

BARTHOLOMEW L. MCLEAY
12936 Burt Street
Omaha, Nebraska 68154-4020

RECEIVED
FEC MAIL CENTER
2019 OCT -2 AM 11:35

September 25, 2019

VIA OVERNIGHT MAIL

Bradley Austin
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
1050 First Street, NE
Washington, D.C. 20463

RE: *Identification Number:* C00547406

Reference: Termination Report (04/01/2019-06/30/2019)

Dear Mr. Austin:

Thank you for your letter dated July 27, 2019 ("July 27 Letter") (attached for ease of reference), relating to termination of my campaign committee, Bart McLeay for U.S. Senate, Inc. ("Committee"). The Final Report for the Committee ("Final report") was delivered for filing by certified mail dated July 15, 2019, by the Committee Treasurer, Robert C. McChesney. The Final Report also is attached for your reference.

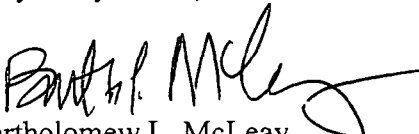
I was a candidate for U.S. Senate in the primary election held on May 13, 2014. I made loans to the Committee in the total amount of \$162,305.41 ("Loans"), as shown in Schedule C (FEC Form 3) of the Final Report. The Loans have been forgiven.

As instructed, I have also delivered this letter by U.S. mail to the Federal Election Commission at the following address:

Federal Election Commission
1050 First Street, NE
Washington, DC 20463

Thank you again for your assistance in this matter.

Very Truly Yours,


Bartholomew L. McLeay

cc: Robert C. McChesney, Treasurer of Bart McLeay for U.S. Senate, Inc.



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MS-K

July 27, 2019

ROBERT C. MCCHESENEY, TREASURER
BART MCLEAY FOR US SENATE INC
PO BOX 1269
NORTH PLATTE, NE 69103-1269

IDENTIFICATION NUMBER: C00547406

REFERENCE: TERMINATION REPORT (04/01/2019 - 06/30/2019)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. The review raised questions concerning certain information contained in the report.

When the candidate forgives a loan and/or debt, the committee should file a letter signed by the candidate stating the loan and/or debt is forgiven. Please provide a clarification or submit the missing information and/or file an amendment to your report. (52 U.S.C. § 30104(b)(8))

Please note that your committee's filing has been accepted as a termination. Your committee is no longer required to file any future reports on a periodic basis. However, 52 U.S.C. § 30102(d) and Sections 102.9(c) and 104.14(b)(3) of the Commission's Regulations require that you maintain your records and copies of reports for inspection for at least three (3) years. In addition, you may be required to respond to Commission requests for information regarding your committee's federal election activity and previously filed reports.

If your committee again becomes active in federal elections, it will be required to re-register with the Commission in accordance with the Federal Election Campaign Act and applicable Regulations. Your committee will be treated as a new entity by the Commission and should register as a new committee on FEC FORM 1, pursuant to 52 U.S.C. §§ 30102(g) and 30103(a).

An amendment or clarification to this report should be filed with the Federal Election Commission. Electronic filers must file amendments (to include statements, designations, and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. A letter of loan and/or debt forgiveness can be mailed to the Federal Election Commission at:

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEDERAL CENTER 2019 OCT -2 AM 11:37

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Bart McLeay for U.S. Senate, Inc.

c/o Robert C. McChesney, Treasurer

ADDRESS (number and street) P.O. Box 1269

Check if different than previously reported. (ACC)

North Platte NE 69103-1269

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00547406

3. IS THIS REPORT NEW OR AMENDED

STATE DISTRICT

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

X Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on in the State of

5. Covering Period 04/01/2019 through 06/30/2019

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 Date 07/11/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Page 2

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From:

04 / 01 / 2019

To:

06 / 30 / 2019

	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	12421.60
(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	12421.60
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	162305.41	

For further information contact:

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

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

NOT FOR PUBLIC RELEASE

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2019 To: MM / DD / YYYY 06 / 30 / 2019

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	10617.21
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10617.21
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	10617.21

NONPROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	12421.60
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	12421.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	0.00
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).....	0.00

INFORMATION ON THE DISBURSEMENTS

**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 5 OF 14

<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

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.

Full Name (Last, First, Middle Initial)

A. Federal Election Commission

Mailing Address 1050 First Street, N.E.

