020250276

**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 <u>5</u> OF <u>11</u>	
	<input 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)  
Heather Grant for US Senate

Full Name (Last, First, Middle Initial) <u>Sheetz</u>		Date of Disbursement MM DD YYYY <u>02 15 2014</u>
Mailing Address <u>805 South State St</u>		Amount of Each Disbursement this Period <u>36.01</u>
City <u>Yadkinville</u>	State <u>NC</u> Zip Code <u>27055</u>	
Purpose of Disbursement <u>Travel expense</u>	Category/Type <u>002</u>	
Candidate Name <u>Heather Grant</u>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>NC</u> District:		

Full Name (Last, First, Middle Initial) <u>Market Express</u>		Date of Disbursement MM DD YYYY <u>02 08 2014</u>
Mailing Address <u>1690 Seaside rd</u>		Amount of Each Disbursement this Period <u>40.00</u>
City <u>Sunset Beach</u>	State <u>NC</u> Zip Code	
Purpose of Disbursement <u>Travel expense</u>	Category/Type <u>002</u>	
Candidate Name <u>Heather Grant</u>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>NC</u> District:		

Full Name (Last, First, Middle Initial) <u>Sheetz</u>		Date of Disbursement MM DD YYYY <u>02 21 2014</u>
Mailing Address <u>805 South State St</u>		Amount of Each Disbursement this Period <u>53.25</u>
City <u>Yadkinville</u>	State <u>NC</u> Zip Code <u>27055</u>	
Purpose of Disbursement <u>Travel expense</u>	Category/Type <u>002</u>	
Candidate Name <u>Heather Grant</u>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>NC</u> District:		

SUBTOTAL of Disbursements This Page (optional).....	<u>129.26</u>
TOTAL This Period (last page this line number only).....	

14020250277

**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 <u>6</u> OF <u>11</u>	
	<input 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)

Full Name (Last, First, Middle Initial) <b>A. Sheetz</b>		Date of Disbursement MM DD YYYY <b>03 17 2014</b>
Mailing Address <b>805 South State St</b>		Amount of Each Disbursement this Period <b>49.00</b>
City <b>Yadkinville</b>	State <b>NC</b>	
Zip Code <b>27055</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>travel expense</b>		
Candidate Name <b>Heather Grant</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NC</b> District:	

Full Name (Last, First, Middle Initial) <b>B. Wilco Hess #165</b>		Date of Disbursement MM DD YYYY <b>03 06 2014</b>
Mailing Address <b>1044 Jimmie Kerr rd</b>		Amount of Each Disbursement this Period <b>45.00</b>
City <b>Haw River</b>	State <b>NC</b>	
Zip Code <b>27258</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>travel expense</b>		
Candidate Name <b>Heather Grant</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NC</b> District:	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Date of Disbursement MM DD YYYY <b>03 03 2014</b>
Mailing Address <b>805 South State St</b>		Amount of Each Disbursement this Period <b>49.25</b>
City <b>Yadkinville</b>	State <b>NC</b>	
Zip Code <b>27055</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>travel expense</b>		
Candidate Name <b>Heather Grant</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NC</b> District:	

SUBTOTAL of Disbursements This Page (optional).....	<b>143.25</b>
TOTAL This Period (last page this line number only).....	

14020250278

**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 7 OF 11	
	<input 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)  
Heather Grant for US Senate

Full Name (Last, First, Middle Initial) A. <u>Sheetz</u>		Date of Disbursement <u>02 14 2014</u>
Mailing Address <u>1237 mebane oaks rd</u>		Amount of Each Disbursement this Period <u>52.50</u>
City <u>Mebane</u>	State <u>NC</u>	
Zip Code <u>27302</u>		Category/ Type <u>002</u>
Purpose of Disbursement <u>travel expense</u>		
Candidate Name <u>Heather Grant</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District:	

Full Name (Last, First, Middle Initial) B. <u>Sheetz</u>		Date of Disbursement <u>03 18 2014</u>
Mailing Address <u>1400 NC Hwy 66 South</u>		Amount of Each Disbursement this Period <u>40.00</u>
City <u>Kernersville</u>	State <u>NC</u>	
Zip Code <u>27284</u>		Category/ Type <u>002</u>
Purpose of Disbursement <u>Travel expense</u>		
Candidate Name <u>Heather Grant</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District:	

Full Name (Last, First, Middle Initial) C. <u>Sheetz</u>		Date of Disbursement <u>02 24 2014</u>
Mailing Address <u>1400 NC Hwy 66 South</u>		Amount of Each Disbursement this Period <u>30.00</u>
City <u>Kernersville</u>	State <u>NC</u>	
Zip Code <u>27284</u>		Category/ Type <u>002</u>
Purpose of Disbursement <u>travel expense</u>		
Candidate Name <u>Heather Grant</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District:	

SUBTOTAL of Disbursements This Page (optional).....	<u>122.50</u>
TOTAL This Period (last page this line number only).....	

