

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

OCT 14 AM 10:15
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

75056-1

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C0053511

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

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

09 ' 30 ' 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 ' 04 ' 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

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

PATRICK MCGEHEARTY FOR CONGRESS

Report Covering the Period:

From:

09 01 2014

To:

09 30 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))	350.-	8346.-
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	350.-	8346.-
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29646	80193.3
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	29646	80193.3
8. Cash on Hand at Close of Reporting Period (from Line 27)	18266.7	
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

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:

07 / **01** / **2014**

To:

09 / **30** / **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).....

25.00-

15.61-

(ii) Unitemized.....

1.00-

15.85-

(iii) TOTAL of contributions from individuals ▶

3.50-

31.46-

(b) Political Party Committees.....

5.200-

5.200-

(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))..

3.50-

83.46-

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

13. LOANS:

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

15.00-

(b) All Other Loans.....

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

15.00-

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)..... ▶

3.50-

98.46-

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

29,646

80,193.3

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) ▶

29,646

80,193.3

III. CASH SUMMARY

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

177,313

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

350-

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

212,313

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

29,646

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

182,667

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b

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)
PATRICK MCGEHEARTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rusk, Tim

Mailing Address
1211 El Camino Real, #322

City
Eureka State
TX Zip Code
76040

FEC ID number of contributing federal political committee.
C

Name of Employer
Self-employed Occupation
attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250-

Date of Receipt
09 / 26 / 2014

Amount of Each Receipt this Period
250-

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....
250-

2014-09-26 10:10:10

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PATRICK MCGEHEARTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Denton County Democratic Party		Date of Disbursement 08 / 18 / 2014
Mailing Address P.O. Box 1165		Amount of Each Disbursement this Period 2857.1
City Denton	State TX Zip Code 76201	
Purpose of Disbursement get-out-the-vote intern	Category/Type 007	
Candidate Name Patrick McGehearty	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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).....	2857.1
TOTAL This Period (last page this line number only).....	2857.1

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b
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NAME OF COMMITTEE (In Full)
PATRICK MCGEHEARTY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGehearty, Patrick	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 420 Red Castle Dr.	
City Lewisville	State TX
	ZIP Code 75056

Original Amount of Loan 15.00	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 15.00
---	--	---

TERMS

Date Incurred MM DD YYYY 10 18 2013	Date Due MM DD YYYY 12 01 2014	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	-----------------------------------	---

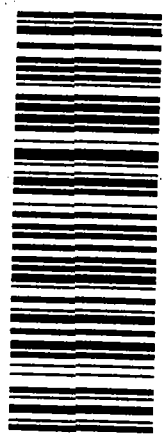
List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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"/>

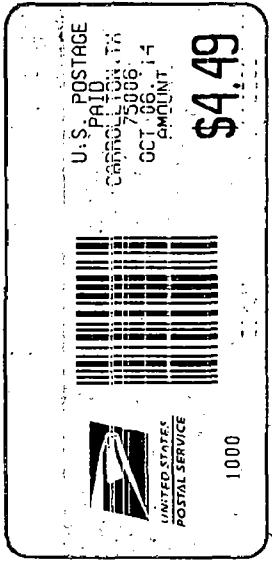
SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

Ms. Janet McDowell
2904 Panorama Dr.
Carrollton, TX 75007

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 The FEC added this page to the end of this filing to indicate how it was received.

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<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"/>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jh
 PREPARER
 (8/2013)

10/14/2014
 DATE PREPARED

11/10/2014 10:00 AM