

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Office Use Only

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

ADDRESS (number and street) P.O. Box 474
Check if different than previously reported. (ACC) Wilkesboro NC 28697

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

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

(b) 12-Day PRE-Election Report for the:
X Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on 05 06 20 14 in the State of NC
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 20 13 through 12 31 20 13

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 01 30 20 14

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 grid and FEC FORM 3 (Revised 02/2003)

14020111766

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Heather Grant for US Senate

Report Covering the Period: From: 10^M ' 01^D ' 20^Y 13

To: 12^M ' 31^D ' 20^Y 13

	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))	, 1,569.25	, 3,229.25
(b) Total Contribution Refunds (from Line 20(d))	, ,	, ,
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 1,569.25	, 3,229.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 7,676.94	, 9,229.25
(b) Total Offsets to Operating Expenditures (from Line 14)	, ,	, ,
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 7,676.94	, 9,229.25
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 107.69	
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

14020111767

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: ^{M M ' D D ' Y Y Y Y} 10 ' 01 ' 2013

To: ^{M M ' D D ' Y Y Y Y} 12 ' 31 ' 2013

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).....	,745.00	,945.00
(ii) Unitemized.....	,700.00	1,710.00
(iii) TOTAL of contributions from individuals ▶	1,445.00	2,655.00
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) The Candidate.....	,124.25	,574.25
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1,569.25	3,229.25
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6,000.00	6,000.00
(b) All Other Loans.....	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6,000.00	6,000.00
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)..... ▶	7,570.25	9,229.25

14020111768

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7,676.94	9,229.25
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►		9,229.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,107.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9,229.25
25. SUBTOTAL (add Line 23 and Line 24).....	9,336.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,229.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,107.69

14020111769

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 OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <i>A. Matthew Lusk</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>12 ' 07 ' 20 13</i>
Mailing Address <i>PO Box 304</i>		Amount of Each Receipt this Period <i>, 250.00</i>
City <i>Sanderson</i>	State Zip Code <i>TX 79848</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>, 250.00</i>
Name of Employer <i>Self</i>	Occupation <i>Store owner</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>, 250.00</i>	

Full Name (Last, First, Middle Initial) <i>B. Nicholas Woodfield</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>11 ' 17 ' 20 13</i>
Mailing Address <i>7 Briarwood dr</i>		Amount of Each Receipt this Period <i>, 200.00</i>
City <i>Sherman</i>	State Zip Code <i>CT 06784</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>, 200.00</i>
Name of Employer <i>Bentley Systems</i>	Occupation <i>Software Engineer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>, 200.00</i>	

Full Name (Last, First, Middle Initial) <i>C. James Linder</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>11 ' 13 ' 20 13</i>
Mailing Address <i>247 Harold Andrews rd</i>		Amount of Each Receipt this Period <i>, 250.00</i>
City <i>Siler City</i>	State Zip Code <i>NC 27344</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>, 250.00</i>
Name of Employer <i>TSMC</i>	Occupation <i>aviator</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>, 250.00</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>, 700.00</i>
TOTAL This Period (last page this line number only).....	<i>, .</i>

14020111770

**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

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

Full Name (Last, First, Middle Initial) <i>Staples</i>		Date of Disbursement M M / D D / Y Y Y Y <i>10 / 03 / 2013</i>
Mailing Address <i>1907 US Hwy 421N</i>		Amount of Each Disbursement this Period <i>, 191.51</i>
City <i>Wilkesboro</i>	State <i>NC</i>	
Purpose of Disbursement <i>Campaign materials</i>	Zip Code <i>28697</i>	Category/ Type <i>006</i>
Candidate Name <i>Heather Grant</i>		
Office Sought: <input checked="" 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: District:		

Full Name (Last, First, Middle Initial) <i>Staples</i>		Date of Disbursement M M / D D / Y Y Y Y <i>10 / 04 / 2013</i>
Mailing Address <i>1907 US Hwy 421N</i>		Amount of Each Disbursement this Period <i>, 30.99</i>
City <i>Wilkesboro</i>	State <i>NC</i>	
Purpose of Disbursement <i>Campaign materials</i>	Zip Code <i>28697</i>	Category/ Type <i>006</i>
Candidate Name <i>Heather Grant</i>		
Office Sought: <input checked="" 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: District:		

Full Name (Last, First, Middle Initial) <i>Staples</i>		Date of Disbursement M M / D D / Y Y Y Y <i>10 / 04 / 2014</i>
Mailing Address <i>1907 US Hwy 421N NC</i>		Amount of Each Disbursement this Period <i>, 133.74</i>
City <i>Wilkesboro</i>	State <i>NC</i>	
Purpose of Disbursement <i>Campaign materials</i>	Zip Code <i>28697</i>	Category/ Type <i>006</i>
Candidate Name <i>Heather Grant</i>		
Office Sought: <input checked="" 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	<i>, 356.24</i>
TOTAL This Period (last page this line number only).....	

