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

2013 OCT -2 AH 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. McLeav



July 27, 2019

ROBERT C. MCCHESNEY, 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:

BART MCLEAY FOR US SENATE INC

Page 2 of 2

436

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

If you have any questions concerning your status and requirements, please contact the Reports Analysis Division on the toll-free number, (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division). My local number is (202) 694-1196.

Sincerely,

Bradley Austin

Senior Campaign Finance Analyst

Reports Analysis Division

2019-10-02-08-00295770

FEC FORM 3

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An Authorized Committee

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Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT		xample: If typing, typ ver the lines.	e 12FE4M5	المستعدد م
Bart McLeay for U.S. Sena	ate, Inc.			4 1 1 1 1 1 1 1	
c/o Robert C. McChesney,	Treasurer ,	1 1 1 1			
ADDRESS (number and street)	P.O. Box 1269	<u> </u>		<u>- </u>	
Check if different than previously reported. (ACC)	North Platte			NE 69	103-1269 _
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE A	ZIP CODE ▲
C : 00547406	See the second s	3. IS THIS REPORT	(X. NEW (N) OF	AMENDE (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Ch	noose One) (b) 12-Day PRI	E-Election Report for	the;	
April 15 Quarterly		T ₁	Primary (12P) Convention (12C)	General (126	
July 15 Quarterly f		Election or	1'	0 7 7 Y "Y V V V	in the State of
January 31 Year-Er	nd Report (YE) (c	30-Day PO	ST-Election Report to	r the:	
		i	General (30G)	Runoff (30R)	Special (30S)
X Termination Report	(TER)	Election or	м м / D .	u ji v ji v i v i v i v i v i v i v i v i	in the State of
5. Covering Period 04	01°	ž019 ^Y	through	06 30°	2019
I certify that I have examined the		e best of my k	nowledge and belief i	it is true, correct and c	complete.
Signature of Treasurer	West 7	in Chen	un.	Date 07	11 2019
NOTE: Submission of false, erron	eous, or incomplete in	nformation may	subject the person sig	ning this Report to the	penalties of 52 U.S.C. §30109.
Office Use Only					FEC FORM 3 (Revised 05/2016)

	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	Page 2
_	Write or Type Committee Name Bart McLeay for U.S. Sena	ite, Inc.	
F	Report Covering the Period: From:	04 01 2019 To	o: 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 (5.4)	0.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00 c	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	O.00 Company of the control of the c	0.00 m
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	12421.60
	(b) Total Offsets to Operating Expenditures (from Line 14)	The second section of	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.	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

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. , b · o : / 04 01 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period** Election Cycle-to-Date 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...... 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees (such as PACs) (d) The Candidate TOTAL CONTRIBUTIONS (other than loans)

	(add Lines 11(a)(iii), (b), (c), and (d))		9	0.00	:	3	5 0	0.00
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		,	0.00		9 ·	.)	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate	j		0.00	j	,	, , , , , , , , , , , , , , , , , , ,	10617.21 0.00
	(b) All Other Loans		, ,	0.00	• • •	,		
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	,	y	0.00		1 .	,	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)	eren er	7	0.00		ڑ	2.	10617.21

