### 

FEC FORM 3

### REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 OCT 22 PM 12: 35

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typing, over the lines.	type	12FE4M5	
Bí	art McLeay for U.S. Senat	e, Inc.	1	<u> </u>			
c/	o Robert C. McChesney,	Treasurer	ı	<del>L                                    </del>	<u> </u>		ليبيبي
ADI	DRESS (number and street)	P.O. Box 1269			1111	<u> </u>	
Č	Check if different than previously	L North Platta	1	1 1 1 1 1 1 1 1 1 1	<del>                                      </del>	NE L LO	0102 1200 1 1
	reported. (ACC)	North Platte	1	CITY A			9103-1269
2.	FEC IDENTIFICATION N	JMBER ▼		CITY A	51/	ATE ▲ 	ZIP CODE ▲
	C 00547406		3.	IS THIS X NEW (N)	OR [	AMEND (A)	STATE ▼ DISTRICT
4.	TYPE OF REPORT (Ch. (a) Quarterly Reports:  April 15 Quarterly Reports (Ch. (b) Pril 15 Quarterly Reports (Ch. (c) Pril 1	(1	o)	12-Day <b>PRE</b> -Election Report Primary (12P) Convention (120		General (1:	
	July 15 Quarterly F			M <sup>2</sup> M /	را ر اورو ما را	(	in the
	X October 15 Quarte			Election on	╌	<u></u>	State of
	January 31 Year-Er	d Report (YE) (	c)	30-Day <b>POST-</b> Election Repor	t for the:	Runoff (30	R) Special (30S)
	Termination Report	(TER)		Election on/	D * D / \	, x y y y y	in the State of
5.	Covering Period 07	M / 01 /	y ¥	2018 through	M09 <sup>M</sup>	30 /	2018
	ertify that I have examined the			pest of my knowledge and bel sney, CPA	lief it is true	, correct and	complete.
Sig	nature of Treasurer	And me	(j	emy	Dat	e 10	10 / 2018
NO		eous, or incomplete	info	rmation may subject the persor	n signing this	Report to th	e penalties of 52 U.S.C. §30109
ŀ	Office Use Only						FEC FORM 3 (Revised 05/2016)

# 2018 - 10 - 22 - 05 - 00241312

### **SUMMARY PAGE**

of Receipts and Disbursements

	Page	2
--	------	---

the Committee (Itemize all on

Schedule C and/or Schedule D) ......

		TEO TOTHI 3 (Nevised 03/2010)		
٧	/rite (	or Type Committee Name Bart McLeay for U.S. Senate	e, Inc.	
R	eport	: Covering the Period: From:	07 <sup>M</sup> / 01 <sup>D</sup> / 2018 To	o: My / 30 / 2018 /
_			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
<del>7</del> ,	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.		sh on Hand at Close of porting Period (from Line 27)	1804.39	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10	Del	ots and Obligations Owed RV		

### For further information contact:

151688.20

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

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

# 2018 - 10 - 22 - 03 - 00241313

### **DETAILED SUMMARY PAGE**

of Receipts

pts Page 3

FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period:

Erom



1	D D
	01



To:



Ž018

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
. 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		
TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
LOANS:				
(a) Made or Guaranteed by the Candidate	0.00	0.00		
(b) All Other Loans	0.00	0.00		
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00		
. 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)	0.00	0.00		

### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

Page 4

_	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	0.00	0.00		
	(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 SUMM	ARY			
23.	CASH ON HAND AT BEGINNING OF REPORTING	B PERIOD	1804.39		
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, pa	age 3)	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)	····	1804.39		
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Lin	ne 22)	0.00		
27.	CASH ON HAND AT CLOSE OF REPORTING PER (subtract Line 26 from Line 25)		1804.39		

### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

PAGE 5 OF 12 FOR LINE NUMBER: (check only one)

