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Office Use Only

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Bart McLeay for U.S. Senate, Inc.

ADDRESS (number and street)

P.O. Box 540788

Check if different than previously reported. (ACC)

Omaha

NE

68154

2. FEC IDENTIFICATION NUMBER

C 00547406

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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 C McCHESNEY, CPA

Signature of Treasurer *Robert C Mc Chesney*

Date 07 / 08 / 2014

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									
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FEC FORM 3 (Revised 02/2003)

14020453622

**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  
04 / 24 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

	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)) ...	23191.66	564597.95
(b) Total Contribution Refunds (from Line 20(d)) ..	85583.96	85833.96
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	-62392.30	478763.99
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	163137.13	628095.92
(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)) ...	163137.13	628095.92
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	685.98	
<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>	150000.00	

**For further information contact:**

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

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

14020453623

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 64

Write or Type Committee Name

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

Report Covering the Period: From:

MM / DD / YYYY  
04 / 24 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

**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) ...

20726.66

508442.27

(ii) Unitemized .....

2465.00

44555.68

(iii) TOTAL of contributions from individuals .

23191.66

552997.95

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ...

0.00

11600.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

23191.66

564597.95

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

98000.00

150000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

98000.00

150000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

17.91

17.91

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

121209.57

714615.86

14020453624

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	163137.13	628095.92
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 ...	85583.96	85833.96
(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))...	85583.96	85833.96
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	248721.09	713929.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	128197.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	121209.57
25. SUBTOTAL (add Line 23 and Line 24)...	249407.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	248721.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	685.98

14020453625

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Les Baledge**

Mailing Address **668 N Sequoyah Drive**

City **Fayetteville** State **AR** Zip Code **72701-3648**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 /  /   
**04 / 25 / 2014**

Transaction ID : **AAB49F4FE0DEE44B0B9F**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**David M Barnes**

Mailing Address **1311 S 9th St**

City **Omaha** State **NE** Zip Code **68108-3629**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Grace University** Occupation **President**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 /  /   
**05 / 12 / 2014**

Transaction ID : **AEA52FB531179488DB0D**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Philip M Cahoy**

Mailing Address **83 Ponderosa Dr**

City **Grand Island** State **NE** Zip Code **68803-9673**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**569.60**

Date of Receipt  
 /  /   
**05 / 05 / 2014**

Transaction ID : **A612107FB05814677907**

Amount of Each Receipt this Period  
**319.60**

In-kind:

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1569.60**

14020453626

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 64

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin J Dostal			Date of Receipt MM / DD / YYYY 05 / 05 / 2014		
Mailing Address 4830 S 106th Cir			<b>Transaction ID : ABE19851F4CED4DB98A2</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Omaha	NE	68127-1905	500.00		
FEC ID number of contributing federal political committee.		C	Name of Employer Locher Pavelka Law		
Name of Employer Locher Pavelka Law		Occupation Attorney	Election Cycle-to-Date 2500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>B.</b> Full Name (Last, First, Middle Initial) Kevin J Dostal			Date of Receipt MM / DD / YYYY 05 / 05 / 2014		
Mailing Address 4830 S 106th Cir			<b>Transaction ID : A2653E62D4E114E95B48</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Omaha	NE	68127-1905	-250.00		
FEC ID number of contributing federal political committee.		C	Name of Employer Locher Pavelka Law		
Name of Employer Locher Pavelka Law		Occupation Attorney	Election Cycle-to-Date 2500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Reattribution to spouse <b>[MEMO ITEM]</b>			

<b>C.</b> Full Name (Last, First, Middle Initial) Patricia A Dostal			Date of Receipt MM / DD / YYYY 05 / 05 / 2014		
Mailing Address 4830 S 106th Cir			<b>Transaction ID : A3EAF6C947A6F4228A64</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Omaha	NE	68127-1905	250.00		
FEC ID number of contributing federal political committee.		C	Name of Employer Homemaker		
Name of Employer Homemaker		Occupation Homemaker	Election Cycle-to-Date 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Reattribution from spouse <b>[MEMO ITEM]</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453627

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 64

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT DRESSEN**

Mailing Address 1901 Wood Bridge Circle

City Papillion State NE Zip Code 68046-3425

FEC ID number of contributing federal political committee. **C**

Name of Employer THOMPSON DRESSEN AND DORNER Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : A22055BBA881E45458D6

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark F Duren**

Mailing Address 11725 N 172nd Cir

City Bennington State NE Zip Code 68007-5739

FEC ID number of contributing federal political committee. **C**

Name of Employer Lutz & Company Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2014

Transaction ID : AC8C45857C7D64C41BED

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**William H Fleming**

Mailing Address 17850 S Reflection Ave

City Bennington State NE Zip Code 68007-5727

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3250.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2014

Transaction ID : AA8323F16B966423C96A

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

14020453628

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/>
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**John A Gale**

Mailing Address 925 S 51st St

City Lincoln State NE Zip Code 68510-3824

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF NEBRASKA Occupation Secretary of State

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 950.00

Date of Receipt 05 / 05 / 2014  
Transaction ID : A59CE4016F4744623ADD

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Gerding**

Mailing Address 9851 E Piedra

City Scottsdale State AZ Zip Code 85255-9234

FEC ID number of contributing federal political committee. **C**

Name of Employer Kutak Rock Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 04 / 29 / 2014  
Transaction ID : AF83F3AD63F4C4872AB4

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Gottschalk**

Mailing Address 660 Fairwood Lane

City Omaha State NE Zip Code 68132-1839

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL INDEMNITY COMPANY Occupation VICE PRESIDENMT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 05 / 07 / 2014  
Transaction ID : AF36D6F94CDC441BE81A

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 1450.00

**TOTAL** This Period (last page this line number only).....

14020453629



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**John M Hemmer**

Mailing Address 3014 Puritan Ave

City Lincoln State NE Zip Code 68502-4228

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 05 / 29 / 2014

Transaction ID : **AB6CED73F8432402FAAF**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John M Hemmer**

Mailing Address 3014 Puritan Ave

City Lincoln State NE Zip Code 68502-4228

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 05 / 29 / 2014

Transaction ID : **AA4B153C272E64032869**

Amount of Each Receipt this Period  
 -1000.00

Reattribution to spouse  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Robert P Horgan**

Mailing Address 13415 Eagle Run Dr

City Omaha State NE Zip Code 68164-2479

FEC ID number of contributing federal political committee. **C**

Name of Employer Horgan Development Company Occupation Developer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2550.06

Date of Receipt  
 04 / 30 / 2014

Transaction ID : **A9C786EA22FB44C048FA**

Amount of Each Receipt this Period  
 1350.06

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2350.06

14020453630

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph E Kean**

Mailing Address **6631 E Shore Dr**

City **Lincoln** State **NE** Zip Code **68516-3960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Real Estate Broker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **775.00**

