

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF 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 Check if different than previously reported. (ACC) North Platte NE 69103-1269

2. FEC IDENTIFICATION NUMBER 00547406 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] AMENDED (A) CITY STATE ZIP CODE 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 through MM/DD/YYYY 01/01/2017 through 03/31/2017

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 [Handwritten Signature] Date MM/DD/YYYY 07/10/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From:

M	M
0	1

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	7

 To:

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	7

	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) ..	0.00	0.00
(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)...	1,657.29	
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) ..	150,688.20	

For further information contact:

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

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

2017072002002342

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2017	2017	2017	2017

 To:

M	M
03	03

 /

D	D
31	31

 /

Y	Y	Y	Y
2017	2017	2017	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...

1,000.00

1,000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

1,000.00

1,000.00

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)...

1,000.00

1,000.00

20170720023115

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

0.00

0.00

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) ▶

0.00

0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

657.29

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

1,000.00

25. SUBTOTAL (add Line 23 and Line 24)...

1,657.29

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

0.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)...

1,657.29

201702290234215

**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

Election:
 Primary
 General
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

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

TERMS

Date Incurred M^M / D^D / Y^YY^YY^Y 07 / 03 / 2014 Date Due M^M / D^D / Y^YY^YY^Y None Interest Rate % (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"/>

200200234217

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

Election:
 Primary
 General
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

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

TERMS

Date Incurred **04 / 29 / 2014** Date Due **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: 0.00
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

200200234218

SUBTOTALS This Period This Page (optional)... **48000.00**

TOTALS This Period (last page in this line) .. **0.00**

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) Bartholomew McLeay		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>c/o</i> Robert C. McChesney PO Box 1269		
City	State	ZIP Code
North Platte	NE	69103-1269

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M ^M / D ^D / Y ^Y Y ^Y Y ^Y 07 / 14 / 2014	M ^M / D ^D / Y ^Y 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: []

200200234219

SUBTOTALS This Period This Page (optional)...	388.20
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

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

Election:
 Primary
 General
 Other (specify) ▼

City **North Platte** State **NE** ZIP Code **69103-1269**

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 **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: **0.00**

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**

200200234220
201707

SUBTOTALS This Period This Page (optional)..... **50000.00**
TOTALS This Period (last page in this line only) .. **50000.00**

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

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 **c/o Robert C. McChesney
PO Box 1269**

City State ZIP Code
North Platte NE 69103-1269

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

TERMS Date Incurred Date Due Interest Rate Secured:
MM / DD / YYYY 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: 300.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 300.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 300.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 300.00

SUBTOTALS This Period This Page (optional)... **300.00**
TOTALS This Period (last page in this line only) .. **300.00**

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

201707200200234221

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 c/o Robert C. McChesney PO Box 1269

City North Platte State NE ZIP Code 69103-1269

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 11/21/2016 Date Due None Interest Rate 0.00 % (apr) Secured: Yes No

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

Table with 4 rows of endorser/guarantor information, including Name, Employer, Occupation, and Amount Guaranteed Outstanding.

11707200200234222

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.

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

FOR LINE NUMBER: (check only one)

13a
 13b

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

Election:

Primary
 General
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

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 01 / 10 / 2017	Date Due MM / DD / YYYY None	Interest Rate 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: []

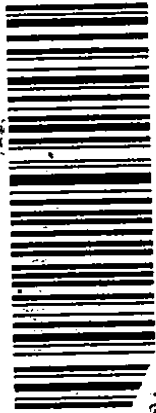
200200234223

SUBTOTALS This Period This Page (optional).....	▶ 1,000.00
TOTALS This Period (last page in this line only) ..	▶ 150,688.20

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

201707200200234224

CERTIFIED MAIL



9500 8567 2719

**McCHESNEY
MARTIN
SAGEHORN
PC**

Public Accountants & Consultants

Master

U.S. POSTAGE

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10105148

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P.O. BOX 77578
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 7-14-17
Postmark

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

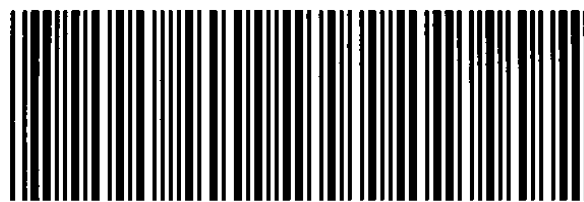
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

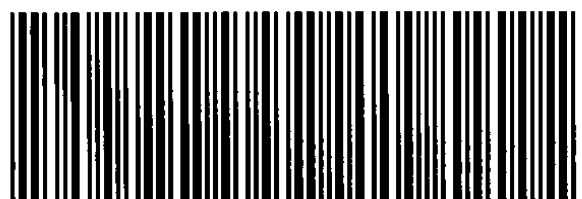
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-20-17

201707200200234225



SEN PATCH



SEN PATCH

201707200200234226