X 13a

<b>.</b> ,					Detailed Si	ummary Pag	е		13b	
AME OF COM	MITTEE (In Full)		<del></del>				· · · · · · · · · · · · · · · · · · ·	<u>.                                      </u>		
	McLeay for U.S	. Senat	e, Inc.							
LOAN SOUR	CE Full Name (Last,	First, Mic	ddle Initial)			Memo Item	Election:			
Bartholom	new McLeay		U	WEITIG REITI	X Primary					
Mailing Addre	<del>-</del>				-		General Other (speci	fv) 🕳		
, and the second										
City			State	ZIP Code			X Personal F	unds of the C	andidata	
North Platte			NE	69103-1	269 		A Fersonal Fi	mus or the Co	anuluate	
Original Am	ount of Loan		Cumulative Pa	ayment To D	ate	Bala	nce Outstanding a	it Close of Th	is Period	
	5000	0.00		· · ·	0.00			50000	.00	
TERMS	Date Incurred		ı	Date Due		Interest Rate (If none, enter		Secured:		
M <sub>07</sub> M /	D 03 D / Y Y Y Y Y 2014	Ψ.	M M / D 1		Y Y Y	0.0	00 % (00%)	Yes	X No	
List All End	orsers or Guarantors	(if apy () t	a Loop Source				70 (apr)			
<u> </u>	e (Last, First, Middle	<u> </u>	O LOAN SOURCE	<u></u>	Name of Emp	oloyer	· · · · · · · · · · · · · · · · · · ·			
		· · · · · ·								
Mailing A	Address				Occupation					
					Amount		0 0 0 0	- C - C - C	7	
City		State	ZIP Code		Guaranteed Outstanding:		_() <u></u>		_]	
2. Full Name	(Last, First, Middle I	nitial)			Name of Emp	oloyer				
Mailing Ad	ddress				Occupation					
				-	Amount	F-V-V-				
City		State	ZIP Code		Guaranteed Outstanding:		<u></u>		J	
3. Full Name	(Last, First, Middle I	nitial)			Name of Emp	ployer				
Mailing Ad	ddress				Occupation					
				-	Amount					
City		State	ZIP Code		Guaranteed		. , ,		J	
4. Full Name	(Last, First, Middle I	nitial)			Outstanding: Name of Emp	ployer				
Mailing Address					Occupation					
					Occupation					
City		State	ZIP Code		Amount Guaranteed		<del></del>		7	
City		State	ZIP Code		Outstanding:		<u> </u>	<u> </u>	<u>.</u>	
						p				
SUBTOTALS T	his Period This Page	(optional)				<u></u> ▶	· · · · · · · · · · · · · · · · · · ·	5000	0.00	
TOTALS This P	Period (last page in th	s line onl	y)			··•		<b>A</b> • • •		
							Commercial Commercial States of Commercial C	K/2		
Carry outstand	ling balance only to L	INE 3, Sc	nedule D, for th	is line. If n	o Schedule [	D. carry forv	vard to appropria	te line of Sur	mmarv.	

SCHEDULE C (FEC Form 3) LOANS					Use separate schedule for each category of the Detailed Summary Pag	ne (check only one) X 13a			
NA	ME OF COMMITTEE (In Full)  Bart McLeay for U.S.	Senat	e, Inc.						
LOAN SOURCE Full Name (Last, First, Middle Initial)  Bartholomew McLeay  Mailing Address  c/o Robert C. McChesney PO Box 1269				☐ Memo Item					
	City North Platte		State NE	ZIP Cod 69103-1	V Barrand Frieder of the Condidat				
	Original Amount of Loan  Cumulative Payment To			Date Bala	ance Outstanding at Close of This Period				
List All Endorsers or Guarantors (if any) to Loan Source					Interest Rate (If none, enter v v v v v v v v v v v v v v v v v v v	0)			
Mailing Address				Occupation					
	City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address				Amount Guaranteed Outstanding:  Name of Employer  Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle Ir	nitial)	<u> </u>		Name of Employer				
	Mailing Address	-			Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)				Name of Employer  Occupation					
Mailing Address									
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
	SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)								
		·			<u> </u>				
Ц	arry outstanding balance only to Li	NE 3, Sch	nedule D, for this	s line. If r	no Schedule D, carry forv	ward to appropriate line of Summary.			

SCHEDULE (	) (	FEC	Form	3)
LOANS				

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

FOR LINE NUMBER: (check only one)