14020111771

**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	<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. *USPS*

Full Name (Last, First, Middle Initial)

Mailing Address
207 W Main St

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

Purpose of Disbursement
Postage

Candidate Name
Heather Grant

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 12 2013

Amount of Each Disbursement this Period
601 Category/Type
19.95

B. *USPS*

Full Name (Last, First, Middle Initial)

Mailing Address
207 W Main St

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

Purpose of Disbursement
PO Box rental

Candidate Name
Heather Grant

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 27 2013

Amount of Each Disbursement this Period
001 Category/Type
32.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... *51.95*

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

14020111772

**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

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. <u>Yahoo! Inc</u>		Date of Disbursement MM / DD / YYYY <u>10 / 14 / 2013</u>
Mailing Address <u>701 First Ave.</u>		Amount of Each Disbursement this Period <u>14.99</u>
City <u>Sunnyvale</u>	State <u>CA</u> Zip Code <u>94089</u>	
Purpose of Disbursement <u>domain hosting</u>		004 Category/ Type
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: _____ District: _____		

B. <u>Yahoo! Inc.</u>		Date of Disbursement MM / DD / YYYY <u>11 / 14 / 2013</u>
Mailing Address <u>701 First Ave.</u>		Amount of Each Disbursement this Period <u>14.99</u>
City <u>Sunnyvale</u>	State <u>CA</u> Zip Code <u>94089</u>	
Purpose of Disbursement <u>domain hosting</u>		004 Category/ Type
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: _____ District: _____		

C. <u>Yahoo! Inc</u>		Date of Disbursement MM / DD / YYYY <u>12 / 14 / 2013</u>
Mailing Address <u>701 First ave.</u>		Amount of Each Disbursement this Period <u>14.99</u>
City <u>Sunnyvale</u>	State <u>CA</u> Zip Code <u>94089</u>	
Purpose of Disbursement <u>domain hosting</u>		004 Category/ Type
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: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional)..... 44.97

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

14020111773

**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

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

Full Name (Last, First, Middle Initial) A. Data Ecology LLC		Date of Disbursement M M / D D / Y Y Y Y 10 06 2013
Mailing Address 16 Dudley St.		Amount of Each Disbursement this Period 59.00
City Fitchburg	State MA	
Zip Code 01420		
Purpose of Disbursement Campaign website		
Candidate Name Heather Grant		004 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: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Data Ecology LLC		Date of Disbursement M M / D D / Y Y Y Y 11 06 2013
Mailing Address 16 Dudley St.		Amount of Each Disbursement this Period 59.00
City Fitchburg	State MA	
Zip Code 01420		
Purpose of Disbursement Campaign website		
Candidate Name Heather Grant		004 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: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Data Ecology LLC		Date of Disbursement M M / D D / Y Y Y Y 12 06 2013
Mailing Address 16 Dudley St.		Amount of Each Disbursement this Period 59.00
City Fitchburg	State MA	
Zip Code 01420		
Purpose of Disbursement Campaign website		
Candidate Name Heather Grant		004 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: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

14020111774

**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

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)

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2013

A.

Staples

Mailing Address

1907 US Hwy 421 N

City

Wikesboro

State

NC

Zip Code

28697

Purpose of Disbursement

Campaign materials

Candidate Name

Heather Grant

006

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Amount of Each Disbursement this Period

126.48

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2013

B.

Staples

Mailing Address

1907 US Hwy 421 N

City

Wikesboro

State

NC

Zip Code

28697

Purpose of Disbursement

Campaign materials

Candidate Name

Heather Grant

006

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Amount of Each Disbursement this Period

69.46

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

C.

