

2014 JUN 24 AM 11:49

PLEASE CHANGE
ADDRESS

2601 N. FALLS DR.

RALEIGH, NC
27615

I LOST PRIMARY

CLOSING ACCOUNT

14031250787

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
2014 JUN 24 AM 11:30
FEDERAL CENTER

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
VIRGINIA CONLON FOR CONGRESS COMMITTEE

19650 STRICKLAND RD STE 103-252

ADDRESS (number and street)

Check if different than previously reported. (ACC)

R A L E I G H N C 27615-1902

2. **FEC IDENTIFICATION NUMBER** **C 00559187**
 3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**
 CITY STATE ZIP CODE STATE DISTRICT
NC 13

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on M M / D D / Y Y Y Y in the State of
 (c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y in the State of

5. Covering Period **04 / 01 / 2014** through **05 / 12 / 2014**

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

Type or Print Name of Treasurer **Collyn Norann Warner**

Signature of Treasurer  Date **05 / 12 / 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)

14031250788

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

VIRGINIA CONLON FOR CONGRESS COMMITTEE

Report Covering the Period: From: 04'01'2014 To: 05'12'2014

	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))....	, 550.00	, 4,709.70
(b) Total Contribution Refunds (from Line 20(d))	, 0.00	, 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, 550.00	, 4,709.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 2,623.78	, 2,623.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	, 0.00	, 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, 2,623.78	, 2,623.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	, 2.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, 0.00	

For further information contact:

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

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

14031250789

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

VIRGINIA CONLON FOR CONGRESS COMMITTEE

Report Covering the Period: From: **0 4 / 0 1 / 2 0 1 4** To: **0 5 / 1 2 / 2 0 1 4**

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).....

, 3 5 0.0 0

, 2,5 5 0.0 0

(ii) Unitemized.....

, 2 0 0.0 0

, 8 8 5.0 0

(iii) TOTAL of contributions
from individuals ▶

, 5 5 0.0 0

, 3,4 3 5.0 0

(b) Political Party Committees.....

, 0.0 0

, 0.0 0

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

, 0.0 0

, 0.0 0

(d) The Candidate.....

, 0.0 0

, 1,2 7 4.7 0

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(ii), (b), (c), and (d))..

, 5 5 0.0 0

, 4,7 0 9.7 0

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....**

, 0.0 0

, 0.0 0

13. LOANS:

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

, 4 1 5.0 0

, 2,4 1 5.0 0

(b) All Other Loans.....

, 0.0 0

, 0.0 0

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

, 0.0 0

, 0.0 0

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....**

, 0.0 0

, 0.0 0

**15. OTHER RECEIPTS
(Dividends, Interest, etc.).....**

, 0.0 0

, 0.0 0

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

, 9 6 5.0 0

, 7,1 2 4.7 0

14031250790

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	,	2,623.78	,	5,501.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	,	0.00	,	0.00
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate.....	,	1,621.05	,	1,621.05
(b) Of All Other Loans	,	0.00	,	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	1,621.05	,	1,621.05
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees	,	0.00	,	0.00
(b) Political Party Committees.....	,	0.00	,	0.00
(c) Other Political Committees (such as PACs).....	,	0.00	,	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	,	0.00	,	0.00
21. OTHER DISBURSEMENTS	,	0.00	,	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	,	4,244.83	,	7,122.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,	3,281.92	,	3,281.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,	965.00	,	965.00
25. SUBTOTAL (add Line 23 and Line 24).....	,	4,246.92	,	4,246.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,	4,244.83	,	4,244.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,	2.09	,	2.09

14031250791

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
VIRGINIA CONLON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Smiley, Ralph		Date of Receipt M M / D D / Y Y Y Y 04 10 2014
Mailing Address 419 Dogwood Trail		Amount of Each Receipt this Period \$ 1,000.00
City Goldsboro	State Zip Code NC 27534-8944	
FEC ID number of contributing federal political committee. C 0 0 5 5 9 1 8 7		Amount of Each Receipt this Period \$ 3,000.00
Name of Employer Retired: USAF	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Dean, John		Date of Receipt M M / D D / Y Y Y Y 04 23 2014
Mailing Address 4870 Deer Lake Drive East		Amount of Each Receipt this Period \$ 2,500.00
City Jacksonville	State Zip Code FL 32246	
FEC ID number of contributing federal political committee. C 0 0 5 5 9 1 8 7		Amount of Each Receipt this Period \$ 2,500.00
Name of Employer American Federation of Government Employees	Occupation Organizer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$ 3,500.00
TOTAL This Period (last page this line number only).....	\$ 3,500.00