14020250279

**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)

<input 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

PAGE 8 OF 11

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NAME OF COMMITTEE (In Full)  
Heather Grant for US Senate

A. Sheetz Date of Disbursement: 02 24 2014

Mailing Address: 1400 NC Hwy 66 South

City: Kernersville State: NC Zip Code: 27284

Purpose of Disbursement: Travel expense Amount of Each Disbursement this Period: 49.00

Candidate Name: Heather Grant Category/Type: 002

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

State: NC District:

B. Sheetz Date of Disbursement: 03 04 2014

Mailing Address: 805 South State St

City: Yadkinville State: NC Zip Code: 27055

Purpose of Disbursement: Travel expense Amount of Each Disbursement this Period: 57.00

Candidate Name: Heather Grant Category/Type: 002

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

State: NC District:

C. Murphy USA 7370 Date of Disbursement: 03 22 2014

Mailing Address: 145 Cooper Creek dr

City: Mocksville State: NC Zip Code: 27028

Purpose of Disbursement: Travel expense Amount of Each Disbursement this Period: 48.50

Candidate Name: Heather Grant Category/Type: 002

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

State: NC District:

SUBTOTAL of Disbursements This Page (optional)..... 154.50

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

14020250280

**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)			
	<input 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)  
Heather Grant for US Senate

Full Name (Last, First, Middle Initial) <u>Run Inn</u>		Date of Disbursement MM DD YYYY <u>02 06 2014</u>
Mailing Address <u>419 Brushy mtn rd</u>		Amount of Each Disbursement this Period <u>59.00</u>
City <u>Wilkesboro</u>	State <u>NC</u>	
Zip Code <u>28697</u>		Category/ Type <u>002</u>
Purpose of Disbursement <u>Travel expense</u>		
Candidate Name <u>Heather Grant</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District:	

Full Name (Last, First, Middle Initial) <u>Run Inn</u>		Date of Disbursement MM DD YYYY <u>02 10 2014</u>
Mailing Address <u>419 Brushy mtn rd</u>		Amount of Each Disbursement this Period <u>53.00</u>
City <u>Wilkesboro</u>	State <u>NC</u>	
Zip Code <u>28697</u>		Category/ Type <u>002</u>
Purpose of Disbursement <u>Travel expense</u>		
Candidate Name <u>Heather Grant</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District:	

Full Name (Last, First, Middle Initial) <u>Run Inn</u>		Date of Disbursement MM DD YYYY <u>03 13 2014</u>
Mailing Address <u>419 Brushy mtn rd</u>		Amount of Each Disbursement this Period <u>55.50</u>
City <u>Wilkesboro</u>	State <u>NC</u>	
Zip Code <u>28697</u>		Category/ Type <u>002</u>
Purpose of Disbursement <u>Travel expense</u>		
Candidate Name <u>Heather Grant</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District:	

SUBTOTAL of Disbursements This Page (optional).....	<u>167.50</u>
TOTAL This Period (last page this line number only).....	

14020250281

**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 10 OF 11	
	<input 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)

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. APPSome Marketing Inc.		01 31 2014	
Mailing Address		Amount of Each Disbursement this Period	
City: Tampa State: FL Zip Code: 33614		800.00	
Purpose of Disbursement: Fundraising		003	
Candidate Name: Heather Grant		Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Graws Marketing			
Mailing Address: 910 Belle Ave #1042		Amount of Each Disbursement this Period	
City: Winter Springs State: FL Zip Code: 32708		750.00	
Purpose of Disbursement: Phone bank		003	
Candidate Name: Heather Grant		Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Mid America Consulting		01 01 2014	
Mailing Address: PO Box 164		Amount of Each Disbursement this Period	
City: Edwardsville State: IL Zip Code: 62025		2000.00	
Purpose of Disbursement: Consultant fees		003	
Candidate Name: Heather Grant		Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC District:			

SUBTOTAL of Disbursements This Page (optional).....	3550.00
TOTAL This Period (last page this line number only).....	

14020250282





WANCY ERICKSON  
SECRETARY

DANA K. McCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE: (202) 224-0322

# United States Senate

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DHL	_____
AIRBORNE EXPRESS	_____

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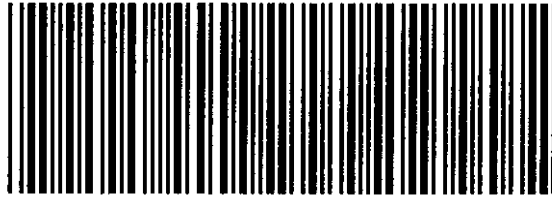
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Date of Receipt

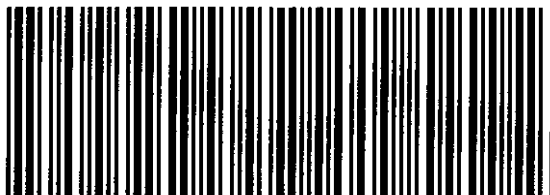
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