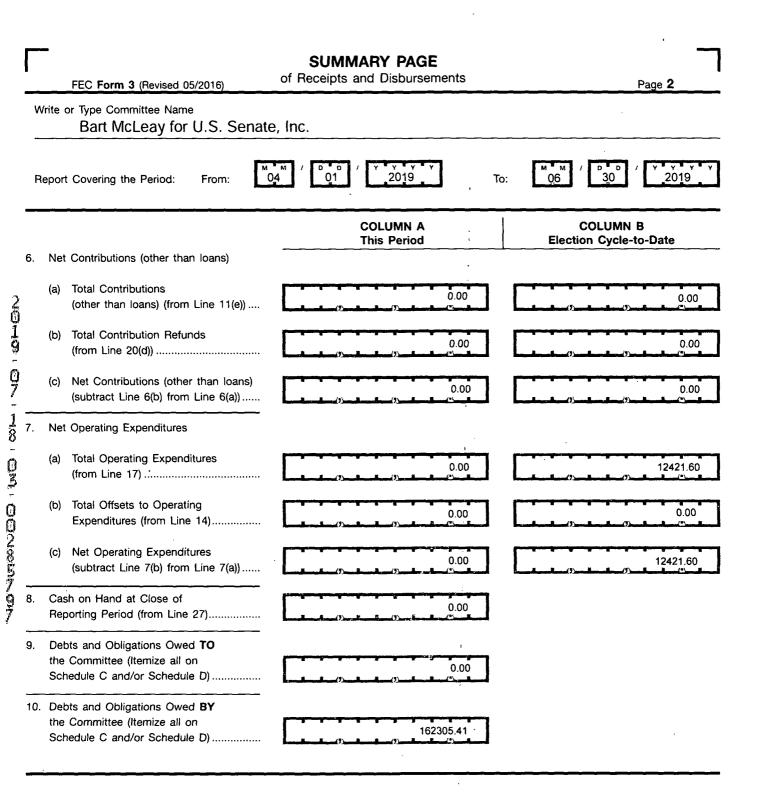
FEC FORM 3 REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee	RECEIVED FEC MAIL CENTER 2019 JUL 18 AM 8: 51 Office Use Only
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, typ over the lines.	
Bart McLeay for U.S. Senate, Inc.	<u></u>
ADDRESS (number and street)	
CITY ▲ CITY ▲	NE69103-1269 STATE ▲ ZIP CODE ▲
C 00547406 3. IS THIS REPORT X NEW (N) OF	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) 12-Day PRE-Election Report for Primary (12P) Convention (12C)	the: General (12G) Runoff (12R) Special (12S)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) (c) 30-Day POST -Election Report for	<pre>p / Y Y Y Y in the State of</pre>
Image: Section on Section (5) General (30G) Image: Section on Section (TER) Image: Section on Section (TER)	Runoff (30R) Special (30S) y y </td
5. Covering Period 04 / 01 / 2019 through	M06 ^M / ^D 30 ^D / ^Y 2019 ^Y
I certify that I have examined this Report and to the best of my knowledge and belief Type or Print Name of Treasurer Robert McChesney, CPA.	it is true, correct and complete.
Signature of Treasurer	Date 07 11 2019
NOTE: Submission of false, erroneous, or incomplete information may subject the person signature of th	gning this Report to the penalties of 52 U.S.C. §30109. FEC FORM 3 (Revised 05/2016)

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For further information contact:

