

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 OCT 27 PM 12:29 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

PATRICK MCGEHEARTY FOR CONGRESS

ADDRESS (number and street)

420 RED CASTLE DR.

Check if different than previously reported. (ACC)

LEWISVILLE

TX

75056

2. FEC IDENTIFICATION NUMBER

C00553511

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TX

24

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

10/04/2014

in the State of

TX

(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

10/01/2014

through

10/15/2014

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

Type or Print Name of Treasurer

Janet E. McDowell

Signature of Treasurer

Janet E. McDowell

Date

10/18/2014

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

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FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

Write or Type Committee Name

PATRICK MCGEHEARTY FOR CONGRESS

Report Covering the Period:

From:

10 01 2014

To:

10 15 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))

100-

8446-

(b) Total Contribution Refunds (from Line 20(d))

(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

100-

8446-

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17)

-0-

801933

(b) Total Offsets to Operating Expenditures (from Line 14)

(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))

-0-

801933

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

192667

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

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

1500-

For further information contact:

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

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

11-01-14

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

PATRICK MCGEHEARTY FOR CONGRESS

Report-Covering the Period: From:

MM/DD/YYYY
10/01/2014

To:

MM/DD/YYYY
10/15/2014

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).....

.....

1,561.00

(ii) Unitemized.....

100.00

1,685.00

(iii) TOTAL of contributions
from individuals ▶

100.00

3,246.00

(b) Political Party Committees.....

.....

5,200.00

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

.....

.....

(d) The Candidate.....

.....

.....

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

100.00

8,446.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

.....

.....

13. LOANS:

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

.....

1,500.00

(b) All Other Loans.....

.....

.....

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

.....

1,500.00

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

.....

.....

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

.....

.....

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

100.00

9,946.00

1100114140115

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....		8,019.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	-0-	8,019.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18,266.7
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	100-
25. SUBTOTAL (add Line 23 and Line 24).....	19,266.7
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	-0-
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19,266.7

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
PATRICK MCGEHEARTY FOR CONGRESS

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

Mailing Address
420 Red Castle Dr.

City **Lewisville** State **TX** ZIP Code **75056**

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan **1,500.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1,500.00**

TERMS Date Incurred **10/18/2013** Date Due **12/01/2014** 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

SUBTOTALS This Period This Page (optional)..... **0.00**

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

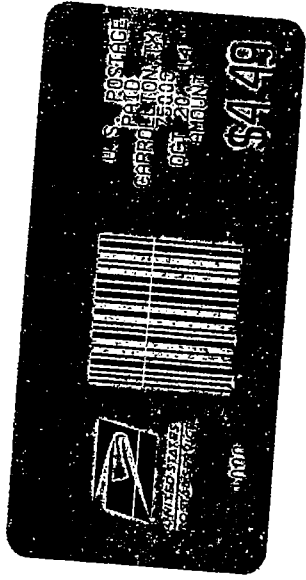
FROM: ANN: FINA

in McDowell
904 Panorama Dr.
Aarollon, TX 75007-4302

11/11/2014 12:04



7014 0510 0001 1598 9843



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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>CMB</i>	10/27/14
PREPARER	DATE PREPARED