

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

RECEIVED

NOV 24 AM 9:30

November 14, 2014

REG-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.

Very truly yours,

DOUG MAGEE FOR CONGRESS COMMITTEE

DOUG MAGEE | Democrat Congress Third District
145 East Maude Ave
Mendenhall, Mississippi 39114
Telephone: 601-847-2446

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

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1. (a) Name of Individual, Organization or Corporation Doug Magee For Congress Commi Hee		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3040 Fairway Drive		
(c) City, State and ZIP Code Brandon MS 39047		
2. Occupation and Name of Employer (for Individual Filers Only)		

11/24/14 11:15 AM

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on _____

5. COVERING PERIOD:

FROM ^{M M} 07 ^{D D} 01 ^{Y Y Y Y} 2014

THROUGH ^{M M} 09 ^{D D} 30 ^{Y Y Y Y} 2014

6. TOTAL CONTRIBUTIONS..... , , . 0

7. TOTAL INDEPENDENT EXPENDITURES , , . 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<u>J.M. Boyles, Treasurer</u>	<u>J.M. Boyles</u>	<u>10-11-14</u>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Doug Magee For Congress Committee

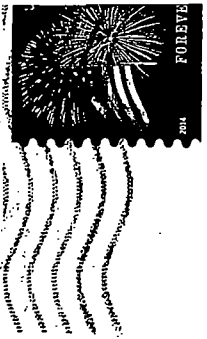
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address		Amount \$, .
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address		Amount \$, .
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address		Amount \$, .
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(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

11-11-11 11:11:11



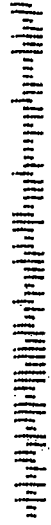
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03411 1411 1001 JACKSON MS 39201

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999 E. Street, NW
Washington, DC 20463



20463



FIDELITY
MORTGAGE, LLC

A Mississippi Licensed Mortgage Company

436 Katherine Drive, #300 | Flowood, MS 39232