Staples

Mailing Address

1907 US Hwy 421 N

City

Wikesboro

State

NC

Zip Code

28697

Purpose of Disbursement

Campaign materials

Candidate Name

Heather Grant

006

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Amount of Each Disbursement this Period

108.61

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

304.55

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

14020111775

**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

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

Full Name (Last, First, Middle Initial) <u>A. Staples</u>		Date of Disbursement M M / D D / Y Y Y Y <u>10 18 20 13</u>	
Mailing Address <u>1907 US Hwy 421 N</u>		Amount of Each Disbursement this Period <u>109.60</u>	
City <u>Wilkesboro</u>	State <u>NC</u>		Zip Code <u>28697</u>
Purpose of Disbursement <u>Campaign material</u>			Category/ Type <u>006</u>
Candidate Name <u>Heather Grant</u>			
Office Sought: <input checked="" 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: _____	District: _____		

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

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

SUBTOTAL of Disbursements This Page (optional).....	: <u>129.60</u>
TOTAL This Period (last page this line number only).....	: _____

14020111776

**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

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Run Inn BP

Date of Disbursement

M M / D D / Y Y Y Y
12 09 20 13

Mailing Address

1201 Dakwoods rd

Amount of Each Disbursement this Period

35.00

City

Wilkesboro

State

NC

Zip Code

28697

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Clingman Pit-Stop

Date of Disbursement

M M / D D / Y Y Y Y
10 23 20 13

Mailing Address

4830 Clingman rd

Amount of Each Disbursement this Period

60.00

City

Ronda

State

NC

Zip Code

28670

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Fuel Warehouse #11

Date of Disbursement

M M / D D / Y Y Y Y
10 24 20 13

Mailing Address

1502 Glenburnie rd

Amount of Each Disbursement this Period

44.00

City

New Bern

State

NC

Zip Code

28560

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

139.00

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

14020111777

**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)

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NAME OF COMMITTEE (In Full)

Heather Grant for US Senate

Full Name (Last, First, Middle Initial)

A. Four Brothers #400

Date of Disbursement

M M / D D / Y Y Y Y
11 / 20 / 2013

Mailing Address

1611 West D St

Amount of Each Disbursement this Period

, , 58.01

City North Wilkesboro

State NC

Zip Code 28659

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Run Inn BP

Date of Disbursement

M M / D D / Y Y Y Y
11 / 07 / 2013

Mailing Address

1201 Oakwoods rd

Amount of Each Disbursement this Period

, , 40.00

City Wilkesboro

State NC

Zip Code 28697

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Murphy Express

Date of Disbursement

M M / D D / Y Y Y Y
10 / 21 / 2013

Mailing Address

167 New Chatham dr

Amount of Each Disbursement this Period

, , 35.06

City Siler City

State NC

Zip Code 27314

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

, , 133.07

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

14020111778

**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	<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

Full Name (Last, First, Middle Initial)

A. 7-Eleven 35550

Date of Disbursement

Mailing Address

7740 Speedway Blvd

12 / 15 / 2013

City

Concord

State

NC

Zip Code

28027

Amount of Each Disbursement this Period

, , 47.00

Purpose of Disbursement

travel expenses/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Sheets # 510

Date of Disbursement

Mailing Address

805 South State St.

12 / 23 / 2013

City

Mad Kinville

State

NC

Zip Code

27055

Amount of Each Disbursement this Period

, , 52.50

Purpose of Disbursement

travel expense/gas reimbursement

002

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

, , 99.50

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

14020111779

**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)

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NAME OF COMMITTEE (in Full)

Heather Grant for US Senate

Full Name (Last, First, Middle Initial)

A. Cabarrus County GOP

Date of Disbursement

12 ' 15 ' 20 13

Mailing Address

City Concord State NC Zip Code

Amount of Each Disbursement this Period

, , 107.48

Purpose of Disbursement

Christmas Gala

007

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Tricia's Catering

Date of Disbursement

10 ' 10 ' 20 13

Mailing Address

400 Piedmont dr

City Lexington State NC Zip Code 27295

Amount of Each Disbursement this Period

, , 20.00

Purpose of Disbursement

candidate appearance

007

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Kickback Jack's

Date of Disbursement

12 ' 03 ' 20 13

Mailing Address

1100 Battleground ave

City Greensboro State NC Zip Code 27408

Amount of Each Disbursement this Period

, , 14.72

Purpose of Disbursement

candidate appearance

007

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

, , 142.20

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

, ,

14020111780

**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	<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

Full Name (Last, First, Middle Initial) <u>A. Super 8 Clemmons</u>		Date of Disbursement M M / D D / Y Y Y Y <u>10 16 20 13</u>	
Mailing Address <u>6204 Ramada dr</u>		Amount of Each Disbursement this Period	
City <u>Clemmons</u>	State <u>NC</u>	Zip Code <u>27012</u>	: 64.82
Purpose of Disbursement <u>Travel expense/ lodging</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: _____	District: _____		