Date of Receipt **05 / 28 / 2014**

Transaction ID : **A6A51A77AB3444DE496C**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
**T Edward Kizer**

Mailing Address **3415 N 143rd Cir**

City **Omaha** State **NE** Zip Code **68164-5420**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Central States** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt **05 / 07 / 2014**

Transaction ID : **AA2EA13FB97BD442591C**

Amount of Each Receipt this Period **1400.00**

**C.** Full Name (Last, First, Middle Initial)  
**T Edward Kizer**

Mailing Address **3415 N 143rd Cir**

City **Omaha** State **NE** Zip Code **68164-5420**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Central States** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt **05 / 07 / 2014**

Transaction ID : **A1C02BC1B982D4354B41**

Amount of Each Receipt this Period **200.00**

Redesignation from Primary  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

**TOTAL** This Period (last page this line number only).....

14020453631

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**T Edward Kizer**

Mailing Address 3415 N 143rd Cir

City Omaha State NE Zip Code 68164-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Central States Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2800.00

Date of Receipt 05 / 07 / 2014  
Transaction ID : A7F9E4AECA4EA43F9815

Amount of Each Receipt this Period -200.00  
Redesignation to General  
[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE J KUBAT**

Mailing Address 4949 30th Street

City Omaha State NE Zip Code 68107-1553

FEC ID number of contributing federal political committee. **C**

Name of Employer PHILLIPS MANUFACTURING COMPANY Occupation PRESIDENT/CEO-CPA

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 04 / 28 / 2014  
Transaction ID : A98535CAD9EE749988DE

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven J Kutilek**

Mailing Address 9506 Douglas St

City Omaha State NE Zip Code 68114-3840

FEC ID number of contributing federal political committee. **C**

Name of Employer Customer Service Porfiles LLC Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 05 / 11 / 2014  
Transaction ID : A2CCE3487D4D04F6A88F

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... 1250.00

**TOTAL** This Period (last page this line number only).....

14020453632

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Greg N Lindberg**

Mailing Address 17305 Harney St

City Omaha State NE Zip Code 68118-3032

FEC ID number of contributing federal political committee. **C**

Name of Employer Absolutely Fresh Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 482.00

Date of Receipt 04 / 24 / 2014  
 Transaction ID : A0C1B72F7B1F240019CE  
 Amount of Each Receipt this Period 482.00  
 In-kind: Food/beverage expense for even

**B.** Full Name (Last, First, Middle Initial)  
**David H Maenner**

Mailing Address 14114 Eagle Run Dr

City Omaha State NE Zip Code 68164-5421

FEC ID number of contributing federal political committee. **C**

Name of Employer CBRE/Mega Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt 06 / 01 / 2014  
 Transaction ID : ADF8DF3AFC246482092C  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joan C McGill**

Mailing Address 1721 N 127th St

City Omaha State NE Zip Code 68154-3639

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 05 / 06 / 2014  
 Transaction ID : A173A419EDC684B8E870  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 832.00

**TOTAL** This Period (last page this line number only).....

14020453633

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**David C McKinnis**

Mailing Address 10419 County Road 29

City Blair State NE Zip Code 68008-6184

FEC ID number of contributing federal political committee. **C**

Name of Employer McKinnis Construction & Roofing Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 05 / 07 / 2014

Transaction ID : A7F1AB487A405418F9A6

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**David C McKinnis**

Mailing Address 10419 County Road 29

City Blair State NE Zip Code 68008-6184

FEC ID number of contributing federal political committee. **C**

Name of Employer McKinnis Construction & Roofing Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 05 / 07 / 2014

Transaction ID : A7A965F47B1D04126A05

Amount of Each Receipt this Period  
 -1000.00

Reattribution to spouse  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Kathy M McKinnis**

Mailing Address 10419 County Road 29

City Blair State NE Zip Code 68008-6184

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 05 / 07 / 2014

Transaction ID : A751A832AA8AB4CB7B3D

Amount of Each Receipt this Period  
 1000.00

Reattribution from spouse  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

14020453634

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Scott McPheeters**

Mailing Address 26118 S McNickle Rd

City Gothenburg State NE Zip Code 69138-9365

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY  
 04 / 24 / 2014

Transaction ID : AC494B9CC67114237985

Amount of Each Receipt this Period  
 1000.00

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas M Mulligan**

Mailing Address 12311 Charles St

City Omaha State NE Zip Code 68154-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY  
 05 / 12 / 2014

Transaction ID : A8616FDA229134CA28DC

Amount of Each Receipt this Period  
 250.00

350.00

**C.** Full Name (Last, First, Middle Initial)  
**John M Northrop**

Mailing Address 2430 N Elm Ave

City Hastings State NE Zip Code 68901-7336

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHROP ENTERPRISES, LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY  
 05 / 06 / 2014

Transaction ID : A3A74C2A993FB4D9F86C

Amount of Each Receipt this Period  
 100.00

525.00

**SUBTOTAL** of Receipts This Page (optional)..... 1350.00

**TOTAL** This Period (last page this line number only).....

14020453635

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Judy L Oneill**

Mailing Address 615 Sequoia Ct

City North Platte State NE Zip Code 69101-4760

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY  
 05 / 09 / 2014

Transaction ID : **AF5987DF44CF7488BF4**

Amount of Each Receipt this Period  
 1000.00

Reattribution from spouse

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Dan O'Neill**

Mailing Address 615 Sequoia Ct

City North Platte State NE Zip Code 69101-4760

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
**KSAP, INC.** Convenience Store Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY  
 05 / 09 / 2014

Transaction ID : **A2BEC56CCE2124ED8AA5**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dan O'Neill**

Mailing Address 615 Sequoia Ct

City North Platte State NE Zip Code 69101-4760

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
**KSAP, INC.** Convenience Store Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY  
 05 / 09 / 2014

Transaction ID : **A68308C2C64664DD89EB**

Amount of Each Receipt this Period  
 -1000.00

Reattribution to spouse

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

14020453636

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Lorraine A Raphael**

Mailing Address 3014 Puritan Ave

City Lincoln State NE Zip Code 68502-4228

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 05 / 29 / 2014

Transaction ID : A331C02009D334EE8AA1

Amount of Each Receipt this Period 1000.00

Reattribution from spouse

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Patrick G Regan**

Mailing Address 3126 N 158th Plaza Cir

City Omaha State NE Zip Code 68116-8246

FEC ID number of contributing federal political committee. **C**

Name of Employer THE REGAN GROUP Occupation PRINCIPAL MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 550.00

Date of Receipt 05 / 07 / 2014

Transaction ID : A383CB8490C7044A3BFE

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joe Rogers**

Mailing Address 3306 S 169th Plaza

City Omaha State NE Zip Code 68130-1944

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 05 / 06 / 2014

Transaction ID : A53878D915E634C919CB

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 1250.00

**TOTAL** This Period (last page this line number only).....

14020453637



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Terence F Root**

Mailing Address **685 N 57th St**

City **Omaha** State **NE** Zip Code **68132-2031**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Colliers International** Occupation **Senior Associate**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**05 / 02 / 2014**

