

#### DOUG MAGEE FOR CONGRESS COMMITTEE **Democrat Congress Third District** 3040 Fairway Drive Brandon, Mississippi 39047

RECEIVED

November 14, 2014

- A B - T YFEG-MAIL CENTER

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

RE:

Douglas MacArthur (Doug) Magee for Congress

Quarterly Filing

Dear Sir/Madam:

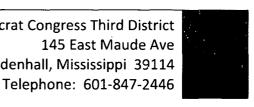
Enclosed on behalf of Douglas MacArthur Magee, please find an executed Form 5 regarding the quarterly filing requirement for July 1, 2014 through September 30, 2014. Please accept this quarterly report and file as appropriate with the Federal Election Commission.

Thank you for your attention to this matter. Should you have any questions or need additional information, please do not hesitate to contact us at the address and telephone number listed on the footer of this letter.

CAN TENEDON MARKET

Very truly yours,

DOUG MAGEE FOR CONGRESS COMMITTEE



## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)	7類以 NOV Ot AV A
(a) Name of Individual, Organization or Corporation	_7844 NOV 24 AM 9: 30
	FEC MAIL CENTER
Doug Mayee For Congress Comm: Hee	
(b) Address (number and street) check if different than previously reported	
3040 Fairway Drive	
(c) City, State and ZIP Code	3. FEC Identification Number
Boardon Ms 39047	
2. Occupation and Name of Employer (for Individual Filers Only)	-  C
,	·
A TYPE OF PEROPY (the decreased the house)	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	
July 15 Quarterly Report	
October 15 Quarterly Report 48-Hour Report	
☐ January 31 Year-End Report	
Listanuary of Tear-Life Neport	
b) Is this Report an amendment? No Yes, it amends the report filed on  5. COVERING PERIOD:  FROM 0 7 0 1 2 0 1 4  THROUGH 0 9 3 0 2 0 1 4	
6. TOTAL CONTRIBUTIONS	, , ,
	,
7. TOTAL INDEPENDENT EXPENDITURES	, , , , , ,
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	on, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
J.M. Boyles, Treasurer J. M. BA	S / 10-18t 111
NOTE: Submission of false, erroneous or irronmolete information may subject the person signing this report	to the population of 2 LLS C. 64270

# SCHEDULE 5-A ITEMIZED RECEIPTS

ITEMIZED RECEIPTS			PAGE OF
Any information copied from such Reports or for commercial purposes, other than using	and Statements ma	ly not be sold or used by	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF FILER (In Full)	ir Congre		
A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address	<del> </del>		M M ; D D ; Y Y Y Y
City	State	Zip Code	
	<u> </u>	_ <del></del> _	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	·	, , ,
Name of Employer	,	Oc	ccupation
B. Full Name (Last, First, Middle Initial)			
Mailing Address			Date of Receipt
		7's Ords	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		, 1
Name of Employer		Oc	cupation
C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address	<u> </u>	<del>-</del>	M M / D D / Y Y Y
City	State	Zip Code	
FEC ID number of contributing	· _		Amount of Each Receipt this Period
federal political committee.	С	•	, 1 y . 1
Name of Employer		Oc	cupation
D. Full Name (Last, First, Middle Initial)			
Mailing Address			Date of Receipt
City	State	Zip Code	
		<u> </u>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	•	, ,
Name of Employer	<del></del> .	Oc	ccupation
SUBTOTAL of Receipts This Page (option	al)		
			, , , , U
TOTAL This Period (last page carry total t	o Line 6)		······································

CHEDULE 5-E EMIZED INDEPENDENT EXPENDITURES			AGE OF OR LINE 7 OF FORM 5
ME OF FILER (In Full)		<u></u>	
Doug Magee For Congress	Comm; Hee		•
Full Name (Last, First, Middle Initial) of Payee		Date of Public D	Distribution/Dissemination
		М М і	O D / Y Y Y Y
Mailing Address		Amount	
City State	Zip Code	3	. ,
Purpose of Expenditure	Category/ Type	Office Sought:	House State:
Name of Federal Candidate Supported or Opposed by Exp	penditure:	Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought	3	Disbursement For: Other (spec	
Full Name (Last, First, Middle Initial) of Payee			Distribution/Dissemination
			D 0 7 Y Y Y
Mailing Address		Amount	
City State	Zip Code	3	. •
Purpose of Expenditure	Category/ Type	Office Sought:	House State: Senate District:
Name of Federal Candidate Supported or Opposed by Ex	penditure:	Check One:	President Support Oppose
Calendar Year-To-Date Per Election- for Office Sought	, -	Disbursement For: Other (spec	Primary General
Full Name (Last, First, Middle Initial) of Payee			Distribution/Dissemination
Mailing Address			
City State	Zip Code	Amount	y ,
Purpose of Expenditure	Category/ Type	Office Sought:	House State:
Name of Federal Candidate Supported or Opposed by Ex	penditure:	Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought ,	3	Disbursement For:	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		······································	, . 0
(b) SUBTOTAL of Unitemized Independent Expenditures	·	············•	, . 0
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)		···············•	, . 0

A Mississippi Licensed Mortgage Company

436 Katherine Drive, #300 | Flowood, MS 39232

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Federal Election Convission 999 E. Street, NW Washington

FEC MAIL CENTE

(8/2013)

## **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 Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified 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): **PREPARER** DATE PREPARED