

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT CLEARY FOR CONGRESS

ADDRESS (number and street)

PO BOX 28778

Check if different than previously reported. (ACC)

RALEIGH

NC

27611

2. FEC IDENTIFICATION NUMBER ▼

C C00553842

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NC

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / 11

D D / 04

Y Y Y Y / 2014

in the State of

NC

5. Covering Period

M M / 10

D D / 16

Y Y Y Y / 2014

through

M M / 11

D D / 24

Y Y Y Y / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Dixon

Signature of Treasurer Robert Dixon

[Electronically Filed]

Date

M M / 12

D D / 04

Y Y Y Y / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 6505.00                 | 77455.97                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 6505.00                 | 77455.97                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 39971.71                | 72565.49                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 39971.71                | 72565.49                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 14570.51                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 10000.00                |                                    |

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

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

**I. RECEIPTS**

| COLUMN A<br>Total this Period                              | COLUMN B<br>Election Cycle Total as of<br><input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/><br>(date of general election) | COLUMN C<br>Total for<br><input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/><br>(date after general election)<br><br>through<br><input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/><br>(last day of reporting period) |
|--|---|---|
| 11. CONTRIBUTIONS<br>(other than loans) FROM:              |   |   |
| (a) Individuals/Persons Other than<br>Political Committees |   |   |
| (i) Itemized (use Schedule A)                              |   |   |
| <input type="text" value="3775.00"/>                       | <input type="text" value="43626.47"/>   | <input type="text" value="0.00"/>   |
| (ii) Unitemized  |   |   |
| <input type="text" value="2730.00"/>                       | <input type="text" value="24345.50"/>   | <input type="text" value="50.00"/>  |
| (iii) Total of contributions from individuals              |   |   |
| <input type="text" value="6505.00"/>                       | <input type="text" value="67971.97"/>   | <input type="text" value="50.00"/>  |
| (b) Political Party Committees                             |   |   |
| <input type="text" value="0.00"/>                          | <input type="text" value="0.00"/>   | <input type="text" value="0.00"/>   |
| (c) Other Political Committees                             |   |   |
| <input type="text" value="0.00"/>                          | <input type="text" value="4200.00"/>  | <input type="text" value="0.00"/>   |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 17

| COLUMN A<br>Total this Period   | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|---|---|
| (d) The Candidate   |   |   |
| 0.00  | 5284.00   | 0.00  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |   |   |
| 6505.00   | 77455.97  | 50.00   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |   |   |
| 0.00  | 0.00  | 0.00  |
| 13. LOANS:  |   |   |
| (a) Made or Guaranteed by the Candidate   |   |   |
| 0.00  | 10000.00  | 0.00  |
| (b) All Other Loans   |   |   |
| 0.00  | 0.00  | 0.00  |
| (c) TOTAL LOANS (add Lines 13(a) and (b))   |   |   |
| 0.00  | 10000.00  | 0.00  |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)                      |   |   |
| 0.00  | 0.00  | 0.00  |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                                      |   |   |
| 32.01   | 32.01   | 0.00  |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |   |   |
| 6537.01   | 87487.98  | 50.00   |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 17

Write or Type Committee Name

**COMMITTEE TO ELECT CLEARY FOR CONGRESS**
 Report Covering the Period: From:   /   /   To:   /   /  
**II. DISBURSEMENTS**

|   | <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|---------------------------------------|--|--|
| 17. OPERATING EXPENDITURES                              | <input type="text" value="39971.71"/> | <input type="text" value="72565.49"/>  | <input type="text" value="301.98"/>  |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES            | <input type="text" value="0.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="0.00"/>  |
| 19. LOAN REPAYMENTS:                                    |                                       |  |  |
| (a) Of Loans Made or Guaranteed by the Candidate        | <input type="text" value="0.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="0.00"/>  |
| (b) Of All Other Loans                                  | <input type="text" value="0.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="0.00"/>  |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))   | <input type="text" value="0.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="0.00"/>  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                        |                                       |  |  |
| (a) Individuals/Persons Other Than Political Committees | <input type="text" value="0.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="0.00"/>  |
| (b) Political Party Committees                          | <input type="text" value="0.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="0.00"/>  |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 17

| COLUMN A<br>Total this Period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

|      |      |      |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

|      |      |      |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

**21. OTHER DISBURSEMENTS**

|      |        |      |
|------|--------|------|
| 0.00 | 100.00 | 0.00 |
|------|--------|------|

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

|          |          |        |
|----------|----------|--------|
| 39971.71 | 72665.49 | 301.98 |
|----------|----------|--------|

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

|         |          |       |
|---------|----------|-------|
| 6505.00 | 77455.97 | 50.00 |
|---------|----------|-------|

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

|          |          |        |
|----------|----------|--------|
| 39971.71 | 72565.49 | 301.98 |
|----------|----------|--------|

**V. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                        | 48005.21 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....                            | 6537.01  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                   | 54542.22 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                       | 39971.71 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 14570.51 |

**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 17 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Women of North Carolina**

Mailing Address 6830 Dulverton Dr

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
  
 check

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

Mailing Address 2508 Winterbury Court

City State Zip Code  
Raleigh NC 27607

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Executive Coach

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5455**

Amount of Each Receipt this Period  
  
 Earmarked through ActBlue

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

Mailing Address PO Box 441146

City State Zip Code  
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee.