City Washington, D.C. State Zip Code 20463

Purpose of Disbursement fees

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 16 2019

FEC Identification Number

C
Amount of Each Disbursement this Period
12421.60

Memo Item

B.

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

M M / D D / Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

C.

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

M M / D D / Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Bartholomew McLeay		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269		
City North Platte	State NE	ZIP Code 69103-1269 <input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	07 / 03 / 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:

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 7 OF 14
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		<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269			
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	MM/DD/YYYY 04/29/2014	MM/DD/YYYY 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:

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.

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

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

c/o Robert C. McChesney
PO Box 1269

City

North Platte

State

NE

ZIP Code

69103-1269

Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

1611.80

Balance Outstanding at Close of This Period

388.20

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

MM / DD / YYYY

07 / 14 / 2014

MM / DD / YYYY

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.

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Bartholomew McLeay		<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269			
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	05 / 07 / 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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Bartholomew McLeay			<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269				
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

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

TERMS	Date Incurred 08 / 17 / 2015	Date Due None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------	---------------------------------	------------------	---	---

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

1. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
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).....	300.00
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.

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Bartholomew McLeay			<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269				
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

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

TERMS	Date Incurred MM/DD/YYYY 11/21/2016	Date Due MM/DD/YYYY None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------	---	--------------------------------	---	---

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

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

SUBTOTALS This Period This Page (optional).....▶	1,000.00
TOTALS This Period (last page in this line only).....▶	

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

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		<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269			
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 10 / 2017	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:

SUBTOTALS This Period This Page (optional).....▶	1,000.00
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.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 OF 14 FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b
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NAME OF COMMITTEE (In Full)
Bart McLeay for U.S. Senate, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial) Bartholomew McLeay		<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address c/o Robert C. McChesney PO Box 1269			
City North Platte	State NE	ZIP Code 69103-1269	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (if none, enter 0)	Secured:
	MM/DD/YYYY 05/25/2017	MM/DD/YYYY 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:

SUBTOTALS This Period This Page (optional).....▶	1,000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 14 OF 14

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
10617.21	0.00	10617.21

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 16 / 2019	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:

SUBTOTALS This Period This Page (optional).....	▶	10617.21
TOTALS This Period (last page in this line only).....	▶	162305.41

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

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate):

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____



Sent To **FEDERAL ELECTION COMMISSION**

Street and Apt. No., or PO Box No.
1050 FIRST ST NE

City, State, ZIP+4®
WASHINGTON DC 20463

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

2019 650 0002 0599 6082

NORTH PLATTE
 1302 INDUSTRIAL AVE
 NORTH PLATTE, NE
 69101-9998
 3064650901

07/15/2019 (800)275-8777 4:21 PM

Product Description	Sale Qty	Final Price
Unpaid Mail	1	

(Weight: 0 lbs. 2.70 oz.)
 (Destination: WASHINGTON, DC 20463)
 (Acceptance Date: 07/15/2019 16:21:04)
 (Label #: 70171450000205996082)
 \$0.00

Preview your Mail
 Track your Packages
 Sign up for FREE @
www.informedelivery.com

Refunds for guaranteed services only.
 Thank you for your business.

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

Go to:

<https://postalexperience.com/Pos>
 840-5680-0996-002-00023-81829-20

or scan this code with
 your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Bill #: 840-56800996-2-2381829-2
 Clerk: 20

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
FEDERAL ELECTION COMMISSION
1050 FIRST STREET, NE
WASHINGTON, DC 20463

2. Article Number (Transfer from service label)
7017 1450 0002 0599 6082

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name):
...

C. Date of Delivery
2019 JUL 10 AM 8:45

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

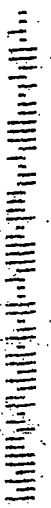
Domestic Return Receipt

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS



PRO MAIL 1000
2013 OCT -2 AM 00:07

First Class Mail

BARTHOLOMEW L. MCLEAY
12936 BURT STREET
OMAHA, NEBRASKA 68154


Federal Election Commission
1050 First Street, NE
Washington, DC 20463



U.S. POSTAGE PITNEY BOWES
ZIP 68102 \$001.45⁰
02 AM
000360162 SEP 25 2019

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 10-2-19
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 9-25-19
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	10-2-19 DATE PREPARED

2019-10-02 10:00:00 AM