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

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

ł		DE FEC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	Page 3
W	rite c	or Type Committee Name		<u>~</u>
		Bart McLeay for U.S. Senate, In	IC.	
Re	eport	Covering the Period: From: 04	' 01 ' 2019 To:	06 30 2019
		I. RECEIPTS	COLUMN Á Total This Period	COLUMN B Election Cycle-to-Date
2 11.	cor	NTRIBUTIONS (other than loans) FROM:		
2	(a)	Individuals/Persons Other Than		
¢ ,		Political Committees (i) Itemized (use Schedule A)	0.00	0.00
12.		(ii) Unitemized	0.00	0.00
		(iii) TOTAL of contributions from individuals	0.00	0.00
		Ĩ	0.00	0.00
	(b) (c)	Political Party Committees Other Political Committees	······································	······································
		(such as PACs)	0.00	0.00
	(d) (e)	The Candidate	0.00	0.00
	(0)	(other than loans)	0.00	0.00
		(add Lines 11(a)(iii), (b), (c), and (d))		0.00
12.		ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
13.	LOA	ANS:		
	(a)	Made or Guaranteed by the Candidate	0.00	10617.21
	(b)	All Other Loans	0.00	0.00
	(c) (c)	TOTAL LOANS	0.00	10617.21
		(add Lines 13(a) and (b))		10017.21
14.		ESETS TO OPERATING PENDITURES		
	(Ref	funds, Rebates, etc.)	0.00	0.00
15.		HER RECEIPTS idends, Interest, etc.)	0.00	0.00
16.	TO 11(e	TAL RECEIPTS (add Lines e), 12, 13(c), 14, and 15)		
	(Car	rry Total to Line 24, page 4)	0.00	10617.21

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	FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Disbursements	Page 4		
	II. DISBURSEMENTS	DISBURSEMENTS COLUMN A Total This Period			
17.	OPERATING EXPENDITURES		12421.60		
8.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
9.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00		
	 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 	0.00	0.00 0.00 0.00		
0.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00 (*)		
	 (b) Political Party Committees (c) Other Political Committees (such as PACs) 	0.00	(*) (*) (*) (*) (*) (*) (*) (*) (*) (*)		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	().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 (5)(5(5
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

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N010-07-18-0M-00206200

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 14 (check only one) X 17 18 19a 19b 20a 20b 20c 21
Ar or	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a	hay not be sold or used by a address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Bart McLeay for U.S. Senate, Inc.		
•	Full Name (Last, First, Middle Initial)		Date of Disbursement
Α.	Federal Election Commission		
2	Mailing Address 1050 First Street, N.E.		01 16 2019
	City Washington, D.C. State	^{Zip Code} 20463	FEC Identification Number
j	Purpose of Disbursement fees		
I	Candidate Name	Catego Type	
	Office Sought: House Disbursement For Senate Primary President Other (s	······································	12421.60
	State: District:	. ,, .	Memo item
В.	Full Name (Last, First, Middle Initial)		Date of Disbursement
	Mailing Address		
	City State	FEC Identification Number	
	Purpose of Disbursement		
	Candidate Name	Catego Type	
	Office Sought: House Disbursement For Senate Primary President Other (s	,	
	State: District:	pecny) V	
c.	Full Name (Last, First, Middle Initial)		Date of Disbursement
	Mailing Address		
	City State	Zip Code	FEC Identification Number
	Purpose of Disbursement		
	Candidate Name	Catego Type	
	Office Sought: House Disbursement For Senate Primary		
	State: District: Other (s	ipecity)	Memo Item
	SUBTOTAL of Disbursements This Page (optional)	· · · · · · · · · · · · · · · · · · ·	······ > [
	TOTAL This Period (last page this line number only)		

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SCHEDULE C (FEC I LOANS			Use separate scher for each category o Detailed Summary	of the	PAGE 6 OF 14 FOR LINE NUMBER: (check only one) 13a 13b			
NAME OF COMMITTEE (In Full Bart McLeay fo		e, Inc.	· <u> </u>	<u> </u>		<u></u>		
LOAN SOURCE Full Name	e (Last, First, Mid	dle Initial)		Memo Ite	em Ele	ction:		
Bartholomew McLeay					X	Primary General		
Mailing Address c/o Robert PO Box 120	C. McChesney	,,				Other (specify) ▼		
City		State	ZIP Code	e				
North Platte		NE	69103-1	269		Personal Funds of the Candidate		
Original Amount of Loan	50000.00	Cumulative Pa	ayment To C	Date E	Balance	Outstanding at Close of This Perioc 50000.00		
TERMS Date Incurren	daaadaaa_``aadaaad 		Date Due	Interest F		Secured:		
		и м / D		(If none, e	nter 0)			
07	2014	▃▎└▃	┛┖╍	None	0.00	% (apr) Yes X No		
List All Endorsers or Guar 1. Full Name (Last, First, N	<u></u>	Loan Sõurce		Name of Employer		and a second		
Mailing Address		_ <u></u>		Occupation				
				Amount				
City	State	ZIP Code	1	Guaranteed Outstanding:	 (1)	And the first of the second		
2. Full Name (Last, First, M	liddle Initial)	_!		Name of Employer				
Mailing Address		<u> </u>		Occupation				
			-	Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, N	liddle Initial)			Name of Employer				
Mailing Address			·	Occupation				
	<u>. . </u>			Amount		, , , , , , , , ,		
City	State	ZIP Code		Guaranteed Outstanding:	 ()			
4. Full Name (Last, First, M	liddle Initial)	_ <u>_</u>		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
SUBTOTALS This Period This	SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last pag	e in this line only)		·····				
Carry outstanding balance on	ly to LINE 3, Sch	edule D, for th	is line. If no	o Schedule D, carry f	orward	to appropriate line of Summary.		