Transaction ID : **A379EB0A2BCE943C48CD**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Rose Ann Toner**

Mailing Address **3018 Bighorn Pl**

City **Grand Island** State **NE** Zip Code **68803-6541**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**05 / 02 / 2014**

Transaction ID : **A0511D47FD6534B92AF6**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES VACANTI**

Mailing Address **11205 John Galt Blvd**

City **Omaha** State **NE** Zip Code **68137-2319**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VACANTI & RANDAZZO CO.** Occupation **Executive**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**04 / 24 / 2014**

Transaction ID : **A7426E99A04C645B3A31**

Amount of Each Receipt this Period  
**1200.00**  
 In-kind: Office Rent

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1950.00**

14020453638

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 64  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Vacanti**

Mailing Address 11205 John Galt Blvd

City Omaha State NE Zip Code 68137-2319

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 04 / 24 / 2014

Transaction ID : **AAE57D0AFA97948BF89E**

Amount of Each Receipt this Period  
 2475.00

In-kind: Office Rent

**B.** Full Name (Last, First, Middle Initial)  
**Robert S Walker III**

Mailing Address 12005 N 179th St

City Bennington State NE Zip Code 68007-5722

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
 MAX I WALKER Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 05 / 05 / 2014

Transaction ID : **A900E0C20A7A34C72B19**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward G Warin**

Mailing Address 12426 Farnam St

City Omaha State NE Zip Code 68154-2333

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
 Kutak Rock Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 05 / 20 / 2014

Transaction ID : **A4054B05B128646898B0**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3225.00

20726.66

14020453639

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 64  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Bartholomew McLeay**

Mailing Address 12936 Burt St.

City Omaha State NE Zip Code 68154-4020

FEC ID number of contributing federal political committee. **C**

Name of Employer Kutak Rock Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 100000.00

Date of Receipt 04 / 29 / 2014  
Transaction ID : AEC309113360F40BD876

Amount of Each Receipt this Period 48000.00

**B.** Full Name (Last, First, Middle Initial)  
**Bartholomew McLeay**

Mailing Address 12936 Burt St.

City Omaha State NE Zip Code 68154-4020

FEC ID number of contributing federal political committee. **C**

Name of Employer Kutak Rock Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 150000.00

Date of Receipt 05 / 07 / 2014  
Transaction ID : A3BDD25F4E13649C19F3

Amount of Each Receipt this Period 50000.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... 98000.00

**TOTAL** This Period (last page this line number only)..... 98000.00

14020453640

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 64	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 7.95 Transaction ID : BE4C491ACB1B44094935
City Ft Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement Credit Card Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 416.82 Transaction ID : B5CE0981E30FE4BE4BF7
City Ft Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement Credit Card Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 7.95 Transaction ID : B3EF56392B35F4988BCF
City Ft Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement Credit Card Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	432.72
<b>TOTAL</b> This Period (last page this line number only).....	

14020453641

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 360001

City State Zip Code  
Ft Lauderdale FL 33336-0001

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 05 / 2014

Amount of Each Disbursement this Period  
42.51

Transaction ID : B2632841FCCC44418B9D

Category/Type

**B. Aristotle**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Ave.

City State Zip Code  
Washington DC 20003-1164

Purpose of Disbursement  
1 mo software lease expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 02 / 2014

Amount of Each Disbursement this Period  
1000.00

Transaction ID : B92C2EC3B1302428F89E

Category/Type

**C. Aristotle**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Ave.

City State Zip Code  
Washington DC 20003-1164

Purpose of Disbursement  
1 mo software lease expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 27 / 2014

Amount of Each Disbursement this Period  
1000.00

Transaction ID : B8C31D5D7A231428999E

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2042.51

14020453642

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Aristotle**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave.

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
1 mo software lease expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
1000.00

Transaction ID : B4BD963A1323C4E4C953

Category/Type

**B. Champions Run**

Full Name (Last, First, Middle Initial)

Mailing Address 13415 Eagle Run Dr.

City Omaha State NE Zip Code 68164-2479

Purpose of Disbursement  
Fundraising event expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2014

Amount of Each Disbursement this Period  
350.06

Transaction ID : BC3DEB2A42A2B41A0AA5

Category/Type

**C. Champions Run**

Full Name (Last, First, Middle Initial)

Mailing Address 13415 Eagle Run Dr.

City Omaha State NE Zip Code 68164-2479

Purpose of Disbursement  
Election Night event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 20 / 2014

Amount of Each Disbursement this Period  
807.09

Transaction ID : BA179DFC74870415085F

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2157.15

14020453643

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 23 OF 64  
(check only one)  
 17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Cinco de Mayo Omaha**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7816

City Omaha State NE Zip Code 68107-0816

Purpose of Disbursement Parade registration

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 29 / 2014

Amount of Each Disbursement this Period: 225.00

Transaction ID : BD98B0529FEB24DDEB5F

**B. Country Club of Lincoln**

Full Name (Last, First, Middle Initial)  
Mailing Address

City Lincoln State NE Zip Code 68502

Purpose of Disbursement Food/beverage expense for event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 474.43

Transaction ID : BD53EC8F0FF3B4477BC7

**C. Cox Business**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2742

City Omaha State NE Zip Code 68103-2742

Purpose of Disbursement Telephone & internet expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 403.51

Transaction ID : B473E4DA081CF40E1841

**SUBTOTAL** of Disbursements This Page (optional)..... 1102.94

**TOTAL** This Period (last page this line number only).....

14020453644

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 64

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)

**A. Cox Business**

Mailing Address PO Box 2742

City Omaha State NE Zip Code 68103-2742

Purpose of Disbursement  
Telephone & internet expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Amount of Each Disbursement this Period

501.09

Transaction ID : B3DCAD456850C450E9C1

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

Amount of Each Disbursement this Period

101.32

Transaction ID : B84FDAE4E2DFD40C6BCD

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2014

Amount of Each Disbursement this Period

52.79

Transaction ID : BD6A3FFACEBE045479E3

**SUBTOTAL** of Disbursements This Page (optional).....

655.20

**TOTAL** This Period (last page this line number only).....

14020453645



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 757.34 Transaction ID : <b>BD95460374C5F4849B1B</b>
City	State      Zip Code	
Purpose of Disbursement Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 751.62 Transaction ID : <b>BDF8DA662B0AC40DAA28</b>
City	State      Zip Code	
Purpose of Disbursement Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Facebook</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 734.05 Transaction ID : <b>B2213FC324C8E495B9D5</b>
City	State      Zip Code	
Purpose of Disbursement Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2243.01
<b>TOTAL</b> This Period (last page this line number only).....	