PAGE

X	13a
	126

12

JANG				Detailed :	Summary Pag	e (Encon only		13b
AME OF COMMITTEE (In Fi		te, Inc.						
LOAN SOURCE Full Nar	ne (Last, First, Mic	ddle Initial)			] Memo Item	Election:		
Bartholomew McLeay	1					X Primary General		
Mailing Address c/o Rober	rt C. McChesney					Other (speci	fy) <b>▼</b>	
City		State	ZIP Code			[V] 5		
North Platte		NE	69103-12	.69 		X Personal F	unds of the	Candidate
Original Amount of Loan		Cumulative P	ayment To D	ate	Bala	nce Outstanding a	t Close of	This Period
	2000.00	2		1611.8			3	88.20
TERMS Date Incur	red		Date Due		Interest Rate (If none, enter		Secure	d:
M M / D D /	2014	M M / D	° / Y ;	lone Y	0.0		Ye	s X No
List All Endorsers or Gu	<del></del>	to Loan Source					•	
1. Full Name (Last, First,	, Middle Initial)			Name of Em	nployer			
Mailing Address	<del> </del>	<del></del>		Occupation				
				Amount				
City	State	ZIP Code	1	Guaranteed Outstanding	: L			
2. Full Name (Last, First,	Middle Initial)			Name of Em	nployer		· · · · · · · · · · · · · · · · · · ·	
Mailing Address				Occupation				
				Amount			2 2 1	
City	State	ZIP Code		Guaranteed Outstanding	. L	_n		
3. Full Name (Last, First,	Middle Initial)	<del></del>		Name of En	nployer			u-
Mailing Address	· · · · · · · · · · · · · · · · · · ·		- 1	Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding	. <b>L</b>	nttn		
4. Full Name (Last, First,	Middle Initial)	I		Name of En	nployer	<del></del>	, <del></del>	
Mailing Address				Occupation	<del></del>		<del></del>	
	·			Amount				
City	State	ZIP Code	l l	Guaranteed Outstanding		<u></u>		
SUBTOTALS This Period Th		···					2)3	88.20
TOTALS This Period (last pa							<u> </u>	<u>~_l</u>
Carry outstanding balance (	only to LINE 3 So	hadula D. for H	hie lina If 🖘	Sahadula	D carry form	uard to appropria	to line of C	limmon.

	CHEDULE C (FEC Form DANS	3)		Use separate schedule for each category of the Detailed Summary Page	the (check only one) X 13a				
NA	AME OF COMMITTEE (In Full)  Bart McLeay for U.S.	Senat	e, Inc.						
LOAN SOURCE Full Name (Last, First, Middle Initial)  Bartholomew McLeay  Mailing Address c/o Robert C. McChesney				☐ Memo Item	Election:    X   Primary     General     Other (specify)				
	PO Box 1269 City North Platte		State NE	ZIP Cod 69103-1		X Personal Funds of the Candidate			
	Original Amount of Loan Cumulative Payment To			yment To (	Oate Bala	ance Outstanding at Close of This Period			
TERMS Date Incurred Date Due				/ <b>Y</b>					
	List All Endorsers or Guarantors  1. Full Name (Last, First, Middle In		o Loan Source		Name of Employer				
Mailing Address					Occupation				
	City	State	ZIP Code		Guaranteed Outstanding:	9-1-9-1-0-1-0			
2. Full Name (Last, First, Middle Initial)					Name of Employer				
	Mailing Address		,	-	Occupation				
	City	State	ZIP Code		Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)	. ·		Name of Employer  Occupation				
	Mailing Address	-							
	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)								
	OTALS This Period (last page in this		<del>-</del>		<u> </u>				
-	Carry outstanding balance only to LII	NE 3, Sch	hedule D, for this	s line. If n	o Schedule D, carry for	ward to appropriate line of Summary.			

CHEDULE C (FEC Form 3)  DANS		Use separate sche for each category of Detailed Summary	of the (check only one) X 13a
AME OF COMMITTEE (in Full)  Bart McLeay for U.S. S			
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)	☐ Memo It	
Bartholomew McLeay		·	X Primary General
Mailing Address c/o Robert C. McChest PO Box 1269	ney		Other (specify)
City North Platte	State NE	ZIP Code 69103-1269	X Personal Funds of the Candidate
Original Amount of Loan		Payment To Date	Balance Outstanding at Close of This Perio
TERMS Date Incurred		Date Due Interest I	
08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D	(If none, e	0.00 (apr) Yes X No
List All Endorsers or Guarantors (if  1. Full Name (Last, First, Middle Initi		Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	11)	Name of Employer	****
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	તાં)	Name of Employer	······································
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option of the page in this li			300.00

SCHEDULE C	(FEC	Form	3)
LOANS			

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

FOR LINE NUMBER: (check only one)

