

**FEC FORM 3**

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

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

17 FEB -3 AM 10:23  
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

2. FEC IDENTIFICATION NUMBER ▼

C 00547406

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

through

M M /

D D /

Y Y Y Y

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 CPA*

Date

M M /

D D /

Y Y Y Y

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)

201702030200058407

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Bart McLeay for U.S. Senate, Inc.**

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2016

To:

MM / DD / YYYY  
12 / 31 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	542.71	542.71
(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)) ...	542.71	542.71
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	657.29	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	149,688.20	

**For further information contact:**

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

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

201702030200058408

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From: 

M M M	/	D D D	/	Y Y Y Y Y
10		01		2016

 To: 

M M M	/	D D D	/	Y Y Y Y Y
12		31		2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	1,000.00	1,000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	1,000.00	1,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	1,000.00	1,000.00

201702030200058409

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	542.71	542.71
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) ►	542.71	542.71

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	200.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1,000.00
25. SUBTOTAL (add Line 23 and Line 24)...	1,200.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	542.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	657.29

201702030200058410

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

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

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

Election:

Primary  
 General  
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

Original Amount of Loan 50000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 50000.00

**TERMS**

Date Incurred 07 / 03 / 2014 Date Due None Interest Rate 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)... 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.

201702030200058411

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

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

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

Election:

Primary  
 General  
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
48000.00	0.00	48000.00

**TERMS**

Date Incurred: MM/04 / DD/29 / YYYY/2014  
Date Due: MM / DD / YYYY / None  
Interest Rate: 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.

201702030200058412

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

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

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

Election:

Primary  
 General  
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	1611.80	388.20

**TERMS**

Date Incurred: MM/07 / DD/14 / YY/2014  
Date Due: MM / DD / YY None  
Interest Rate: 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)..... ▶ 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.

201702030200058413

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

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**

Election:

Primary  
 General  
 Other (specify) ▼

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

City State ZIP Code  
**North Platte NE 69103-1269**

Original Amount of Loan <b>50000.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>50000.00</b>
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**TERMS**

Date Incurred MM / DD / YYYY <b>05 / 07 / 2014</b>	Date Due MM / DD / YYYY <b>None</b>	Interest Rate <b>0.00</b> % (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: <b>0.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>

SUBTOTALS This Period This Page (optional).....	<b>50000.00</b>
TOTALS This Period (last page in this line only) ..	<b>50000.00</b>

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

201702030200058414



**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 9 OF 10

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**

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

Election:  
 Primary  
 General  
 Other (specify) ▼

City North Platte State NE ZIP Code 69103-1269

Original Amount of Loan **300.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **300.00**

**TERMS**

Date Incurred **MM / DD / YYYY** **08 / 17 / 2015** Date Due **MM / DD / YYYY** **None** Interest Rate **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: <b>0.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>

**SUBTOTALS** This Period This Page (optional)... **300.00**

**TOTALS** This Period (last page in this line only) .. **300.00**

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

201702030200058415

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

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

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

Election:

Primary  
 General  
 Other (specify) ▼

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

City North Platte State NE ZIP Code 69103-1269

Original Amount of Loan 1,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,000.00
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**TERMS**

Date Incurred: MM/DD/YYYY (11/21/2016) Date Due: MM/DD/YYYY (None) Interest Rate: 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) ..

149,688.20

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

201702030200058416

**CERTIFIED MAIL**



**MCCHESNEY  
MARTIN  
SAGEHORN  
PC**

Certified Public Accountants & Consultants



7025 3430 0000 8567 2535

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WASHINGTON, DC 20013-7578

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

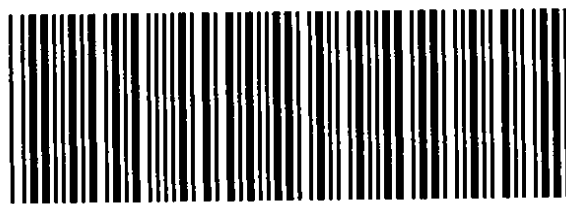
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FAX \_\_\_\_\_  
Date of Receipt

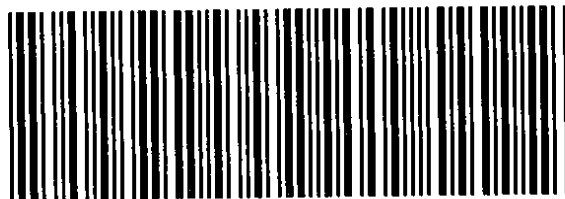
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-3-17

201702030200058418



SEN PATCH



SEN PATCH

201702030200058419