14020453646

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 64

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1600 Amphitheater		Amount of Each Disbursement this Period 40.29 Transaction ID : BF49516BE47F04CB1BCF
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Monthly fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:    District:

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1600 Amphitheater		Amount of Each Disbursement this Period 27.16 Transaction ID : B920600102A374FAEBAD
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Monthly fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:    District:

Full Name (Last, First, Middle Initial) <b>c. Hy-Vee</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 749 N 132nd St.		Amount of Each Disbursement this Period 8.55 Transaction ID : BEF13577D2BC0442B9B6 [MEMO ITEM]
City Omaha	State NE	
Zip Code 68154-4022	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:    District:

**SUBTOTAL** of Disbursements This Page (optional).....

67.45

**TOTAL** This Period (last page this line number only).....

14020453647

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 37941

City Hartford State CT Zip Code 06176-7941

Purpose of Disbursement  
Payroll tax deposit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 16 / 2014

Amount of Each Disbursement this Period  
2400.66

Transaction ID : BBB99625CD586405C80B

Category/Type

**B. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 37941

City Hartford State CT Zip Code 06176-7941

Purpose of Disbursement  
Payroll tax deposit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period  
4656.67

Transaction ID : BAC12FB2073B04CD9926

Category/Type

**C. Kinko's**

Full Name (Last, First, Middle Initial)  
Mailing Address 401 N 114th Street

City Omaha State NE Zip Code 68154-2518

Purpose of Disbursement  
Printing Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 24 / 2014

Amount of Each Disbursement this Period  
123.53

Transaction ID : B93046F5FFAAD4C2DA72

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7057.33

14020453648

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Modern Image (Grant Petruzzelli)</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 588 Archwood Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : B7A1FB17BD1A34F17996
City Brea	State CA	
Zip Code 92821-2707	Purpose of Disbursement Consulting-social media & web design	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. Moore Information, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2014
Mailing Address 2130 SW Jefferson St.		Amount of Each Disbursement this Period 1500.00 Transaction ID : B5E7D3F9B8BB94454AEC
City Portland	State OR	
Zip Code 97201-7709	Purpose of Disbursement Voter Survey	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 448 S Hill Street #200		Amount of Each Disbursement this Period 99.00 Transaction ID : B942E7FA2AE954D48996
City Los Angeles	State CA	
Zip Code 90013-1155	Purpose of Disbursement Credit Card Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2099.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453649

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Nebraska Department of Revenue</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 301 Centennial Mall S		Amount of Each Disbursement this Period 959.96 Transaction ID : B32951B9726BC422593B
City Lincoln	State NE Zip Code 68508-2529	
Purpose of Disbursement NE withholding taxes- 1st quarter	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nebraska Department of Revenue</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 301 Centennial Mall S		Amount of Each Disbursement this Period 997.94 Transaction ID : BA1BFD9EFC78C4003BD9
City Lincoln	State NE Zip Code 68508-2529	
Purpose of Disbursement NE withholding taxes- 2nd quarter	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Nebraska Workforce Development</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 105 E Norfolk Ave Suite 100		Amount of Each Disbursement this Period 343.66 Transaction ID : B19A72556D4694376837
City Lincoln	State NE Zip Code	
Purpose of Disbursement NE unemployment taxes -1st qtr	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2301.56
<b>TOTAL</b> This Period (last page this line number only).....	

14020453650

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 64

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 2809 S 125th Ave.

Date of Disbursement

MM	DD	YYYY
04	24	2014

City Omaha State NE Zip Code 68144-3872

Amount of Each Disbursement this Period

119.39
--------

Purpose of Disbursement  
Postage and supplies

Category/ Type
-------------------

Transaction ID : B6705CA5AFEAC4FA48BA

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 2809 S 125th Ave.

Date of Disbursement

MM	DD	YYYY
04	24	2014

City Omaha State NE Zip Code 68144-3872

Amount of Each Disbursement this Period

158.20
--------

Purpose of Disbursement  
Postage and supplies

Category/ Type
-------------------

Transaction ID : B44354F37CA9C4B8DBC0

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Office Depot**

Mailing Address 2809 S 125th Ave.

Date of Disbursement

MM	DD	YYYY
04	25	2014

City Omaha State NE Zip Code 68144-3872

Amount of Each Disbursement this Period

16.02
-------

Purpose of Disbursement  
office supplies

Category/ Type
-------------------

Transaction ID : BF7C8CB6179E3400BAAF

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

0.00
------

TOTAL This Period (last page this line number only).....

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14020453651

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 2809 S 125th Ave.

City Omaha State NE Zip Code 68144-3872

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2014

Amount of Each Disbursement this Period: 22.22

Transaction ID : BF6D8E998581D4CF79B0

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 2809 S 125th Ave

City Omaha State NE Zip Code 68144-3872

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2014

Amount of Each Disbursement this Period: 57.77

Transaction ID : BC7368F0174824BE1A5D

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. OPPD**

Mailing Address PO Box 3995

City Omaha State NE Zip Code 68103-0995

Purpose of Disbursement security deposit refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period: -43.30

Transaction ID : B3D96F870FF274F009CA

**SUBTOTAL** of Disbursements This Page (optional)..... -43.30

**TOTAL** This Period (last page this line number only).....

14020453652

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Petersen Printing**

Full Name (Last, First, Middle Initial)  
Mailing Address 4121 S 87th St.

City Omaha State NE Zip Code 68127-1601

Purpose of Disbursement  
Printing Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 28 / 2014

Amount of Each Disbursement this Period  
421.58

Transaction ID : BFC6DDDD40B09D4D38B38

Category/Type

**B. Phil Young Company**

Full Name (Last, First, Middle Initial)  
Mailing Address Suite 800

City Lincoln State NE Zip Code 68508

Purpose of Disbursement  
Consulting fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 11 / 2014

Amount of Each Disbursement this Period  
2500.00

Transaction ID : B5863E1185C3E4CA7B63

Category/Type

**C. Phil Young Company**

Full Name (Last, First, Middle Initial)  
Mailing Address Suite 800

City Lincoln State NE Zip Code 68508

Purpose of Disbursement  
Consulting fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 06 / 2014

Amount of Each Disbursement this Period  
1250.00

Transaction ID : B30DA1D91011348E7958

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 4171.58

**TOTAL** This Period (last page this line number only).....

14020453653



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)  
**A. Phil Young Company**

Mailing Address Suite 800

City Lincoln State NE Zip Code 68508

Purpose of Disbursement Consulting fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
1250.00

Transaction ID : B3DFF494974A048408DC

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Quality Press**

Mailing Address 3500 N 20th St.

City Lincoln State NE Zip Code 68521-1334

Purpose of Disbursement Printing Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 28 / 2014

Amount of Each Disbursement this Period  
1393.59

Transaction ID : B18E63B288B2A41BFA24

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Quality Press**

Mailing Address 3500 N 20th St.