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SCHED LOANS	CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
NAME O	F COMMITTEE (In Full) Bart McLeay for U.S.	Senat	ie, Inc.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
LOAN	SOURCE Full Name (Last,	First, Mic	ddle Initial)	•	Memo Item	Election:	
Bar	tholomew McLeay					X Primary General	
Mailin	ng Address c/o Robert C. McCh PO Box 1269	esney				Other (specify)	
City			State	ZIP Cod	e		
Nort	h Platte		NE	69103-1	269	X Personal Funds of the Candidate	
Orig	ginal Amount of Loan		Cumulative Pay	yment To [Date Bala	nce Outstanding at Close of This Period	
	4800	0.00			0.00	48000.00	
TERM	IS Date Incurred		 C	ate Due	Interest Rate		
M	4 29 7 2014		M M / D D		(If none, enter Y Y Y None 0.0		
	All Endorsers or Guarantors	lif in the second second					
	ull Name (Last, First, Middle II				Name of Employer		
M	ailing Address				Occupation		
}				ŀ	Amount		
С	ity	State	ZIP Code		Guaranteed Outstanding:		
2. Fu	II Name (Last, First, Middle In	itial)			Name of Employer		
Ma	ailing Address				Occupation		
					Amount	- 	
Cit	ly .	State	ZIP Code		Guaranteed Outstanding:		
3. Fu	Il Name (Last, First, Middle In	itial)			Name of Employer		
Ma	ailing Address				Occupation		
		.			Amount		
Cit	ty .	State	ZIP Code	1	Guaranteed Outstanding:	-()l()ll()l	
4. Fu	Il Name (Last, First, Middle In	itial)			Name of Employer		
Ma	Mailing Address			+	Occupation		
				 	Amount		
Cit	ty	State	ZIP Code	,	Guaranteed Outstanding:		
SUBTO	SUBTOTALS This Period This Page (optional)						
	This Period (last page in this						
<u></u>					انیسا 	······································	
Carry o	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

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CHEDULE C (FEC OANS	Form 3)			Use separate schedu for each category of Detailed Summary Pa	the (check only one) X 13a	
AME OF COMMITTEE (In F Bart McLeay	Full) for U.S. Senate	, Inc.		I		
LOAN SOURCE Full Na	ame (Last, First, Mido	le Initial)		🗍 Memo Item	n Election:	
Bartholomew McLea	у				General	
Mailing Address c/o Robe PO Box	ert C. McChesney 1269				Other (specify) ▼	
City North Platte		State NE	ZIP Code 69103-12		X Personal Funds of the Candidate	
Original Amount of Loar	2000.00	Cumulative Pa	yment To D	Date Ba	alance Outstanding at Close of This Peric	
TERMS Date Incu Mor / 14 / List All Endorsers or G	ү ү ү ү 2014 М	M / D D			0.00 % (apr) Yes X No	
1. Full Name (Last, Firs		··· •		Name of Employer	<u></u>	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	۲	
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)	I		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:	(j)(j)	
SUBTOTALS This Period T				_ _	() () () () () () () () () () () () () (
Carry outstanding balance	only to LINE 3, Sche	dule D, for thi	s line. If no	Schedule D, carry for	rward to appropriate line of Summary	