2019-10-02-05-00295773

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
	OPERATING EXPENDITURES TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	; , , , , , , , , , , , , , , , , , , ,	12421.60		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00		0.00		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	**************************************	0.00 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 SL	JMMARY				
23.	CASH ON HAND AT BEGINNING OF REPOI	RTING PERIOD	; y y	0.00		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	. g , f	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)		y 9	0.00		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	5	0.00		
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)			0.00		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each	earate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 5 OF 14 (check only one) X 17		
A	ny information copied from such Reports and Statements r for commercial purposes, other than using the name an	may not be	sold or used by any	person for the purpose of soliciting contributions		
<u> </u>	NAME OF COMMITTEE (In Full) Bart McLeay for U.S. Senate, Inc.	a addition of	any pomoa comme	TO SOLICE CONTINUES HOLD SOUT COMMITTEE.		
_	Full Name (Last, First, Middle Initial)					
A.	,			Date of Disbursement		
	Mailing Address 1050 First Street, N.E.			м м , / Бур д / у у у у у у у у у у у у у у у у у у		
	City Washington, D.C. State	Zip C	ode 20463	FEC Identification Number		
	Purpose of Disbursement fees					
	Candidate Name	····	Category, Type	Amount of Each Disbursement this Period		
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	State: District:	(ареспу) 🔻		Memo Item		
3.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement		
	City	Zip C	ode	FEC Identification Number		
	Purpose of Disbursement	<u>l</u>		C. C		
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
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	President Other State: District:	(specify) ▼		Memo Item		
	Full Name (Last, First, Middle Initial)			Date of Disbursement		
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	City	Zip C	ode	FEC Identification Number		
	Purpose of Disbursement	l		C		
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
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	President Other State: District:	(specify) ▼		Memo Item		
	SUBTOTAL of Disbursements This Page (optional)			>		
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CHEDULE C (FEC Form 3) DANS		Use separate sche for each category Detailed Summary	of the (check only one) 13
AME OF COMMITTEE (In Full) Bart McLeay for U.S. Sena	ite, Inc.		
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	☐ Memo It	em Election:
Bartholomew McLeay			Primary
Mailing Address c/o Robert C. McChesney PO Box 1269			General Other (specify) ▼
City North Platte	State NE	ZIP Code 69103-1269	X Personal Funds of the Candid
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City	ZIP Code		Car Personal Street Carta Greek Sa
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Mailing Address		Occupation	
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Mailing Address		Occupation	
Maining Address		Occupation	
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4. Full Name (Last, First, Middle Initial)	····	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	• • • • • • • • • • • • • • • • • • •
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Bartholomew McLea	у				X Primary General			
Mailing Address c/o Robe	ert C. McChesney				Other (specify)			
City		State	ZIP Cod	le				
North Platte		NE	69103-1	269	X Personal Funds of the Candidate			
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City	State	ZIP Code		Guaranteed Outstanding:	y 5 '. •			
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CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER:		\vdash
NAME OF COMMITTEE (In Full) Bart McLeay for	U.S. Sena	te, Inc.						
LOAN SOURCE Full Name	(Last, First, Mi	ddle Initial)		☐ Memo Iten	Electi	on:		
Bartholomew McLeay					1124	Primary Seneral		
Mailing Address c/o Robert C.	•				⊣ :	Other (specify) 🔻	
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City	State	ZIP Code		Guaranteed Dutstanding:	,	ينسو اوراء سا	_	٠,
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City	State	ZIP Code		Outstanding:	. 7	· . "	. • •	•
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Mailing Address			-	Occupation			<u>-</u>	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	,	*	. • • •	
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CHEDULE C (FEC Form 3) PANS		Use separate sche for each category Detailed Summary	of the (check only one) Y 13a
ME OF COMMITTEE (In Full) Bart McLeay for U.S. Sen	ate, Inc.		
LOAN SOURCE Full Name (Last, First, M	/liddle Initial)	☐ Memo It	tem Election:
Bartholomew McLeay			X Primary General
Mailing Address c/o Robert C. McChesney PO Box 1269			Other (specify) ▼
City	State	ZIP Code	X Personal Funds of the Candida
North Platte	NE 	69103-1269	A Personal Purios of the Carlotte
Original Amount of Loan 50000.00	s, emiliare e	0.00	Balance Outstanding at Close of This Per 50000.00
TERMS Date Incurred		Date Due Interest	
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Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed ··	
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Mailing Address		Occupation	
		Amount	
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Mailing Address		Occupation	·
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SCHEDULE C (FEC Form 3)		Use separate schedule for each category of th Detailed Summary Pag	the (check only one) Y 13			
NAME OF COMMITTEE (In Full) Bart McLeay for U.S. Sena	te, Inc.					
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	•	☐ Memo Item	Election:		
Bartholomew McLeay			-	X Primary General		
Mailing Address c/o Robert C. McChesney PO Box 1269				Other (specify)		
City	State	ZIP Code				
North Platte	NE	69103-12	69	X Personal Funds of the Candidate		
Original Amount of Loan 300.00	:	Î r		ace Outstanding at Close of This Period		
TERMS Date Incurred		Date Due	Interest Rate	٥١		
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SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only			<u> </u>	, , , , , , ,		
Carry outstanding balance only to LINE 3, Sch	·			ard to appropriate line of Summary		