City Lincoln State NE Zip Code 68521-1334

Purpose of Disbursement Printing Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 14 / 2014

Amount of Each Disbursement this Period  
850.37

Transaction ID : BE43F31965EF24FEB966

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 3493.96

**TOTAL** This Period (last page this line number only).....

14020453654

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Rental City</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 14809 West Center Road		Amount of Each Disbursement this Period 250.42
City Omaha	State NE	
Zip Code 68144-3298	Purpose of Disbursement Rental expense for election night	Transaction ID : <b>B3AD34839589E4D92931</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014
Mailing Address 13130 L Street		Amount of Each Disbursement this Period 55.52
City Omaha	State NE	
Zip Code 68137-1866	Purpose of Disbursement office supplies	Transaction ID : <b>BA4E1AA518C444354ACB</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 13130 L Street		Amount of Each Disbursement this Period 53.56
City Omaha	State NE	
Zip Code 68137-1866	Purpose of Disbursement office supplies	Transaction ID : <b>B18F77F24F76E4CB69E0</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453655

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Strategic Media Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 1911 North Ft. Myer Drive Suite 400		Amount of Each Disbursement this Period 15000.00 Transaction ID : BC47F1257E874403B8E4
City Arlington	State VA	
Zip Code 22209-1617	Purpose of Disbursement Television media buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Strategic Media Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 1911 North Ft. Myer Drive Suite 400		Amount of Each Disbursement this Period 38000.00 Transaction ID : BFBAC1231981D4F30AAA
City Arlington	State VA	
Zip Code 22209-1617	Purpose of Disbursement Television media buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 1911 North Ft. Myer Drive Suite 400		Amount of Each Disbursement this Period 50000.00 Transaction ID : BB75A7156BAD64717BF8
City Arlington	State VA	
Zip Code 22209-1617	Purpose of Disbursement Television media buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	103000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453656

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Strategic Media Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014	
Mailing Address 1911 North Ft. Myer Drive Suite 400		Amount of Each Disbursement this Period 5000.00	
City Arlington	State VA	Zip Code 22209-1617	Transaction ID : <b>BB737C5BE5EBC4C6A98C</b>
Purpose of Disbursement Television media buy		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Tractor Supply</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 7300 Husker Circle		Amount of Each Disbursement this Period 134.46	
City Lincoln	State NE	Zip Code 68504-9816	Transaction ID : <b>B156E38293FD5474BACD</b>
Purpose of Disbursement Fence posts		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Tractor Supply</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2014	
Mailing Address 7300 Husker Circle		Amount of Each Disbursement this Period 59.22	
City Lincoln	State NE	Zip Code 68504-9816	Transaction ID : <b>BDD4E2359B04E49C6B17</b>
Purpose of Disbursement Fence posts		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453657

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 64

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)

**A. Tractor Supply**

Mailing Address 7300 Husker Circle

City Lincoln State NE Zip Code 68504-9816

Purpose of Disbursement  
Fence posts

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

85.33

Transaction ID : B5D33F77702DF4B9B8D1

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Transfirst**

Mailing Address Suite 100  
12202 Airport Way

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 12 / 2014

Amount of Each Disbursement this Period

638.88

Transaction ID : B37772B1E6BA34290834

Full Name (Last, First, Middle Initial)

**C. Transfirst**

Mailing Address Suite 100  
12202 Airport Way

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 10 / 2014

Amount of Each Disbursement this Period

157.94

Transaction ID : BB15EB8D5E18F4925876

SUBTOTAL of Disbursements This Page (optional).....

796.82

TOTAL This Period (last page this line number only).....

14020453658

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)  
**A. United States Post Office**

Mailing Address 139 S 144th St.

City Omaha State NE Zip Code 68154-5300

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 25 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : BB56DD23CBF6347A091B

Full Name (Last, First, Middle Initial)  
**B. US Department of Treasury**

Mailing Address

City Washington State DC Zip Code

Purpose of Disbursement Federal Unemployment Tax payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 158.13

Transaction ID : BEAC26627CDDDB416D8CD

Full Name (Last, First, Middle Initial)  
**C. Verizon**

Mailing Address 14811 W Maple Rd

City Omaha State NE Zip Code 68116-5172

Purpose of Disbursement Telephone expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 145.28

Transaction ID : B59CB6044B7344C9DB8D

**SUBTOTAL** of Disbursements This Page (optional)..... 2303.41

**TOTAL** This Period (last page this line number only).....

14020453659

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Verizon**

Full Name (Last, First, Middle Initial)  
Mailing Address 14811 W Maple Rd

City Omaha State NE Zip Code 68116-5172

Purpose of Disbursement  
Monthly iPad fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 10 / 2014

Amount of Each Disbursement this Period  
30.00

Transaction ID : BF606D88743564BF78F8

Category/Type

**B. Verizon**

Full Name (Last, First, Middle Initial)  
Mailing Address 14811 W Maple Rd

City Omaha State NE Zip Code 68116-5172

Purpose of Disbursement  
Telephone expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 20 / 2014

Amount of Each Disbursement this Period  
147.22

Transaction ID : B44E9DC297480418EA81

Category/Type

**c. Verizon**

Full Name (Last, First, Middle Initial)  
Mailing Address 14811 W Maple Rd

City Omaha State NE Zip Code 68116-5172

Purpose of Disbursement  
Monthly iPad fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 10 / 2014

Amount of Each Disbursement this Period  
30.00

Transaction ID : B8DC57B92B9F44D8B90E

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 207.22

**TOTAL** This Period (last page this line number only).....

14020453660

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 14811 W Maple Rd		Amount of Each Disbursement this Period -400.00 Transaction ID : B374EC5B0A61F4B2CB97
City Omaha	State NE	
Zip Code 68116-5172	Purpose of Disbursement Refund of Security Deposit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2014
Mailing Address 14811 W Maple Rd		Amount of Each Disbursement this Period 69.86 Transaction ID : B11AC715E82B142FABA3 [MEMO ITEM]
City Omaha	State NE	
Zip Code 68116-5172	Purpose of Disbursement Cell phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2014
Mailing Address 14811 W Maple Rd		Amount of Each Disbursement this Period 64.86 Transaction ID : B0A008103807742CFAFC [MEMO ITEM]
City Omaha	State NE	
Zip Code 68116-5172	Purpose of Disbursement Cell phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	-400.00
TOTAL This Period (last page this line number only).....	

14020453661



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Philip M Cahoy</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 83 Ponderosa Dr		Amount of Each Disbursement this Period 319.60
City Grand Island	State NE	
Zip Code 68803-9673	Purpose of Disbursement In-kind:	Transaction ID : <b>B612107FB05814677907</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark Dunbar</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 5601 Western Ave		Amount of Each Disbursement this Period 1091.68
City Omaha	State NE	
Zip Code 68132-2023	Purpose of Disbursement Legal Services	Transaction ID : <b>BE968A15E1CB64E5ABD1</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Benjamin J Heinke</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 10225 N 156th St		Amount of Each Disbursement this Period 1329.61
City Bennington	State NE	
Zip Code 68007-5508	Purpose of Disbursement Salary \$1500 less \$170.39 payroll taxes & withholding	Transaction ID : <b>BAD5AB0CFF9C54EF5814</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2740.89
<b>TOTAL</b> This Period (last page this line number only).....	

