

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

16 JUL 19 AM 9:33

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Bart McLeay for U.S. Senate, Inc.

ADDRESS (number and street)

12936 Burt Street

Check if different than previously reported. (ACC)

Omaha

NE

68154-4020

2. FEC IDENTIFICATION NUMBER

C 00547406

3. IS THIS REPORT

X

NEW (N) OR

AMENDED (A)

ZIP CODE STATE DISTRICT

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM/DD/YYYY

in the State of

5. Covering Period

MM/DD/YYYY 04/01/2016

through

MM/DD/YYYY 06/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert McChesney, CPA

Signature of Treasurer

[Handwritten Signature]

Date

MM/DD/YYYY 07/07/2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

201607210200286692

**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 / 01 / 2016

To:

MM / DD / YYYY  
06 / 30 / 2016

**COLUMN A  
This Period**

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

**6. Net Contributions (other than loans)**

(a) Total Contributions  
(other than loans) (from Line 11(e)) ..

0.00

0.00

(b) Total Contribution Refunds  
(from Line 20(d)) ..

0.00

0.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) ...

0.00

0.00

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) ..

0.00

0.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) ...

0.00

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) ...

0.00

0.00

**8. Cash on Hand at Close of  
Reporting Period (from Line 27)...**

200.00

**9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) ...**

0.00

**10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) ..**

148,688.20

**For further information contact:**

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

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

201607210200286693

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2016

To:

MM / DD / YYYY  
06 / 30 / 2016

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals .

0.00

0.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

0.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

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

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

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

0.00

0.00

201607210200286694

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES...

0.00

0.00

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES ..

0.00

0.00

19. LOAN REPAYMENTS:

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

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b))...

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees ..

0.00

0.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c))...

0.00

0.00

21. OTHER DISBURSEMENTS ..

0.00

0.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ▶

0.00

0.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

200.00

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

0.00

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

200.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

0.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

200.00

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Bartholomew McLeay		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12936 Burt St.		
City Omaha	State NE	ZIP Code 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:
M 07 / D 03 / Y 2014	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> 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.

201607210200286696

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Bartholomew McLeay			Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	04 / 29 / 2014	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)...	48000.00
<b>TOTALS</b> 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.

201607210200286697

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Bartholomew McLeay**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
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  
2000.00 1611.80 388.20

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
07 / 14 / 2014 None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 388.20

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

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

201607210200286698

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Bartholomew McLeay		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12936 Burt St.		
City Omaha	State NE	ZIP Code 68154-4020

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

Date Incurred MM / DD / YYYY 05 / 07 / 2014	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) ...	50000.00
<b>TOTALS</b> 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.

201607210200286699



**SCHEDULE C (FEC Form 3)**

**LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Bartholomew McLeay	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12936 Burt St.	

City Omaha	State NE	ZIP Code 68154-4020
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Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
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**TERMS**

Date Incurred MM / DD / YYYY 08 / 17 / 2015	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	300.00
<b>TOTALS</b> This Period (last page in this line only) ..	148688.20

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

201607210200286700

**CERTIFIED MAIL**



7015 3430 0000 8567 2795

1 & Consultants

DESNEY  
FIN  
HORN

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OFFICE OF PUBLIC RECORDS  
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WASHINGTON, DC 20013-7578

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BY THE SENATE  
POST OFFICE**

Hastler

07/12/2016

**US POSTAGE**

**\$07.36**

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt \_\_\_\_\_ Postmark \_\_\_\_\_

USPS REGISTERED/CERTIFIED 7/12/16  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

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

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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

POSTMARK ILLEGIBLE  NO POSTMARK

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

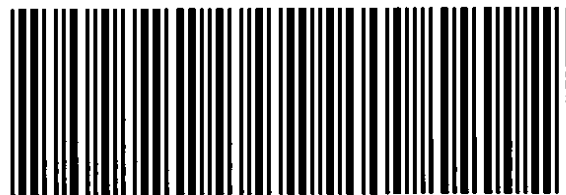
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MH DATE PREPARED 07/19/16

201607210200286702



SEN PATCH



SEN PATCH

201607210200286703