

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

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

/ /

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: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 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))....	6755.00	77705.97
(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)).....	6755.00	77705.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39971.71	72542.98
(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)).....	39971.71	72542.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14843.02	
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).....	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

FEC Form 3 (Revised 07/05)

- 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 Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="3875.00"/>	<input type="text" value="43726.47"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="2880.00"/>	<input type="text" value="24495.50"/>	<input type="text" value="50.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="6755.00"/>	<input type="text" value="68221.97"/>	<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 / 18

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* 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))		
6755.00	77705.97	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)		
6787.01	87737.98	50.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 18

Write or Type Committee Name

COMMITTEE TO ELECT CLEARY FOR CONGRESS

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="39971.71"/>	<input type="text" value="72542.98"/>	<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 / 18

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(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	72642.98	301.98
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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))

6755.00	77705.97	50.00
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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	72542.98	301.98
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48027.72
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	6787.01
25. SUBTOTAL (add Line 23 and Line 24).....	54814.73
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)	14843.02

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

A. Democratic Women of North Carolina
 Full Name (Last, First, Middle Initial)
 Mailing Address 6830 Dulverton Dr
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11AI.5348
 Amount of Each Receipt this Period
 1000.00
 check

B. Beth Dixson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 Winterbury Court
 City Raleigh State NC Zip Code 27607
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 self Executive Coach
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.5455
 Amount of Each Receipt this Period
 25.00
 Earmarked through ActBlue

C. - ActBlue Federal Conduit
 Full Name (Last, First, Middle Initial)
 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 31682.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.5455.0
 Amount of Each Receipt this Period
 25.00
 Earmarked through ActBlue
[MEMO ITEM]

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

1025.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 909 Bayberry Drive

City Chapel Hill State NC Zip Code 27517

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

Name of Employer Hill-Rom Occupation 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 Melrose Park State PA Zip Code 19027

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

Name of Employer Drexel University Occupation 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 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
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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) A. Greer Glazer		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 36680 Blackberry Cir		Transaction ID : SA11AI.5325	
City State Zip Code Salon OH 44139	Amount of Each Receipt this Period 1000.00 check		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00		
Name of Employer Occupation Univ of Cin Dean	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Susan Lee		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 636 Mayflower St.		Transaction ID : SA11AI.5439	
City State Zip Code Duxbury MA 02332	Amount of Each Receipt this Period 100.00 Earmarked through ActBlue		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00		
Name of Employer Occupation Brigham and Women's Hospital resigtered nurse	Election Cycle-to-Date 250.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. - ActBlue Federal Conduit		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address PO Box 441146		Transaction ID : SA11AI.5439.0	
City State Zip Code West Somerville MA 02144-0031	Amount of Each Receipt this Period 100.00 Note: Above Contribution earmarked through this organization [MEMO ITEM]		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00		
Name of Employer Occupation - Conduit total listed in Agg. Field	Election Cycle-to-Date 31132.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 31132.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
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: PAGE 10 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Beverly Malone

Mailing Address 2600 Virginia Ave NW 8th floor

City Washington State DC Zip Code 20037

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

Name of Employer National League of Nursing Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.5507

Amount of Each Receipt this Period
100.00
 cash

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

Mailing Address 129 Columbia Heights, apt 53

City Booklyn State NY Zip Code 11201

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

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

Mailing Address 29 Washington Square West Ave

City New York State NY Zip Code 10011

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

Name of Employer New York University Occupation 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

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 11 OF 18
(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)
Gail F Urbanek

Mailing Address 7405 Matherly Dr

City Wake Forest State NC Zip Code 27587

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

Name of Employer Harris Teeter Pharmacy Occupation RPH

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period
 500.00
 check

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

3875.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 6.13
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement credit card processing fee	Category/ Type 001	Transaction ID : SB17.5465
Candidate Name BRENDA LEWIS CLEARY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 13	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 37.56
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement credit card processing fee	Category/ Type 001	Transaction ID : SB17.5466
Candidate Name BRENDA LEWIS CLEARY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 13	

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 25.68
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement credit card processing fee	Category/ Type 001	Transaction ID : SB17.5467
Candidate Name BRENDA LEWIS CLEARY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	69.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	22578.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	5723.97
TOTAL This Period (last page this line number only).....	

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

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	4752.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 18		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. WRAL-TV		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO Box 60904		Amount of Each Disbursement this Period 6251.75 Transaction ID : SB17.5475
City Charlotte	State NC	
Zip Code 28260	Purpose of Disbursement advertising ads	Category/ Type 004
Candidate Name BRENDA LEWIS CLEARY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

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).....	6251.75
TOTAL This Period (last page this line number only).....	39375.43

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 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 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:

03

31

2014

12/31/2014

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... 5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT CLEARY FOR CONGRESS** Transaction ID : **SC/10.4442**

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

Mailing Address
 PO BOX 28778

City State ZIP Code
 RALEIGH NC 27611

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

Date Incurred: M 04 / D 14 / Y 2014
 Date Due: M M / D D / Y 12/31/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS 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.