14020453662

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 64

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)

**A. Benjamin J Heinke**

Mailing Address 10225 N 156th St

City Bennington State NE Zip Code 68007-5508

Purpose of Disbursement  
Salary \$1500 less \$170.39 payroll taxes & withholding

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2014

Amount of Each Disbursement this Period

1329.61
---------

Transaction ID : BF294C8FAA30E4A5BB3C

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Benjamin J Heinke**

Mailing Address 10225 N 156th St

City Bennington State NE Zip Code 68007-5508

Purpose of Disbursement  
Cell phone bill & Uhaul

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2014

Amount of Each Disbursement this Period

144.86
--------

Transaction ID : BF2472D773C4C4E669E9

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Benjamin J Heinke**

Mailing Address 10225 N 156th St

City Bennington State NE Zip Code 68007-5508

Purpose of Disbursement  
reimbursement of phone and expenses

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Amount of Each Disbursement this Period

107.25
--------

Transaction ID : B9B5B7FD6E68A41E1B44

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

1581.72
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**TOTAL** This Period (last page this line number only).....

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14020453663

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 64
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Greg N Lindberg</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014
Mailing Address 17305 Harney St		Amount of Each Disbursement this Period 482.00 Transaction ID : B0C1B72F7B1F240019CE
City Omaha	State NE	
Zip Code 68118-3032	Purpose of Disbursement In-kind: Food/beverage expense for even	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bartholomew McLeay</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 12936 Burt St.		Amount of Each Disbursement this Period 682.83 Transaction ID : B6F2CB7D01014473484D
City Omaha	State NE	
Zip Code 68154-4020	Purpose of Disbursement Mileage and expense reimbursement	Category/ Type
Candidate Name <b>Bartholomew McLeay</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Patrick Roy</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 7730 Vernon Ave		Amount of Each Disbursement this Period 2260.16 Transaction ID : B9BBDEDFACC144A99A4
City Omaha	State NE	
Zip Code 68134-2166	Purpose of Disbursement Salary \$3,000 less payroll taxes & withholding \$739.84	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3424.99
<b>TOTAL</b> This Period (last page this line number only) .....	

14020453664

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Patrick Roy</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 7730 Vernon Ave		Amount of Each Disbursement this Period 133.29 Transaction ID : B002AE3E434D24CE9ABD
City Omaha	State NE Zip Code 68134-2166	
Purpose of Disbursement Cell phone bill		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Patrick Roy</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2014
Mailing Address 7730 Vernon Ave		Amount of Each Disbursement this Period 2260.16 Transaction ID : B75DEDE1D1E3D4BA9A38
City Omaha	State NE Zip Code 68134-2166	
Purpose of Disbursement Salary \$3,000 less payroll taxes & withholding \$739.84		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Tyler Seals</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 13520 S 31st Street		Amount of Each Disbursement this Period 965.36 Transaction ID : BF96D88ECFC074B8DBB1
City Bellevue	State NE Zip Code 68123-2297	
Purpose of Disbursement Payroll \$1200.00 less \$234.64 payroll taxes & withholding		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3358.81
<b>TOTAL</b> This Period (last page this line number only).....	

14020453665

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Tyler Seals</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2014
Mailing Address 13520 S 31st Street		Amount of Each Disbursement this Period 503.39 Transaction ID : BD5A79152E0A1452588E
City Bellevue	State NE	
Zip Code 68123-2297	Purpose of Disbursement Payroll \$600 less \$96.61 payroll taxes & withholding	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tyler Seals</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2014
Mailing Address 13520 S 31st Street		Amount of Each Disbursement this Period 163.07 Transaction ID : B06C5E9FC15234967A86
City Bellevue	State NE	
Zip Code 68123-2297	Purpose of Disbursement Mileage and expense reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. John E Spray</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 2201 Harrison Ave		Amount of Each Disbursement this Period 3147.18 Transaction ID : B38A4662F35A44DBAAAF
City Lincoln	State NE	
Zip Code 68502-3931	Purpose of Disbursement Payroll \$4000 less \$852.82 payroll taxes & withholding	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3813.64
<b>TOTAL</b> This Period (last page this line number only).....	

1402045366

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 64	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. John E Spray</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2014
Mailing Address 2201 Harrison Ave		Amount of Each Disbursement this Period 3147.18 Transaction ID : B31DD4AEB2D444893B57
City Lincoln	State NE Zip Code 68502-3931	
Purpose of Disbursement Salary \$4,000 less 852.82 payroll taxes & withholding		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John E Spray</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2014
Mailing Address 2201 Harrison Ave		Amount of Each Disbursement this Period 1134.61 Transaction ID : B17FD385887144631A3E
City Lincoln	State NE Zip Code 68502-3931	
Purpose of Disbursement Mileage and expense reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. John E Spray</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 2201 Harrison Ave		Amount of Each Disbursement this Period 561.39 Transaction ID : B32F61D026D95470F98E
City Lincoln	State NE Zip Code 68502-3931	
Purpose of Disbursement Reimbursement for expenses-see attached		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4843.18
<b>TOTAL</b> This Period (last page this line number only).....	

14020453667

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. John E Spray</b>		Date of Disbursement
Mailing Address 2201 Harrison Ave		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Lincoln	State NE	Zip Code 68502-3931
Purpose of Disbursement Culligan and UPS Store	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="149.82"/>
Candidate Name	Category/ Type	Transaction ID : <b>B0146BE177F9D45548FA</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Joe Vacanti</b>		Date of Disbursement
Mailing Address 11205 John Galt Blvd		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Omaha	State NE	Zip Code 68137-2319
Purpose of Disbursement In-kind:Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2475.00"/>
Candidate Name	Category/ Type	Transaction ID : <b>BAE57D0AFA97948BF89E</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CHARLES VACANTI</b>		Date of Disbursement
Mailing Address 11205 John Galt Blvd		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Omaha	State NE	Zip Code 68137-2319
Purpose of Disbursement In-kind:Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1200.00"/>
Candidate Name	Category/ Type	Transaction ID : <b>B7426E99A04C645B3A31</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="3824.82"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

14020453668

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Joseph Zach**

Full Name (Last, First, Middle Initial)

Mailing Address 4704 S 163rd Street

City Omaha State NE Zip Code 68135-1366

Purpose of Disbursement  
Payroll \$130.50 less \$9.98 payroll taxes & withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 01 / 2014