14031250792

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 17 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)
VIRGINIA CONLON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. The Wilson Times		M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 1 4
Mailing Address 2001 Downing St.		Amount of Each Disbursement this Period \$ 2,400.00
City Wilson	State NC	
Zip Code 27893		Amount of Each Disbursement this Period \$ 886.00
Purpose of Disbursement Advertising Media	Category/ Type 0 0 4	
Candidate Name Virginia Conlon		Amount of Each Disbursement this Period \$ 715.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	
Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Grassroots Press		M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 4
Mailing Address 401 1/2 W. Peace St.		Amount of Each Disbursement this Period \$ 886.00
City Raleigh	State NC	
Zip Code 27603		Amount of Each Disbursement this Period \$ 715.00
Purpose of Disbursement Voter Cards	Category/ Type 0 0 6	
Candidate Name Virginia Conlon		Amount of Each Disbursement this Period \$ 715.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	
Full Name (Last, First, Middle Initial)		Date of Disbursement
C. The News and Observer		M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 4
Mailing Address 215 South McDowell St.		Amount of Each Disbursement this Period \$ 715.00
City Raleigh	State NC	
Zip Code 27602		Amount of Each Disbursement this Period \$ 715.00
Purpose of Disbursement Media Advertising	Category/ Type 0 0 4	
Candidate Name Virginia Conlon		Amount of Each Disbursement this Period \$ 715.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	\$ 1,043.60
TOTAL This Period (last page this line number only).....	\$ 2,284.53

14031250793

**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

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

NAME OF COMMITTEE (In Full)
VIRGINIA CONLON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Indy Week		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 4
Mailing Address 709 W. Jones St.		Amount of Each Disbursement this Period , , 4 1 5.0 0
City Raleigh	State NC	
Zip Code 27605		Category/ Type 0 0 4
Purpose of Disbursement Media Advertising		
Candidate Name Virginia Conlon		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

Full Name (Last, First, Middle Initial) B. The Daily Drum Newspaper		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 4
Mailing Address 103 Commerce St.		Amount of Each Disbursement this Period , , 2 6 5.0 0
City Greenville	State NC	
Zip Code 27858		Category/ Type 0 0 4
Purpose of Disbursement Media Advertising		
Candidate Name Virginia Conlon		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

Full Name (Last, First, Middle Initial) C. Carissa Morrison		Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 4
Mailing Address 204 Dry Ave.		Amount of Each Disbursement this Period , , 5 6 0.9 3
City Cary	State NC	
Zip Code 27511		Category/ Type 0 0 4
Purpose of Disbursement Social Media Advertising		
Candidate Name Virginia Conlon		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

SUBTOTAL of Disbursements This Page (optional).....	, , 1 2 4 0 9 3
TOTAL This Period (last page this line number only).....	, , 2, 2 8 4.5 3

14031250794

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
VIRGINIA CONLON FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) Conlon, Virginia L.	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2601 N. Falls Dr.	

City Raleigh	State NC	ZIP Code 27615
------------------------	--------------------	--------------------------

Original Amount of Loan 2,415.00	Cumulative Payment To Date 1,621.05	Balance Outstanding at Close of This Period 793.95
--	---	--

TERMS	Date Incurred M M / D D / Y Y Y Y 03 / 01 / 2014	Date Due M M / D D / Y Y Y Y NONE	Interest Rate NONE % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------	---	--	--------------------------------------	---

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

1. Full Name (Last, First, Middle Initial) Conlon, Virginia, L. .	Name of Employer Self-Employed
Mailing Address 2601 N. Falls Dr.	Occupation Candidate and Event Planner
City Raleigh	State NC
ZIP Code 27615	Amount Guaranteed Outstanding: 793.95
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).....	793.95
TOTALS This Period (last page in this line only).....	793.95

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

14031250795

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
VIRGINIA CONLON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9 9 0	9 9 0	9	99 0 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9 9 0	9 9 0	9	99 0 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9 9 0	9 9 0	9	99 0 0

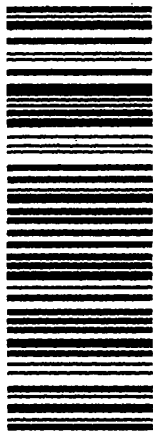
1) SUBTOTALS This Period This Page (optional)	9	99	0 0
2) TOTALS This Period (last page this line number only)	9	99	0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	9	99	0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9	99	0 0

14031250796

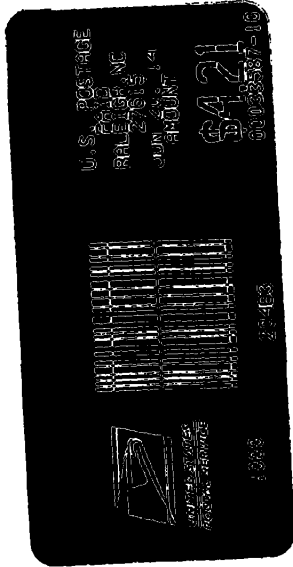
14031250797

CONLON
2601 N. FAUS DE
RFALEIGH, NC
27615

CERTIFIED MAIL™



7013 3020 0001 2478 4792

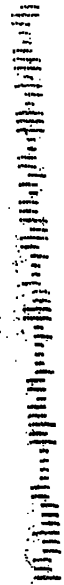


FEC
999 E STREET NW
WASHINGTON DC

20463

2014 JUN 24 AM 11:31
FEC MAIL CENTER

RECEIVED



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 6/20/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ADD
 PREPARER
 (8/2013)

6/24/14
 DATE PREPARED

14031250798