

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY THE SENATE 17 JUL 20 AM 11:14 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 North Platte NE 69103-1269 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C 00547406 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT NE

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 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

Covering Period 04/01/2017 through 06/30/2017

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 [Signature] Date 07/10/2017

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

201707200234197

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:

04 / 01 / 2017

To:

06 / 30 / 2017

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)) ..

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

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

709.90

709.90

(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))...

0.00

0.00

**8. Cash on Hand at Close of
Reporting Period (from Line 27)...**

1947.39

**9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) ..**

0.00

**Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D) ...**

151688.20

For further information contact:

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

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

20170720020023419

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:

04 / 01 / 2017

To:

06 / 30 / 2017

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...

1000.00

2000.00

(b) All Other Loans...

0.00

0.00

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

1000.00

2000.00

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

0.00

0.00

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

0.00

0.00

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

1000.00

2000.00

2017072602500234199

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	709.90	709.90
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	709.90	709.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1657.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1000.00
25. SUBTOTAL (add Line 23 and Line 24)...	2657.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	709.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1947.39

201707280202420

**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)

<input checked="" 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

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. Husch Blackwell

Full Name (Last, First, Middle Initial)

Mailing Address **PO Box 790379**

City **St. Louis** State **MO** Zip Code **63179**

Purpose of Disbursement **Attorney Fees** Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement **05 / 25 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **709.90**

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

FEC Identification Number **C**

Amount of Each Disbursement this Period

Memo Item

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

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)...

2017072002002342010

**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: 50000.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 50000.00

TERMS Date Incurred: M 07 / D 03 / Y 2014 Date Due: M M / D D / Y Y Y Y None Interest Rate (If none, enter 0): 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: []

201707200200234202

SUBTOTALS This Period This Page (optional)... .. 50000.00

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

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) <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 48000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 48000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 04 / 29 / 2014	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:		

00200234203

SUBTOTALS This Period This Page (optional)...	48000.00
TOTALS This Period (last page in this line only) ..	48000.00

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

TERMS Date Incurred: MM/DD/YYYY (07/14/2014) 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: []

201707200200234204

SUBTOTALS This Period This Page (optional)...	→	388.20
TOTALS This Period (last page in this line)...	→	[]

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 **50000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **50000.00**

TERMS Date Incurred **MM / DD / YYYY** **05 / 07 / 2014** Date Due **MM / DD / YYYY** **None** Interest Rate (If none, enter 0) **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: 50000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

201707200200234205

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 Election: Primary General Other (specify) ▼

Bartholomew McLeay

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 Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS Date Incurred / / Date Due Interest Rate (If none, enter 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

201707200200234206

SUBTOTALS This Period This Page (optional)...

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) Bartholomew McLeay		<input type="checkbox"/> Memo Item	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 1,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,000.00
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TERMS	Date Incurred MM / DD / YYYY 11 / 21 / 2016	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
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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:		

20100200234207

SUBTOTALS This Period This Page (optional)...	1,000.00
TOTALS This Period (last page in this line only) ..	1,000.00

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

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 **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** **01 / 10 / 2017** Date Due **MM / DD / YYYY** **None** Interest Rate (If none, enter 0) **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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

201707200200234208

SUBTOTALS This Period This Page (optional)... **1,000.00**

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

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: 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: []

201707200200234209

SUBTOTALS This Period This Page (optional)... .. 1,000.00

TOTALS This Period (last page in this line only)... .. 151,688.20

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

201707200200234210

McCHESNEY
MARTIN
SAGEHORN
PC

Public Accountants & Consultants

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WASHINGTON, DC 20013-7578

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

7-14-17

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

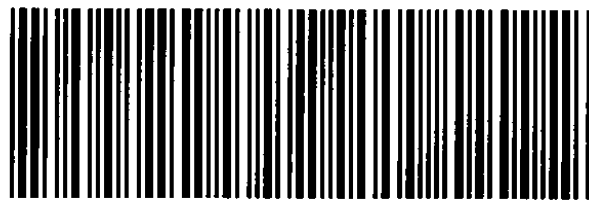
OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **7-20-17**

201707200200234211



SEN PATCH



SEN PATCH

201707200200234212