Amount of Each Disbursement this Period  
120.52

Transaction ID : BD9FC8C7073FC4E5C873

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 120.52

**TOTAL** This Period (last page this line number only)..... 162397.13

14020453669



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 64
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Gregory Abel</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014	
Mailing Address P.O. Box 657		Amount of Each Disbursement this Period 2600.00	
City Des Moines	State IA	Zip Code 50306-0657	Transaction ID : <b>BAAC7822D1A564DEA968</b>
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clark Moulton Avery</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 7011 Mallard Dr		Amount of Each Disbursement this Period 2600.00	
City Norfolk	State VA	Zip Code 23505-4340	Transaction ID : <b>BC0C6438C6AAE45DAA08</b>
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kelly Sokol Avery</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 7011 Mallard Dr		Amount of Each Disbursement this Period 2600.00	
City Norfolk	State VA	Zip Code 23505-4340	Transaction ID : <b>BB44895DE9E0E4F0BBFC</b>
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453670

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Kathryn A Bedford</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 17506 Island Cir		Amount of Each Disbursement this Period 2600.00 Transaction ID : B6083C3FD004046399C5
City Bennington	State NE Zip Code 68007-5731	
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. William W Bedford</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 17506 Island Cir		Amount of Each Disbursement this Period 2600.00 Transaction ID : B69AAA2D55D7145CC8F9
City Bennington	State NE Zip Code 68007-5731	
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Todd Caruso</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 21682 Tail Oaks Dr		Amount of Each Disbursement this Period 400.00 Transaction ID : B352EB8B15BA140F689F
City Kildeer	State IL Zip Code 60047-8323	
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	5600.00
TOTAL This Period (last page this line number only) .....	

14020453671

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Janet R Fischer</b>		Date of Disbursement
Mailing Address 3015 N 160th St		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/>
City Omaha	State NE	Zip Code 68116-2449
Purpose of Disbursement Refund: Refund of General Election contribution		Amount of Each Disbursement this Period <input type="text" value="2400.00"/>
Candidate Name		Transaction ID : <b>B50502F0F010142CEB02</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Robert M. Hogan</b>		Date of Disbursement
Mailing Address 16018 Lake Cir		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/>
City Omaha	State NE	Zip Code 68116-2425
Purpose of Disbursement Refund: Refund of General Election contribution		Amount of Each Disbursement this Period <input type="text" value="250.00"/>
Candidate Name		Transaction ID : <b>B115AA0434749440CAB3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Kort A Igel</b>		Date of Disbursement
Mailing Address 17801 Blondo St		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/>
City Omaha	State NE	Zip Code 68116-2706
Purpose of Disbursement Refund: Refund of General Election contribution		Amount of Each Disbursement this Period <input type="text" value="2600.00"/>
Candidate Name		Transaction ID : <b>B88389A0E91584A9A9B0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="5250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

14020453672

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 64
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Marie T Igel</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 17801 Blondo St		Amount of Each Disbursement this Period 2600.00 Transaction ID : BFE0D97E1D8AC43688D7
City Omaha	State NE	
Zip Code 68116-2706		Category/ Type
Purpose of Disbursement Refund: Refund of General Election contribution		
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christopher Paul Kelly</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 4703 Shadywood Ln		Amount of Each Disbursement this Period 2600.00 Transaction ID : B21C2EEF3934946EAB4B
City Colleyville	State TX	
Zip Code 76034-4720		Category/ Type
Purpose of Disbursement Refund: Refund of General Election contribution		
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Julie M Maass</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 2115 S 189th Cir		Amount of Each Disbursement this Period 2600.00 Transaction ID : BB565329329AA410489F
City Omaha	State NE	
Zip Code 68130-2834		Category/ Type
Purpose of Disbursement Refund: Refund of General Election contribution		
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453673

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Paul T Maass</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address OMAHA		Amount of Each Disbursement this Period 2600.00
City Omaha	State NE	
Zip Code 68130		Transaction ID : B22D5BC05119D43FBBA1
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. David C McKinnis</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 10419 County Road 29		Amount of Each Disbursement this Period 400.00
City Blair	State NE	
Zip Code 68008-6184		Transaction ID : BDF43CD6AFF82494FA0C
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. John F Mcleay II</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 24935 Farnam Cir		Amount of Each Disbursement this Period 2400.00
City Waterloo	State NE	
Zip Code 68069-4693		Transaction ID : BEE2D25F9DBB6441EAE5
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

14020453674

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial)  
**A. John F Mcleay**

Mailing Address 2402 N 151st St

City Omaha State NE Zip Code 68116-7166

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : B7894E572450547528C0

Full Name (Last, First, Middle Initial)  
**B. Marguerite V Mcleay**

Mailing Address 24935 Farnam Cir

City Waterloo State NE Zip Code 68069-4693

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2400.00

Transaction ID : B0E5AFE75F7DF42D1B5B

Full Name (Last, First, Middle Initial)  
**c. Matthew Thomas Mcleay II**

Mailing Address 12920 Eagle Run Dr

City Omaha State NE Zip Code 68164-4232

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2333.96

Transaction ID : B85768BBA00BA4C40869

**SUBTOTAL** of Disbursements This Page (optional)..... 7233.96

**TOTAL** This Period (last page this line number only).....

14020453675

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Paul P. McLeay**

Full Name (Last, First, Middle Initial)

Mailing Address 16201 Jaynes St

City Omaha State NE Zip Code 68116-3760

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 20 / 2014

Amount of Each Disbursement this Period  
2600.00

Transaction ID : B49475FA9AB674AB29FA

Category/Type

**B. Ruth Mcleay**

Full Name (Last, First, Middle Initial)

Mailing Address 2402 N 151st St

City Omaha State NE Zip Code 68116-7166

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 20 / 2014

Amount of Each Disbursement this Period  
2500.00

Transaction ID : B1C9F1D56682C49F8ADC

Category/Type

**C. Lynn Rasmussen**

Full Name (Last, First, Middle Initial)

Mailing Address 26765 W 103rd St.

