

**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, 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

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 00547406

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NE

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

M M / D D / Y Y Y Y

07 / 01 / 2018

through

M M / D D / Y Y Y Y

09 / 30 / 2018

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

Robert McChesney

Date

M M / D D / Y Y Y Y

10 / 10 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 05/2016)

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 / D D / Y Y Y Y
 07 / 01 / 2018

To:

 M M / D D / Y Y Y Y
 09 / 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
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)	1804.39	
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)	151688.20	

For further information contact:

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

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

2018-10-24 00:24:11

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2018

To:

MM / DD / YYYY
09 / 30 / 2018

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

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

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)

0.00

0.00

2018-10-22 10:00 AM

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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
(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.....

1804.39

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

0.00

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

1804.39

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).....

1804.39

2018-10-22 AM 00:00:14

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 5 OF 12

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)

☐ Memo Item

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Bartholomew McLeay

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

City
North Platte

State
NE

ZIP Code
69103-1269

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07

D 03

Y Y Y Y
2014

M M

D D

Y Y Y Y
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:

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).....▶

50000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 6 OF 12

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

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

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

City
North Platte

State
NE

ZIP Code
69103-1269

☒ Personal Funds of the Candidate

Original Amount of Loan

48000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

48000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 29 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate
(If none, enter 0)

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).....▶

48000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 7 OF 12

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)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Bartholomew McLeay

Mailing Address

c/o Robert C. McChesney
PO Box 1269

City

North Platte

State

NE

ZIP Code

69103-1269

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

1611.80

Balance Outstanding at Close of This Period

388.20

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07

D 14

Y Y Y Y
2014

M M

D D

Y Y Y Y
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:

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).....▶

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

PAGE 8 OF 12

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)

☐ Memo Item

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Bartholomew McLeay

Mailing Address

c/o Robert C. McChesney
PO Box 1269

City

North Platte

State

NE

ZIP Code

69103-1269

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 07 / 2014

M M / D D / Y Y Y Y

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:

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).....

50000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 9 OF 12

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

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

c/o Robert C. McChesney
PO Box 1269

City

North Platte

State

NE

ZIP Code

69103-1269

☒ Personal Funds of the Candidate

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
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y Y
08 / 17 / 2015

M M / D D / Y Y Y Y Y
None

M M / D D / Y Y Y Y Y
None

M M / D D / Y Y Y Y Y
None

M M / D D / Y Y Y Y Y
None

M M / D D / Y Y Y Y Y
None

0.00 % (apr)

% (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:

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)..... ➤

300.00

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.

2018-10-22 00:00:00

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 10 OF 12

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)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Bartholomew McLeay

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

City
North Platte

State
NE

ZIP Code
69103-1269

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1,000.00

0.00

1,000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

M M / D D / Y Y Y Y
11 / 21 / 2016

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:

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).....▶

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.

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 11 OF 12

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

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

c/o Robert C. McChesney
PO Box 1269

City

North Platte

State

NE

ZIP Code

69103-1269

☒ Personal Funds of the Candidate

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

Date Due

Interest Rate
(If none, enter 0)

Secured:

MM
01

DD
10

YYYY
2017

MM
MM

DD
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:

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).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 12 OF 12

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)

☐ Memo Item

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

☒ Personal Funds of the Candidate

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

M M / D D / Y Y Y Y
05 / 25 / 2017

Date Due

M M / D D / Y Y Y Y
None

Interest Rate
(If none, enter 0)

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).....▶

1,000.00

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

151,688.20

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

CHESNEY
RTIN
EHORN

nts & Consultants



7017 1450 0002 0599 6266

FIRST CLASS MAIL

Hasler

10/15/2018

US POSTAGE

FIRST-CLASS MAIL

\$07.62⁰

ZIP 69101


011D10634465



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

RECEIVED
FEC MAIL CENTER
2018 OCT 22 PM 12:35

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-15-18
<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"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	10-22-18 DATE PREPARED

(3/2015)

2018-10-22 09:41:14