PAGE

10 OF

X 13a

				Detailed &	Summary Page			13b
AME OF COMMITTEE (In Full)								
Bart McLeay for	U.S. Senat	e, Inc.						
LOAN SOURCE Full Name	(Last, First, Mic	idle Initial)		· []	Memo Item	Election:		
Bartholomew McLeay						X Primary General		
Mailing Address c/o Robert C PO Box 126	C. McChesney					Other (specify	v) <b>▼</b>	
City	<del></del>	State	ZIP Code	e	.	∇ 5		
North Platte		NE	69103-1	269		X Personal Fur	nds of the Ca	nuidate
Original Amount of Loan		Cumulative Pa	yment To D	Date	Balanc	ce Outstanding at	Close of This	Period
	1,000.00			0.00			1,000.	
TERMS Date incurred	I	ı	Date Due		Interest Rate (If none, enter 0	<del></del>	Secured:	
M M / D D / Y	ž016 Y	M M / D C		y w y y None	0.00	) % (apr)	Yes [	X No
List All Endorsers or Guard	antors (if any) t	o Loan Source						
Full Name (Last, First, M.)				Name of Em	ployer	· · · · · · · · · · · · · · · · · · ·		
Mailing Address				Occupation	<del></del>			
			-	Amount		<del></del>	~ ~ ~	9
City	State	ZIP Code		Guaranteed Outstanding:		<u> </u>	<u>-</u> И (Ф. 18	
2. Full Name (Last, First, Mi	iddle Initial)			Name of Em	ployer			
Mailing Address				Occupation				-
	ı			Amount		<del>~ • • • •</del>	V V V	1
City	State	ZIP Code		Guaranteed Outstanding:	<u> </u>	)		<u> </u>
3. Full Name (Last, First, Mi	iddle Initial)			Name of Em	ıployer			
Mailing Address			+	Occupation	<del></del>			
	т			Amount		<del>2                                    </del>	<del>2 0 2</del>	1
City	State	ZIP Code		Guaranteed Outstanding:		7	<u>,                                    </u>	1
4. Full Name (Last, First, M	iddle Initial)			Name of Em	ployer		<del>-</del>	
Mailing Address				Occupation				
	,			Amount				 ì
City	State	ZIP Code		Guaranteed Outstanding:		<u></u>	<u>* /\                                   </u>	]
					·		\$ 0 0 0	
SUBTOTALS This Period This	Page (optional)		······································				1,000.	00
TOTALS This Period (last page	in this line onl	y)			··· <b>.</b>		7 <u> </u>	
Carry outstanding balance on	v to LINE 3 So	hedule D. for th	is line If s	o Schedulo	D. carry forwa	rd to appropriet	e line of Sum	manı
valuations valative VIII	7 IV LIITE J. JU	nousie D. IVI III:	is mic. II N	· Juliedille ·	D. COLLY IOLWS	THE TO ADDITION THE	e mie di Salli	mudf V.

SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s for each category of the Detailed Summary Page	(check only one) X 13a		
NAME OF COMMITTEE (In Full)  Bart McLeay for U.S. Ser	nate, Inc.					
LOAN SOURCE Full Name (Last, First,	Middle Initial)		☐ Memo Item	Election:		
Bartholomew McLeay				X Primary General		
Mailing Address c/o Robert C. McChesney PO Box 1269	,			Other (specify)		
City North Platte	State NE	ZIP Code 69103-12		X Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	yment To Da	ate Balan	ce Outstanding at Close of This Period		
TERMS Date Incurred  M 01 / 10 / Y 2017  List All Endorsers or Guarantors (if an	M M / D D		lone 0.00			
Full Name (Last, First, Middle Initial)     Mailing Address			lame of Employer			
			mount	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	·	1	lame of Employer			
Mailing Address			Occupation			
City	e ZIP Code	<del></del>	Amount Guaranteed Dutstanding:			
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation			
City	e ZIP Code		Amount Guaranteed Dutstanding:	<u></u>		
4. Full Name (Last, First, Middle Initial)		١	Name of Employer	······································		
Mailing Address		(	Occupation			
City	e ZIP Code		Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option				1,000.00		
Carry outstanding balance only to LINE 3,	Schedule D. for this	is line. If no	Schedule D, carry forwa	ard to appropriate line of Summary.		

### SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

PAGE 12 OF 12 FOR LINE NUMBER: (check only one)

X 13a

		Detailed Summary Page	13b
NAME OF COMMITTEE (In Full)  Bart McLeay for U.S. Sei	nate, Inc.		
LOAN SOURCE Full Name (Last, First, Bartholomew McLeay	Middle Initial)	Memo Item Election:  X Primary General	
Mailing Address c/o Robert C. McChesney PO Box 1269		Other (specify) ▼	
City North Platte	State NE	ZIP Code 69103-1269  X Personal Funds of the	e Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of	f This Perio
TERMS Date Incurred	<b>!                                   </b>	Date Due Interest Rate Secur	
05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D C	/ <b>~~~~</b>	es X No
List All Endorsers or Guarantors (if an	y) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
		Amount	<del></del>
City	e ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	nal)		000.00
TOTALS This Period (last page in this line	only)	151,	688.20
Carry outstanding balance only to LINE 3,	Schedule D, for the	s line. If no Schedule D, carry forward to appropriate line of	Summary.

FIRST-CLASS MAIL

\$07.62

ZIP 69101 011D10634465

10/15/2018 US POSTAGE

Haster

FIRST CLASS MAIL

FEDERAL ELECTION COMMISSION 1050 FIRST STREET, N.E. WASHINGTON, DC 20463

2018-10-22-03-0024

HESNEY

EHORN RTIN

nts & Consultants

### Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified 10-15-18 Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10-22-18

DATE PREPARED