SCHEDULE C (FEC Form 3) LOANS				Use separate schedule for each category of the Detailed Summary Pag	he (check only one) X 13a
NAME OF COMMITTEE (In Ful Bart McLeay fo	•	e, Inc.		 	
LOAN SOURCE Full Nam	e (Last, First, Mid	ddle Initial)		☐ Memo Item	Election:
Bartholomew McLeay					Primary
Mailing Address c/o Robert	C. McChesney		-		General Other (specify) ▼
City	09	State	ZIP Cod	e	
North Platte		NE	69103-1	269	X Personal Funds of the Candidate
Original Amount of Loan	1,000.00	Cumulative Pa	ayment To [Date Bala	nce Outstanding at Close of This Perio
TERMS Date Incurre	d		Data Dua	Interest Pate	Coouradi
M M / / D D / EY	2016	M M / D	y , y	(If none, enter	00 00 (apr) Yes X No
List All Endorsers or Guar	rantors (if any) t	o Loan Source			
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Mailing Address				Occupation	
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City	State	ZIP Code			of May Who are existed to all
2. Full Name (Last, First, M	liddle Initial)	I .		Name of Employer	
Mailing Address				Occupation	
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City	State	ZIP Code			The state of the s
3. Full Name (Last, First, M	liddle Initial)	<u> </u>		Name of Employer	
Mailing Address				Occupation	
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City	State	ZIP Code		Guaranteed Outstanding:	y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Mailing Address				Occupation .	
City	State	ZIP Code		Amount Guaranteed Outstanding:	• · · · · • · • · · · · · · · · · · · ·
UBTOTALS This Period This OTALS This Period (last page)					1,000.00
	•				j. j ****

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 for each category of th Detailed Summary Page	e (check only one) X 13a
NAME OF COMMITTEE (In Full) Bart McLeay for U.S. Senat	te, Inc.			
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Item	Election:
Bartholomew McLeay				X Primary General
Mailing Address c/o Robert C. McChesney PO Box 1269				Other (specify) ▼
City	State	ZIP Code		
North Platte	NE	69103-12	69	X Personal Funds of the Candidate
Original Amount of Loan 1,000.00		. . .	0.00	1,000,00
TERMS Date Incurred		Date Due	Interest Rate	0)
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List All Endorsers or Guarantors (if any) t	o Loan Source			
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4. Full Name (Last, First, Middle Initial)			lame of Employer	
¹Mailing Address		C	Occupation	
			inount	· · · · · · · · · · · · · · · · · · ·
City	ZIP Code		Guaranteed Dutstanding:	g sylven services
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only				1,000.00 • • • • • • • • • • • • • • • • • • •
Carry outstanding balance only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D, carry forward	ard to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS			Use separate schedule for each category of the Detailed Summary Pag	ne (check only one) V 13a	
NAME OF COMMITTEE (In I Bart McLeay	Full) for U.S. Sena	te, Inc.			
LOAN SOURCE Full Na	ame (Last, First, Mi	ddle Initial)		☐ Memo Item	Election:
Bartholomew McLea	ny				X Primary General
Mailing Address c/o Robi PO Box	ert C. McChesney				Other (specify)
City North Platte		State NE	ZIP Code 69103-12	69	X Personal Funds of the Candidate
Original Amount of Loan	1,000.00	Cumulative Pa		0.00	nce Outstanding at Close of This Period
TERMS Date Incu	rred	[Date Due	Interest Rate (If none, enler	
05 25	Y Y Y Y 2017	M M / / 0 0		one 0.0	Mil. 188
List All Endorsers or G	uarantors (if any)	o Loan Source			
1. Full Name (Last, First	i, Middle Initial)		N	lame of Employer	
Mailing Address		0	occupation		
C/h	10	T710.0.1	1	mount uaranteed	gradient of the control of the same productions and
City	State	ZIP Code	1 -	outstanding:	gradient gradient was the Sand
2. Full Name (Last, First,	Middle Initial)		N	ame of Employer	
Mailing Address			0	eccupation	
	···	· - .		mount -	1 - 19 (Tational - subtroop in many disconsisting
City	State	ZIP Code		uaranteed utstanding:	right and the second behavior a
3. Full Name (Last, First,	Middle Initial)		N	ame of Employer	
Mailing Address			0	ccupation	
				mount	
City	State	ZIP Code	1	uaranteed utstanding:	,
4. Full Name (Last, -First,	Middle Initial)		N	ame of Employer	
Mailing Address		0	ccupation		
		T		mount uaranteed	:
City	State	ZIP Code		utstanding:	g y y h h h e
SUBTOTALS This Period Tr	nis Page (optional).				1,000.00
TOTALS This Period (last p	age in this line onl	y)		······································	
Carry outstanding balance	only to LINE 3. Sci	nedule D, for this	s line. If no	Schedule D, carry forw	ard to appropriate line of Summary.

