 DOUG MAGEE FOR CONGRESS COMMITTEE
Democrat Congress Third District
3040 Fairway Drive
Brandon, Mississippi 39047

RECEIVED

2014 JUL 13 AM 9:40

FEC MAIL CENTER

July 11, 2014

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

RE: Douglas MacArthur (Doug) Magee for Congress
Quarterly Filing


Dear Sir/Madam:

Enclosed on behalf of Douglas MacArthur Magee, please find an executed Form 5 regarding the quarterly filing requirement for April 1, 2014 through June 30, 2014. Please accept this quarterly report and file as appropriate with the Federal Election Commission.

Thank you for your attention to this matter. Should you have any questions or need additional information, please do not hesitate to contact us at the address and telephone number listed on the footer of this letter.

Very truly yours,

DOUG MAGEE FOR CONGRESS COMMITTEE

DOUG MAGEE | Democrat Congress Third District
145 East Maude Ave
Mendenhall, Mississippi 39114
Telephone: 601-847-2446 

140M11N100110

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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1. (a) Name of Individual, Organization or Corporation DOUG MAGEE FOR CONGRESS COMMITTEE	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3040 FAIRWAY DRIVE	
(c) City, State and ZIP Code BRANDON, MS 39047	3. FEC Identification Number C
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☐ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM **04** ^M ^M ^D ^D ^Y ^Y ^Y ^Y **2014**

THROUGH **07** ^M ^M ^D ^D ^Y ^Y ^Y ^Y **2014**

6. TOTAL CONTRIBUTIONS..... **00.00**

7. TOTAL INDEPENDENT EXPENDITURES..... **00.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

J. M. BOYLES

J. M. Boyles **7-15-2014**

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

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 FILER (In Full)

DOUG MAGEE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

SUBTOTAL of Receipts This Page (optional)

, , 00.00

TOTAL This Period (last page carry total to Line 6)

, , 00.00

PAGE	OF
FOR LINE 7 OF FORM 5	

DOUG MAGEE FOR CONGRESS COMMITTEE

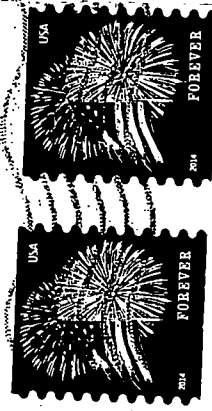
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount , , *	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought , , *			
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount , , *	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought , , *			
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount , , *	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought , , *			
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount , , *	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought , , *			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	,	,	00.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	,	,	00.00
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	,	,	00.00

Douglas M. Magee, Esq.
611 Marsha Avenue
Mendenhall, Ms 39114

JACKSON MS 390

11 JUL 2014 PM 3:11



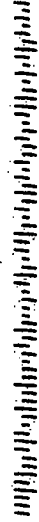
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Washington, DC 20463

20463



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	Postmarked 7/11/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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	7/18/14 DATE PREPARED

(8/2013)

140M110N10000001