

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2019 APR 15 AM 7:57 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Bart McLeay for U.S. Senate, Inc.

c/o Robert C. McChesney, Treasurer

ADDRESS (number and street)

P.O. Box 1269

Check if different than previously reported. (ACC)

North Platte

NE

69103-1269

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00547406

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2019

through

MM / DD / YYYY 03 / 31 / 2019

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 McChesney, CPA

Signature of Treasurer

Print McChesney

Date

MM / DD / YYYY 04 / 12 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Page 2

Write or Type Committee Name

**Bart McLeay for U.S. Senate, Inc.**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2019

To:

MM / DD / YYYY  
03 / 31 / 2019

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	0.00	0.00
(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)) .....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	12421.60	12421.60
(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)) .....	12421.60	12421.60
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	0.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	162305.41	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2019

To:

MM / DD / YYYY  
03 / 31 / 2019

**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).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

13. LOANS:

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

10617.21

10617.21

(b) All Other Loans.....

0.00

0.00

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

10617.21

10617.21

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

0.00

0.00

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

0.00

0.00

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

10617.21

10617.21

NATIONAL ARCHIVE

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....		
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>12421.60</b>	<b>12421.60</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1804.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10617.21
25. SUBTOTAL (add Line 23 and Line 24).....	12421.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12421.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

2019-09-10 10:40:10 AM

**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 5 OF 14

17  
20a     18  
20b     19a  
20c     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)  
Bart McLeay for U.S. Senate, Inc.

**A. Federal Election Commission**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address 1050 First Street, N.E.

City Washington, D.C. State \_\_\_\_\_ Zip Code 20463

Purpose of Disbursement fees  Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number: C \_\_\_\_\_

Amount of Each Disbursement this Period: 12421.60

Memo Item

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_  Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_  Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ \_\_\_\_\_

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

**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)  
**Bart McLeay for U.S. Senate, Inc.**

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

**Bartholomew McLeay**

Memo Item

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

c/o Robert C. McChesney  
PO Box 1269

City

North Platte

State

NE

ZIP Code

69103-1269

Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate (If none, enter 0)

Secured:

MM / DD / YYYY  
07 / 03 / 2014

MM / DD / YYYY  
03 / 03 / 2014

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

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).....▶

50000.00

**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)  
Bart McLeay for U.S. Senate, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item  
Bartholomew McLeay

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address c/o Robert C. McChesney  
PO Box 1269

City North Platte State NE ZIP Code 69103-1269

Personal Funds of the Candidate

Original Amount of Loan 48000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 48000.00

**TERMS** Date Incurred Date Due Interest Rate (If none, enter 0) Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

04 / 29 / 2014 None

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).....▶ [ ] 48000.00

**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.

2014-10-10 10:00 AM

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Bartholomew McLeay		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address <i>c/o Robert C. McChesney</i> PO Box 1269			
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	1611.80	388.20

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 14 / 2014	M M / D D / Y Y Y Y None	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).....	388.20
<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**

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)  
**Bart McLeay for U.S. Senate, Inc.**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Bartholomew McLeay**

Memo Item

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address  
c/o Robert C. McChesney  
PO Box 1269

City  
North Platte

State  
NE

ZIP Code  
69103-1269

Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

MM / DD / YYYY  
05 / 07 / 2014

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

MM / DD / YYYY  
None

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).....▶

50000.00

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)  
**Bart McLeay for U.S. Senate, Inc.**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Bartholomew McLeay		<input type="checkbox"/> Memo Item	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269			
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 08 / 17 / 2015	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....	300.00
<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.

NO 10 2015 11 04 09:44:14

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Bartholomew McLeay		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269		
City North Platte	State NE	ZIP Code 69103-1269
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1,000.00	0.00	1,000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 21 / 2016	MM / DD / YYYY None	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).....▶	1,000.00
<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.

2016-05-10 10:40:00 AM

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <span style="float: right;"><input type="checkbox"/> Memo Item</span>		<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Bartholomew McLeay			
Mailing Address: c/o Robert C. McChesney PO Box 1269			
City: North Platte	State: NE	ZIP Code: 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred: MM/DD/YYYY 01/10/2017	Date Due: MM/DD/YYYY None	Interest Rate (If none, enter 0): 0.00 % (apr)	Secured: <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).....	1,000.00
<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**

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)  
**Bart McLeay for U.S. Senate, Inc.**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  
**Bartholomew McLeay**  Primary  
 General  
 Other (specify) ▼

Mailing Address  
c/o Robert C. McChesney  
PO Box 1269

City: North Platte State: NE ZIP Code: 69103-1269  
 Personal Funds of the Candidate

Original Amount of Loan: 1,000.00 Cumulative Payment To Date: 0.00 Balance Outstanding at Close of This Period: 1,000.00

**TERMS** Date Incurred: MM/DD/YYYY (05/25/2017) Date Due: MM/DD/YYYY (None) 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)..... 1,000.00

**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**

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)  
**Bart McLeay for U.S. Senate, Inc.**

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

Bartholomew McLeay

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address  
12936 Burt St.

City State ZIP Code  
Omaha NE 68154-4020

Original Amount of Loan 10617.21	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10617.21
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: MM/DD/YYYY (01/16/2019)    Date Due: MM/DD/YYYY (None)    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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	10617.21
<b>TOTALS</b> This Period (last page in this line only)..... ▶	162305.41

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

RESNEY  
FIN  
HORN

& Consultants



7017 1450 0002 0599 6365

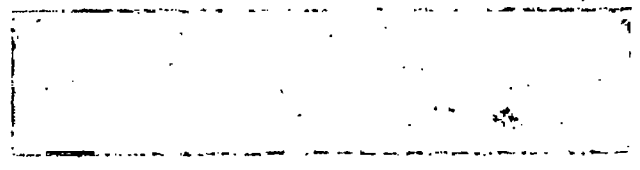
**FIRST CLASS MAIL**

Hasler  
04/13/2019  
**US POSTAGE**  
FIRST-CLASS MAIL  
**\$07.60<sup>0</sup>**



ZIP 69101  
011D10634465

FEDERAL ELECTION COMMISSION  
1050 FIRST STREET, NE  
WASHINGTON, DC 20463



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 Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <b>4/13/19</b>
<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
PREPARER <i>mp</i>	<b>4/15/19</b> DATE PREPARED

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