SCHEDULE C. /FFC Forms	0)		PAGE 14 OF 14
SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(for each category of the Detailed Summary Page	e (check only one) X 13a
NAME OF COMMITTEE (In Full) Bart McLeay for U.S.	Senate, Inc.	· · · · · · · · · · · · · · · · · · ·	
LOAN SOURCE Full Name (Last,	First, Middle Initial)		Election:
Bartholomew McLeay			X Primary
Mailing Address 12936 Burt St.			General Other (specify) ▼
City	State ZIP	L Code	
Omaha		54-4020	
10617	sama nasy i na nasasy sa ara na indi. 7.21 - Baran	0.00	ce Outstanding at Close of This Period 10617.21
Date Incurred	Date D	None Interest Rate	Secured: Secured: Yes No
List All Endorsers or Guarantors			
Full Name (Last, First, Middle Ir	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	The second secon
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
Cit	01-1- 7/D 0 - 1-	Amount	e in a membra considera i pagenti i magni i post este e
City	State ZIP Code		graph transfer of green with the following the
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address	·	Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	grand Sungaran Sundan
4. Full-Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	5 5
SUBTOTALS This Period This Page (o	ptional)	·····	10617.21
TOTALS This Period (last page in this	line only)	••••••••••••••••••••••••••••••••••••••	162305.41
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forwa	ard to appropriate line of Summary.

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

(800)275-8777 15/2019 Final Sale oduct Qty scription epaid Mail 1 (Weight: 0 lbs. 2.70 oz.) (Destination: WASHINGTON, DC 20463) (Acceptance Date: 07/15/2019 16:21 (Label #:70171450000205996082)

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

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\$0.00

sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:

2 https://postalexperience.com/Pos 840-5680-0996-002-00023-81829-02

or scan this code with your mobile device:



or call 1-800-410-7420. YOUR OPINION COUNTS

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

59 Extra Services & Fees (check box, add fee as supropriate) Return Receipt (hardspay) Return Receipt (electronic) Certified Mail Restricted Del Adult Signature Required Adult Signature Restricted Delivery S 50 Total Postage and Fees Sent TO FEDERAL ELECTION COMMISSION

Street and April No., or PO Box No. WASINNGTON P.C. 20463 PS, Form 3800 April 2018 PSN 7550-02-000 3027 7-7-77 Sec. Revers

SENI	DER: CON	IPLETE THIS SE	CTION
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- 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 EVECTION COMMISSION 1050 FIRST STREET, NE WASHNOTON, OC ZO463

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

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

A. Signature

□ Agent

B. Received by (Printed Name) : . .

☐ Addressee C. Date of Delivery

4

If YES, enter delivery address below: 8: 1000

Service Type

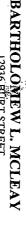
- ☐ Adult Signature
 ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
 ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
 ☐ Collect on Delivery Restricted Delivery C Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mali Express®
- ☐ Registered Mall™
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Federal Election Commission 1050 First Street, NE Washington, DC 20463

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Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this file	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail 9-25-19	70 2 1
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
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Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
nd .	10-2-19
PREPARER	DATE PREPARED

PREPARER (3/2015)