SCHEDULE LOANS	C (FEC Form 3)			L Detailed Summary Page		
NAME OF COM Bart	MITTEE (In Full) McLeay for U.S. Ser	nate, Inc.		÷		
LOAN SOUP	ICE Full Name (Last, First,	Middle Initial)		Memo Iter		ction:
Bartholon	new McLeay				X	Primary General
Mailing Addr	ess c/o Robert C. McChesney PO Box 1269					Other (specify) ¥
City North Platte	City State ZIP C				IX	Personal Funds of the Candidate
			1			
Original An	ount of Loan 50000.00	Cumulative Pa	ayment To D	ate Ba	lance (Dutstanding at Close of This Period 50000.00
TERMS	Date Incurred	نرژ <u>، معامدتان می</u>	Date Due	interest Ba	te	Secured:
	landing to the second s			(If none, en		
05 /	^D 07 ^D / ^Y 2014			None).00 @	% (apr) Yes X No
List All End	orsers or Guarantors (if an	/) to Loan Source	¢			
1. Full Nam	e (Last, First, Middle Initial)			Name of Employer		
Mailing A				Occupation		
J			-			
City	State	ZIP Code	1	Amount Guaranteed		**************************************
	·			Outstanding:	·())	<u>tt()t()t</u>
2. Full Name	e (Last, First, Middle Initial)			Name of Employer		
Mailing A	ddress			Occupation		
				Amount		
City	State	ZIP Code	1	Guaranteed Outstanding:	<u></u> ()	
3. Full Name	e (Last, First, Middle Initial)		1	Name of Employer		
Mailing A	ddress			Occupation		
				Amount		**}
City	State	ZIP Code		Guaranteed Outstanding:	 ()	tanka ()tanka ()tank
4. Full Name	(Last, First, Middle Initial)			Name of Employer		
Mailing A	ddress			Occupation		
			-	Amount		
City	State	ZIP Code	(Guaranteed Outstanding:	()	Bardan Candana
	his Period This Page (option Period (last page in this line			L		<u>50000.00</u>
	ing balance only to LINE C	Sobadula D. f-= 14	ia line 16	Sobodula D		te ensuration line of Courses
varry outsidno	ing balance only to LINE 3,	Schedule D, 10r th	is line. If no	Goneoule D, carry to	waro	to appropriate line of Summary.

SCHEDULE C (FEC LOANS	Form 3)			Use separate scheduk for each category of t Detailed Summary Pag	he (check only one) X 13a	
NAME OF COMMITTEE (In F Bart McLeay 1	for U.S. Senati	e, Inc.		· ·		
LOAN SOURCE Full Nat	me (Last, First, Mid	dle Initial)	,	Memo Item	Election:	
Bartholomew McLeay	y				X Primary General	
	rt C. McChesney				Other (specify)	
PO Box 2	1209	State	ZIP Code			
North Platte		NE	69103-12	269	X Personal Funds of the Candidate	
Original Amount of Loan	300.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Period	
TERMS Date Incur M 08 / 17 / List All Endorsers or Gu 1. Full Name (Last, First	2015 varantors (if any) to			Interest Rate (If none, enter None 0.0	r 0)	
Mailing Address				Occupation		
City	State	ZIP Code		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)	- I		Name of Employer		
Mailing Address		<u> </u>		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 Th TOTALS This Period (last pa	age in this line only)		• • • •	300.00 () () () () () ()	
Carry outstanding balance	only to LINE 3, Sch	edule D, for thi	<u>s line. If no</u>	Schedule D, carry for	ward to appropriate line of Summary.	

