

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 MEL LEVEY FOR CONGRESS

ADDRESS (number and street) 2303 WESTWOOD DRIVE Check if different than previously reported. (ACC) MERCED CA 95340

2. FEC IDENTIFICATION NUMBER C C00551028 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

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)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2014 through 07 / 18 / 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 CATHY GATEWOOD

Signature of Treasurer CATHY GATEWOOD [Electronically Filed] Date 07 / 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.

Office Use Only grid and FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MEL LEVEY FOR CONGRESS

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

	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))....	10000	37550
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10000	37550
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	308.71	32658
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	308.71	32658
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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 12/2003)

Write or Type Committee Name

MEL LEVEY FOR CONGRESS

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

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	21300
(ii) Unitemized.....	0	6225
(iii) TOTAL of contributions from individuals ▶	0	27525
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) The Candidate.....	10000	10025
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10000	37550
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	10000
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	10000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	308
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10000	47858

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	308.71	32658
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000	10000
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000	10000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	5200
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10308.71	47858

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	308.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10000
25. SUBTOTAL (add Line 23 and Line 24).....	10308.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10308.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0

**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 8
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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)
MEL LEVEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CLENDENIN BIRD & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 3501 TULLY RD STE B		Amount of Each Disbursement this Period 308.71
City Modesto State CA Zip Code 95356	Purpose of Disbursement PROFESSIONAL FEES Category/Type 001	
Candidate Name		Transaction ID : SB17.E1589533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. MELVIN LEVEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 2303 WESTWOOD DRIVE		Amount of Each Disbursement this Period 0.00
City MERCED State CA Zip Code 95340	Purpose of Disbursement Forgiven Loan Payment Category/Type 009	
Candidate Name		Transaction ID : SB17.L557698
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] Forgiven Loan Payment

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).....	308.71
TOTAL This Period (last page this line number only).....	308.71

**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 6 OF 8	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 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)
MEL LEVEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MELVIN LEVEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 2303 WESTWOOD DRIVE		Amount of Each Disbursement this Period 10000.00
City MERCED	State CA	
Purpose of Disbursement Forgiven Loan Payment	Zip Code 95340	Transaction ID : SB19B.L557698
Candidate Name	Category/ Type 009	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Forgiven Loan Payment
State: District:		

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).....	0.00
TOTAL This Period (last page this line number only).....	0.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MEL LEVEY FOR CONGRESS** Transaction ID : **SC/10.L557480**

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

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
2303 WESTWOOD DRIVE

City State ZIP Code
 MERCED CA 95340

Original Amount of Loan 10000	Cumulative Payment To Date 10000	Balance Outstanding at Close of This Period 0
----------------------------------	-------------------------------------	--

TERMS

Date Incurred: M 10 / D 25 / Y 2013
 Date Due: M / D / Y 11/30/2014
 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: []
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).....	[] 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.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 8
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

MEL LEVEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CLENDENIN BIRD & COMPANY

Mailing Address 3501 TULLY RD
STE B

City State Zip Code
Modesto CA 95356

Nature of Debt (Purpose):
PROFESSIONAL FEES

Outstanding Balance Beginning This Period **Transaction ID : SD10.E1589403**

308.71

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

0 308.71 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	