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5455.0**

Amount of Each Receipt this Period  
  
 Earmarked through ActBlue

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 17  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Melissa Fitzpatrick**

Mailing Address 909 Bayberry Drive

City State Zip Code  
Chapel Hill NC 27517

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

Name of Employer Occupation  
Hill-Rom RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.5383**

Amount of Each Receipt this Period  
150.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Gerrity**

Mailing Address 21 Latham Parkway

City State Zip Code  
Melrose Park PA 19027

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

Name of Employer Occupation  
Drexel University Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.5412**

Amount of Each Receipt this Period  
250.00  
Earmarked through ActBlue

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

Mailing Address PO Box 441146

City State Zip Code  
West Somerville MA 02144-0031

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30332.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.5412.0**

Amount of Each Receipt this Period  
250.00  
Note: Above Contribution earmarked through this organization  
**[MEMO ITEM]**

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

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

400.00



**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 17 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Greer Glazer**

Mailing Address 36680 Blackberry Cir

City Salon State OH Zip Code 44139

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

Name of Employer Univ of Cin Occupation Dean

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.5325**

Amount of Each Receipt this Period  
 1000.00  
 check

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

Mailing Address 636 Mayflower St.

City Duxbury State MA Zip Code 02332

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

Name of Employer Brigham and Women's Hospital Occupation resigtered nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.5439**

Amount of Each Receipt this Period  
 100.00  
 Earmarked through ActBlue

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
31132.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.5439.0**

Amount of Each Receipt this Period  
 100.00

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

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

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

1100.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 OF 17 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret McClure**

Mailing Address 129 Columbia Heights, apt 53

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Booklyn | NY    | 11201    |

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  
**2600.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 21  |   | 2014    |

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period  

|        |
|--------|
| 600.00 |
|--------|

 check

**B.** Full Name (Last, First, Middle Initial)  
**Eileen Sullivan-Marx**

Mailing Address 29 Washington Square West Ave

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| New York | NY    | 10011    |

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

|                     |                    |
|---------------------|--------------------|
| Name of Employer    | Occupation         |
| New York University | Dean and Professor |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2014    |

**Transaction ID : SA11AI.5369**

Amount of Each Receipt this Period  

|        |
|--------|
| 150.00 |
|--------|

 check

**C.** Full Name (Last, First, Middle Initial)  
**Gail F Urbanek**

Mailing Address 7405 Matherly Dr

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Wake Forest | NC    | 27587    |

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

|                        |            |
|------------------------|------------|
| Name of Employer       | Occupation |
| Harris Teeter Pharmacy | RPH        |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 20  |   | 2014    |