CHEDULE C (FEC For OANS	m 3)		Use separate scheduk for each category of t Detailed Summary Pa	the (check only one) X 13a	
NAME OF COMMITTEE (In Full) Bart McLeay for U	.S. Senat	e, Inc.		· .	
LOAN SOURCE Full Name (La	st, First, Mic	Idle Initial)		Memo Item	
Bartholomew McLeay					X Primary General
Mailing Address c/o Robert C. Mi PO Box 1269	cChesney				Other (specify)
City		State	ZIP Code		+ <u></u>
North Platte		NE	69103-1	269 ,	X Personal Funds of the Candidate
Original Amount of Loan	,000.00	Cumulative Pa	ayment To D	pate Bala	ance Outstanding at Close of This Perio 1,000.00
TERMS Date Incurred	handrad la	M M / D (╺┿┫ ╵╴╴╴╴		r 0) 00 ©% (apr)
List All Endorsers or Guaranto		o,Loan,Source		Name of Employer	Carlon and a second
Mailing Address				Occupation	
City	State	ZIP Code		Guaranteed Outstanding:	_{1)
2. Full Name (Last, First, Middle	e Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount Guaranteed	·····
City	State	ZIP Code		Outstanding:	<u>()()</u>
3. Full Name (Last, First, Middle	e Initial)	<u></u>		Name of Employer	
Mailing Address				Occupation	
				Amount Guaranteed	·····
City	State	ZIP Code	1	Outstanding:	-()()()()()()
4. Full Name (Last, First, Middle	e Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Pag	e (optional)	_l	L.		/ 1,000.00
TOTALS This Period (last page in Carry outstanding balance only to	· · ·			!	

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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. Sen	ate, Inc.					
LOAN SOURCE Full Name (Last, First, N Bartholomew McLeay	Aiddle Initial)		Memo Item	Election:		
Mailing Address c/o Robert C. McChesney				General Other (specify) ▼		
PO Box 1269 City North Platte	State NE	ZIP Code 69103-126	9	X Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay		0.00	nce Outstanding at Close of This Period		
TERMS Date Incurred M_M_M / 01 / Y Y Y Y Y Y	M M / D D	فيستعمل الع	Interest Rate (If none, enter one 0.00	0) 0 % (apr) Yes X No		
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)) to Loan Source		ame of Employer			
Mailing Address			Occupation			
City State	ZIP Code	Gi	mount uaranteed utstanding:	()()()()()		
2. Full Name (Last, First, Middle Initial)		Na	Name of Employer			
Mailing Address			ccupation			
City State	ZIP Code	Gi	uaranteed utstanding:	ſ <u></u> ſſ		
3. Full Name (Last, First, Middle Initial)		Na	Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code	Gi	mount uaranteed utstanding:	0		
4. Full Name (Last, First, Middle Initial)		Na	Name of Employer			
Mailing Address		00	ccupation			
City State	ZIP Code	G	nount uaranteed utstanding:	ØØ		
SUBTOTALS This Period This Page (optional)						
Carry outstanding balance only to LINE 3, 5	Schedule D, for this	s line. If no	Schedule D, carry forw	ard to appropriate line of Summary.		

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SCHEDULE C (FEC Form 3) OANS		fo	se separate scheo or each category c etailed Summary	of the	PAGE 13 OF 14 FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Bart McLeay for U.S. Sen	ate, Inc.				
LOAN SOURCE Full Name (Last, First, I Bartholomew McLeay Mailing Address c/o Robert C. McChesney	Middle Initial)		Memo Ite		tion: Primary General Other (specify) ▼
PO Box 1269 City North Platte	State	ZIP Code 69103-1269			Personal Funds of the Candidate
Original Amount of Loan 1,000.00	Cumulative Pa	ayment To Date	0.00	Balance O	utstanding at Close of This Perio
TERMS Date Incurred		Date Due			Secured:
05 25 2017 List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)) to Loan Source		e of Employer		% (apr)Yes X No
Mailing Address					
City State	ZIP Code	Outs	tanding:	())1	
2. Full Name (Last, First, Middle Initial) Mailing Address			e of Employer		
City State	ZIP Code	1	unt ranteed tanding:		<u> </u>
3. Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer Occupation		
City State	ZIP Code		unt anteed tanding:		
4. Full Name (Last, First, Middle Initial)			e of Employer		
Mailing Address					
City State	ZIP Code	Guar	anteed tanding:		<u>, , , , , , , , , , , , , , , , , , , </u>
SUBTOTALS This Period This Page (optiona TOTALS This Period (last page in this line o			L		1,000.00