City Olathe State KS Zip Code 66061-7443

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 20 / 2014

Amount of Each Disbursement this Period  
2600.00

Transaction ID : BEEB19057811243BDBDA

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 7700.00

**TOTAL** This Period (last page this line number only).....

14020453676

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Mark Rasmussen</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 8713 Catalina		Amount of Each Disbursement this Period 2600.00 Transaction ID : B59010E0D5536417DBEE
City Prairie Village	State KS	
Zip Code 66207-2351	Purpose of Disbursement Refund: Refund of General Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maureen Mcleay Rasmussen</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 8713 Catalina Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : BEBC887AA2D3F46E09A6
City Prairie Village	State KS	
Zip Code 66207-2351	Purpose of Disbursement Refund: Refund of General Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thomas Rasmussen</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 26765 W 103rd St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : BE75927C7D0664D43BA8
City Olathe	State KS	
Zip Code 66061-7443	Purpose of Disbursement Refund: Refund of General Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

14020453677



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 64
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Wayne Ryan**

Full Name (Last, First, Middle Initial)

Mailing Address 7002 S 109th Street

City La Vista State NE Zip Code 68128-5729

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : BB7300718EB6E4431A2F

**B. Walter Scott Jr**

Full Name (Last, First, Middle Initial)

Mailing Address 8725 Rainwood Rd

City Omaha State NE Zip Code 68122-2309

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : B46585E12E1594709A25

**c. David L Sokol**

Full Name (Last, First, Middle Initial)

Mailing Address 5075 W Beavertail Rd

City Wilson State WY Zip Code 83014

Purpose of Disbursement  
Refund: Refund of General Election contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : BBAA52427CBC944459EF

**SUBTOTAL** of Disbursements This Page (optional)..... 7800.00

**TOTAL** This Period (last page this line number only).....

14020453678

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 64	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

Full Name (Last, First, Middle Initial) <b>A. John R Sokol</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 41198 903rd Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : B7FCF4E94871C4E2B965
City Sparks	State NE Zip Code 69220-9752	
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marjorie L Sokol</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 41198 903rd Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : B707743D730624E3A995
City Sparks	State NE Zip Code 69220-9752	
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Peggy A Sokol</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 5075 W Beavertail Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : B90698869671941AC858
City Wilson	State WY Zip Code 83014	
Purpose of Disbursement Refund: Refund of General Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020453679

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)  
 17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21  
 PAGE 59 OF 64

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Ravindra N Tella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17702 Island Cir  
 City Bennington State NE Zip Code 68007-5763  
 Purpose of Disbursement Refund: Refund of General Election contribution  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM / DD / YYYY  
 05 / 20 / 2014  
 Amount of Each Disbursement this Period  
 2600.00  
 Transaction ID : B85305B7015FC4DFDBB5  
 Category/  
 Type

**B. David J Treinen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13298 Cuming St  
 City Omaha State NE Zip Code 68154-5279  
 Purpose of Disbursement Refund: Refund of General Election contribution  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM / DD / YYYY  
 05 / 20 / 2014  
 Amount of Each Disbursement this Period  
 2500.00  
 Transaction ID : BF9C43048140D4666A4D  
 Category/  
 Type

**c. Wendy L Treinen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13298 Cuming St  
 City Omaha State NE Zip Code 68154-5279  
 Purpose of Disbursement Refund: Refund of General Election contribution  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM / DD / YYYY  
 05 / 20 / 2014  
 Amount of Each Disbursement this Period  
 2500.00  
 Transaction ID : B3E8A5C5EE4584A0C929  
 Category/  
 Type

**SUBTOTAL** of Disbursements This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

7600.00

14020453680

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)  
 17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21  
 PAGE 60 OF 64

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NAME OF COMMITTEE (In Full)  
**Bart McLeay for U.S. Senate, Inc.**

**A. Susan Twomey**

Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Magnolia Ln  
 City Cedar Grove State NJ Zip Code 07009-1177  
 Purpose of Disbursement Refund: Refund of General Election contribution  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)  
 State: District:

Date of Disbursement: 05 / 20 / 2014  
 Amount of Each Disbursement this Period: 2600.00  
 Transaction ID : B9C5510CC0A124DB9933  
 Category/ Type

**B. Douglas R. Wilwerding**

Full Name (Last, First, Middle Initial)  
 Mailing Address 914 N 143rd Cir  
 City Omaha State NE Zip Code 68154-5185  
 Purpose of Disbursement Refund: Refund of General Election contribution  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)  
 State: District:

Date of Disbursement: 05 / 20 / 2014  
 Amount of Each Disbursement this Period: 2500.00  
 Transaction ID : BFAEA596FD6C24251A0D  
 Category/ Type

**c. Elaine M Wilwerding**

Full Name (Last, First, Middle Initial)  
 Mailing Address 914 N 143rd Cir  
 City Omaha State NE Zip Code 68154-5185  
 Purpose of Disbursement Refund: Refund of General Election contribution  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)  
 State: District:

Date of Disbursement: 05 / 20 / 2014  
 Amount of Each Disbursement this Period: 2500.00  
 Transaction ID : BFAF4F17F7F7D42CCABB  
 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 7600.00  
**TOTAL** This Period (last page this line number only) ..... 85383.96

14020453681

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 61 OF 64

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full) **Bart McLeay for U.S. Senate, Inc.** Transaction ID : **CF222F901E0484C8886F**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Bartholomew McLeay** [PERSONAL FUNDS] Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 12936 Burt St.

City State ZIP Code  
 Omaha NE 68154-4020

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 / 2013** 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**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.

14020453682

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 62 OF 64

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full) **Bart McLeay for U.S. Senate, Inc.** Transaction ID : **CEC309113360F40BD876**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Bartholomew McLeay** [PERSONAL FUNDS] Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 12936 Burt St.

City State ZIP Code  
 Omaha NE 68154-4020

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

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 04 / D 29 / Y 2014 M M / D D / Y None % (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)... 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.

14020453683

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

NAME OF COMMITTEE (In Full) **Bart McLeay for U.S. Senate, Inc.** Transaction ID : **C70025929EA9E42A091E**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Bartholomew McLeay** [PERSONAL FUNDS] Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 12936 Burt St.

City State ZIP Code  
 Omaha NE 68154-4020

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

**TERMS**

Date Incurred  /  /  Date Due  Interest Rate  % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

**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.

14020453684

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **Bart McLeay for U.S. Senate, Inc.** Transaction ID : C3BDD25F4E13649C19F3

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Bartholomew McLeay**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 12936 Burt St.

City State ZIP Code  
 Omaha NE 68154-4020

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 Secured:  
 05 / 07 / 2014 M M / D D / None % (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)... 150000.00

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

14020453685



McCHESNEY  
MARTIN  
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and Public Accountants & Consultants



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FIRST CLASS MAIL

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07/09/2014

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SUPERINTENDENT  
  
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PHONE (202) 224-0322

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### OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
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DHL	_____	<input type="checkbox"/>
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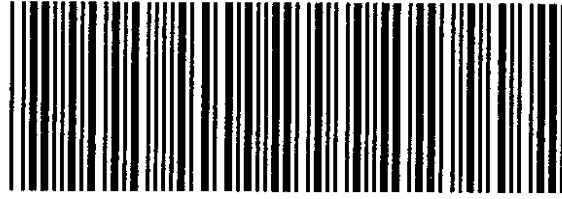
POSTMARK ILLEGIBLE  NO POSTMARK

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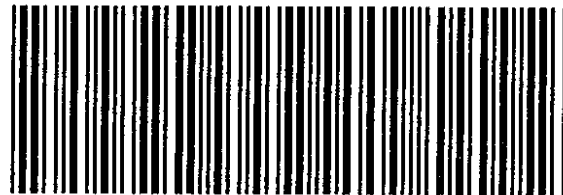
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