**Transaction ID : SA11AI.5363**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

 check

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

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

|         |
|---------|
| 1250.00 |
| 3775.00 |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 11 OF 17                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue Technical Services</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 19 / 2014                        |
| Mailing Address P.O. Box 382110  |  | Amount of Each Disbursement this Period<br>6.13<br><b>Transaction ID : SB17.5465</b> |
| City<br>Cambridge  | State<br>MA  |  |
| Purpose of Disbursement<br>credit card processing fee  |  | Category/<br>Type<br>001   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: NC  | District: 13   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ActBlue Technical Services</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 26 / 2014                         |
| Mailing Address P.O. Box 382110  |  | Amount of Each Disbursement this Period<br>37.56<br><b>Transaction ID : SB17.5466</b> |
| City<br>Cambridge  | State<br>MA  |   |
| Purpose of Disbursement<br>credit card processing fee  |  | Category/<br>Type<br>001  |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: NC  | District: 13   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. ActBlue Technical Services</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                         |
| Mailing Address P.O. Box 382110  |  | Amount of Each Disbursement this Period<br>25.68<br><b>Transaction ID : SB17.5467</b> |
| City<br>Cambridge  | State<br>MA  |   |
| Purpose of Disbursement<br>credit card processing fee  |  | Category/<br>Type<br>001  |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: NC  | District: 13   |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 69.37 |
| <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 12 OF 17                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue Technical Services</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 02 / 2014                        |
| Mailing Address P.O. Box 382110  |   | Amount of Each Disbursement this Period<br>3.95<br><b>Transaction ID : SB17.5468</b> |
| City<br>Cambridge  | State<br>MA   |  |
| Zip Code<br>02238-2110   | Purpose of Disbursement<br>credit card processing fee   | Category/<br>Type<br>001   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: NC District: 13  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Butner-Creedmoor News</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 28 / 2014                          |
| Mailing Address 418 North Main Street  |   | Amount of Each Disbursement this Period<br>272.75<br><b>Transaction ID : SB17.5486</b> |
| City<br>Creedmoor  | State<br>NC   |  |
| Zip Code<br>27522  | Purpose of Disbursement<br>paper ad   | Category/<br>Type<br>004   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: NC District: 13  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. CES Mail Communications, Inc.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2014                            |
| Mailing Address 2319 Atlantic Ave  |   | Amount of Each Disbursement this Period<br>22301.43<br><b>Transaction ID : SB17.5464</b> |
| City<br>Raleigh  | State<br>NC   |  |
| Zip Code<br>27611  | Purpose of Disbursement<br>mailing  | Category/<br>Type<br>004   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: NC District: 13  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 22578.13 |
| <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 13 OF 17                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CES Mail Communications, Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2014                           |
| Mailing Address 2319 Atlantic Ave  |  | Amount of Each Disbursement this Period<br>2446.33<br><b>Transaction ID : SB17.5476</b> |
| City Raleigh State NC Zip Code 27611   | Purpose of Disbursement mailing<br>004<br>Category/Type  |   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>                                       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |   |
| State: NC District: 13   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CES Mail Communications, Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 28 / 2014                           |
| Mailing Address 2319 Atlantic Ave  |  | Amount of Each Disbursement this Period<br>2899.64<br><b>Transaction ID : SB17.5470</b> |
| City Raleigh State NC Zip Code 27611   | Purpose of Disbursement mailing<br>004<br>Category/Type  |   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>                                       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |   |
| State: NC District: 13   |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Daily Drum Newspaper</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                          |
| Mailing Address PO Box 965  |  | Amount of Each Disbursement this Period<br>378.00<br><b>Transaction ID : SB17.5462</b> |
| City Greenville State NC Zip Code 27834                                   | Purpose of Disbursement advertising<br>004<br>Category/Type  |  |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>                              | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: NC District: 13  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5723.97 |
| <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:<br>(check only one)          | PAGE 14 OF 17                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Google.com</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014                          |
| Mailing Address 1600 Amphitheatre Parkway  |   | Amount of Each Disbursement this Period<br>251.41<br><b>Transaction ID : SB17.5461</b> |
| City Mountain View State CA Zip Code 94043   | Purpose of Disbursement on line advertising<br>004<br>Category/Type   |  |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 13 |  |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Guild Master Graphics</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014                           |
| Mailing Address PO Box 31184   |   | Amount of Each Disbursement this Period<br>4395.65<br><b>Transaction ID : SB17.5471</b> |
| City Raleigh State NC Zip Code 27622   | Purpose of Disbursement mailing cards<br>004<br>Category/Type   |   |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 13 |   |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Guild Master Graphics</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 23 / 2014                          |
| Mailing Address PO Box 31184   |   | Amount of Each Disbursement this Period<br>105.15<br><b>Transaction ID : SB17.5472</b> |
| City Raleigh State NC Zip Code 27622   | Purpose of Disbursement car decals<br>001<br>Category/Type  |  |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 13 |  |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4752.21 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 15 OF 17                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WRAL-TV</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2014                           |
| Mailing Address PO Box 60904   |  | Amount of Each Disbursement this Period<br>6251.75<br><b>Transaction ID : SB17.5475</b> |
| City<br>Charlotte  | State<br>NC  |   |
| Purpose of Disbursement<br>advertising ads   |  | Category/<br>Type<br>004  |
| Candidate Name<br><b>BRENDA LEWIS CLEARY</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: NC  | District: 13   |   |

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

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 6251.75  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 39375.43 |

# SCHEDULE C (FEC Form 3) LOANS

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

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 28778

City State ZIP Code  
 RALEIGH NC 27611

|                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan<br>5000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>5000.00 |
|------------------------------------|------------------------------------|--|

**TERMS**

|                                       |                                      |                               |   |
|---------------------------------------|--------------------------------------|-------------------------------|---|
| Date Incurred<br>M 03 / D 31 / Y 2014 | Date Due<br>M M / D D / Y 12/31/2014 | Interest Rate<br>0.00 % (apr) | Secured:<br><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).....       | ▶ | [ ] 5000.00 |
| <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) **Transaction ID : SC/10.4442**  
**COMMITTEE TO ELECT CLEARY FOR CONGRESS**

|   |                         |   |
|---|-------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>COMMITTEE TO ELECT CLEARY FOR CONGRESS</b> | <b>[PERSONAL FUNDS]</b> | Election: 2014<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 28778   |                         |   |

|         |       |          |
|---------|-------|----------|
| City    | State | ZIP Code |
| RALEIGH | NC    | 27611    |

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

**TERMS**

|                        |                            |               |   |
|------------------------|----------------------------|---------------|---|
| Date Incurred          | Date Due                   | Interest Rate | Secured:  |
| M 04 / D 14 / Y 2014 Y | M M / D D / Y 12/31/2016 Y | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

|  |          |
|--|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | 5000.00  |
| <b>TOTALS</b> This Period (last page in this line only)..... | 10000.00 |

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