2019 : 07 - 18 : 0M - 002005

FEC Schedule C (Form 3) (Revised 05/2016)

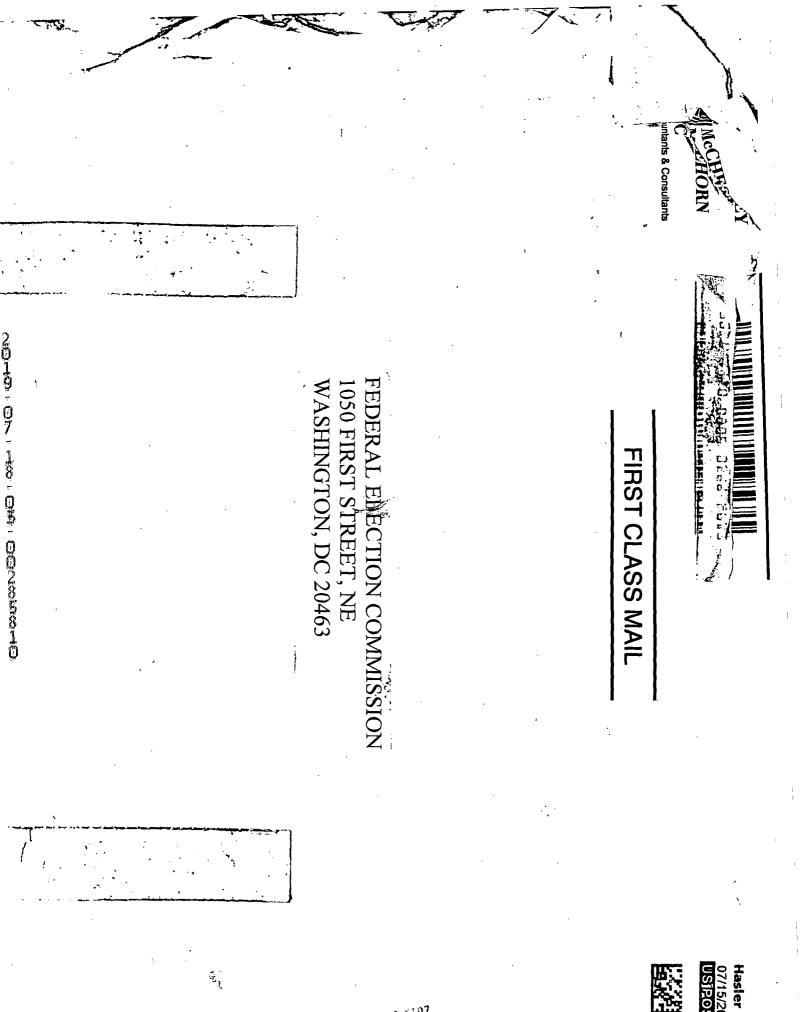
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SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 OF 14 FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Bart McLeay for U.S. Senate, Inc.	· ·	<u> </u>
LOAN SOURCE Full Name (Last, First, Middle Initial)	Ele	ection:
Bartholomew McLeay	X	Primary General
Mailing Address 12936 Burt St.		Other (specify) v
City State ZIP Cod Omaha NE 68154-4		
Original Amount of Loan Cumulative Payment To I 10617.21	Date Balance	Outstanding at Close of This Period 10617.21
TERMS Date Incurred Date Due M_01 P_16P Y 2019 M_M P_P Y List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate	Secured: % (apr) Yes No
	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	<u>)</u>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	<u>6</u>
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:	<u> </u>
SUBTOTALS This Period This Page (optional)		10617.21
TOTALS This Period (last page in this line only)		162305.41

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Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fi	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
	Postmarked (R/C)
USPS Registered/Certified	7-15-19
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	
No Postmark	· · · · · · · · · · · · · · · · · · ·
Overnight Delivery Service (Specify):	Shipping Date
· · · · · · · · · · · · · · · · · · ·	Next Business Day Delivery
Received from House Records & Registrat	Date of Receipt
Received from Senate Public Records Offi	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
	Date of Receipt or Postmarked
Other (Specify):	
nf	7-18-19
PREPARER	DATE PREPARED
(3/2015)	

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