Full Name (Last, First, Middle Initial) <u>B. Cracker Barrel Store #247</u>		Date of Disbursement M M / D D / Y Y Y Y <u>10 16 20 13</u>	
Mailing Address <u>6420 Sessions Ct.</u>		Amount of Each Disbursement this Period	
City <u>Clemmons</u>	State <u>NC</u>	Zip Code <u>27012</u>	: 20.04
Purpose of Disbursement <u>Travel expenses/</u>		Category/ Type <u>602</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: _____	District: _____		

Full Name (Last, First, Middle Initial) <u>C. 2013 NC State Fair</u>		Date of Disbursement M M / D D / Y Y Y Y <u>10 20 20 13</u>	
Mailing Address <u>1025 Blue Ridge rd</u>		Amount of Each Disbursement this Period	
City <u>Raleigh</u>	State <u>NC</u>	Zip Code <u>27607</u>	: 14.00
Purpose of Disbursement <u>Travel</u>		Category/ Type <u>007</u>	
Candidate Name			
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: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	: : <u>98.86</u>
TOTAL This Period (last page this line number only).....	: : .

14020111781

**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)

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17 18 19a 19b
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NAME OF COMMITTEE (In Full)

Heather Grant for US Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
10 01 2013

Amount of Each Disbursement this Period

2,000.00

A. Mid America Consulting

Mailing Address

PO Box 164

City

Edwardsville

State

IL

Zip Code

62025

Purpose of Disbursement

Consulting Firm

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
11 01 2013

Amount of Each Disbursement this Period

2,000.00

B. Mid America Consulting

Mailing Address

PO Box 164

City

Edwardsville

State

IL

Zip Code

62025

Purpose of Disbursement

Consulting firm

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
12 01 2013

Amount of Each Disbursement this Period

2,000.00

C. Mid America Consulting

Mailing Address

PO Box 164

City

Edwardsville, IL

State

IL

Zip Code

62025

Purpose of Disbursement

Consulting firm

Candidate Name

Heather Grant

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

6,000.00

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

14020111782

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one)

13a
 13b

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

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

Mailing Address

Election:
 Primary
 General
 Other (specify) ▼

City *W. Keesboro* State *NC* ZIP Code *28697*

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

TERMS

Date Incurred *10 06 2013* Date Due *05 06 2014* Interest Rate *0 % (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) ▶ *6,000.00*

TOTALS This Period (last page in this line only) ▶ *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.

14020111783

EXTREMELY URGENT

Schedule package pickup right from your home or office at usps.com/pickup
Print postage online

Please Rush To Addressee

PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE

Flat Rate Envelope
Visit us at usps.com

EXTREMELY URGENT

PLEASE PRESS FIRMLY



U.S. POSTAGE
PAID
MILKESBORO, NC
JAN 30 2014
PMOUNT

\$19.99
00087677-03



PLEASE NOTE:
When used internationally affix customs declarations (PS Form 2976, or 2976A).



CUSTOMER USE ONLY
FROM: (Please Print) PHONE: () - () - ()

Handwritten address: 10000 1st St, Charlotte, NC 28203

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED
Note: The mailer must check the "Signature Required" box if the mailer: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD service; OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery (Required (additional fee, where available)
Refer to USPS.com or local Post OfficeSM for availability.

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

TO: (Please Print) PHONE: () - () - ()
ZIP: * * (U.S. ADDRESSES ONLY)

- For pickup or USPS TrackingSM, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.



PRIORITY MAIL EXPRESSTM

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	COD Fee
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Total Postage & Fees	Acceptance Employee Initials
Weight	<input type="checkbox"/> Live Shipment		
Rate	<input type="checkbox"/> Sunday/Holiday Premium		
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	Employee Signature

BY SCREENED BY THE SENATE POST OFFICE



NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
MART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 1/30/14 _____
Postmark

OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

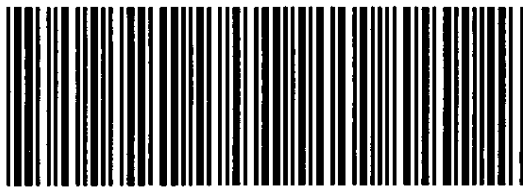
PREPARER _____

MN

DATE PREPARED

2/4/14

14020111785



14020111786