

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	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)) ..	100.00	564697.95
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	85833.96
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	100.00	478863.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	-825.82	627270.10
(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))...	-825.82	627270.10
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) ...	148,388.20	

For further information contact:

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

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

14020742844

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

Bart McLeay for U.S. Senate, Inc.

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 2014

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

508442.27

(ii) Unitemized

100.00

44655.68

(iii) TOTAL of contributions from individuals ..

100.00

553097.95

(b) Political Party Committees...

0.00

0.00

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

0.00

11600.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

100.00

564697.95

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...

0.00

0.00

13. LOANS:

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

0.00

150000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

150000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

17.91

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

100.00

714715.86

14020742845

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	825.82	627270.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	1611.80	1611.80
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	1611.80	1611.80
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	85833.96
(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	85833.96
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	785.98	714715.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	685.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	100.00
25. SUBTOTAL (add Line 23 and Line 24)...	785.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	785.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

14020742846

**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)

<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. American Express

Mailing Address P.O. Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 01 / 2014

Amount of Each Disbursement this Period

7.95

Transaction ID : B0570347B2DFA41F88F1

Category/ Type

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement
refund of credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

-47.70

Transaction ID : B6E23D9CED01A4314BB1

Category/ Type

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement
Cell phone bill & Uhaul

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

7.38

Transaction ID : BF1B67DFE07714B3CA07

Category/ Type

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

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

-32.37

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14020742847

**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 6 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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

Full Name (Last, First, Middle Initial) A. Authnet Gateway		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address		Amount of Each Disbursement this Period 20.00
City	State Zip Code	
Purpose of Disbursement Credit Card Fees	Candidate Name	Transaction ID : B4662247BCDE44208936
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 1600 Amphitheater		Amount of Each Disbursement this Period 7.20
City	State Zip Code	
Purpose of Disbursement Monthly fee	Candidate Name	Transaction ID : BEF616AAB1C0A4BB49FF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MUD		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address PO Box 3600		Amount of Each Disbursement this Period -90.42
City	State Zip Code	
Purpose of Disbursement Refund of Security Deposit	Candidate Name	Transaction ID : B8A3374755C4E49B38CF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	-63.22
TOTAL This Period (last page this line number only).....	

14020742848

**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 7 OF 13

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Bart McLeay for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. MUD

Mailing Address PO Box 3600

City Omaha State NE Zip Code 68103-0600

Purpose of Disbursement
Refund of Security Deposit

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Amount of Each Disbursement this Period

-448.34

Transaction ID : B9B6B1EEB6ED546AA903

Category/
Type

Full Name (Last, First, Middle Initial)

B. Nebraska Workforce Development

Mailing Address 105 E Norfolk Ave
Suite 100

City Lincoln State NE Zip Code

Purpose of Disbursement
NE unemployment taxes -2nd qtr

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2014

Amount of Each Disbursement this Period

106.06

Transaction ID : BC0A5A122552F4DA2887

Category/
Type

Full Name (Last, First, Middle Initial)

C. Transfirst

Mailing Address Suite 100
12202 Airport Way

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Amount of Each Disbursement this Period

77.96

Transaction ID : BC5C92E43578F429AB79

Category/
Type

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

-264.32

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

14020742849

**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 8 OF 13		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Verizon		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
Mailing Address 14811 W Maple Rd		Amount of Each Disbursement this Period <input type="text" value="30.00"/>
City Omaha	State NE Zip Code 68116-5172	
Purpose of Disbursement Monthly Ipad fee	<input type="text"/>	Transaction ID: B55DC5976DB9A48BF89D
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Verizon		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
Mailing Address 14811 W Maple Rd		Amount of Each Disbursement this Period <input type="text" value="-401.91"/>
City Omaha	State NE Zip Code 68116-5172	
Purpose of Disbursement Refund of Security Deposit	<input type="text"/>	Transaction ID: BBE8570248AC7447E8D1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. First Dakota Indemnity		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
Mailing Address 14811 W Maple Rd		Amount of Each Disbursement this Period <input type="text" value="-94.00"/>
City Omaha	State NE Zip Code 68116-5172	
Purpose of Disbursement Refund of Premium	<input type="text"/>	Transaction ID:
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="-465.91"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="-825.82"/>

14020742850

**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 9 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Bartholomew McLeay

Mailing Address 12936 Burt St.

City Omaha State NE Zip Code 68154-4020

Purpose of Disbursement
Loan Repayment: Loan payment to Candiate

Candidate Name
Bartholomew McLeay

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 27 / 2014

Amount of Each Disbursement this Period
1611.80

Transaction ID: BDA9188F9C9C049A1805

Category/Type

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

Transaction ID: BBE8570248AC7447E8D1

Category/Type

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

Transaction ID:

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 1611.80

TOTAL This Period (last page this line number only)..... 1611.80

14020742851

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 10 OF 13

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **Bart McLeay for U.S. Senate, Inc.** Transaction ID : **CF222F901E0484C8886F**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Bartholomew McLeay** [PERSONAL FUNDS]

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 12936 Burt St.

City State ZIP Code
 Omaha NE 68154-4020

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

TERMS

Date Incurred **07 / 03 / 2013** Date Due **None** Interest Rate **0.00** % (apr) Secured: 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: 50000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 50000.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 50000.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 50000.00

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.

14020742852

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Bart McLeay for U.S. Senate, Inc.** Transaction ID : **CEC309113360F40BD876**

LOAN SOURCE Full Name (Last, First, Middle Initial) Bartholomew McLeay	[PERSONAL FUNDS]	Election: 2014 <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 48000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 48000.00

TERMS

Date Incurred MM / DD / YYYY 04 / 29 / 2014	Date Due MM / DD / YYYY None	Interest Rate % (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: []

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.

14020742853

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)

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

Mailing Address
12936 Burt St.

Election:
 Primary
 General
 Other (specify) ▼

City State ZIP Code
Omaha NE 68154-4020

Original Amount of Loan 2000.00	Cumulative Payment To Date 1611.80	Balance Outstanding at Close of This Period 388.20
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TERMS

Date Incurred: MM/DD/YYYY (07/14/2014) Date Due: MM/DD/YYYY (None) Interest Rate: 0.00 % (apr) Secured: 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.

14020742854

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)

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
50000.00 0.00 50000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 07 / 2014 M M / D D / 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)... 50000.00
TOTALS This Period (last page in this line only).. 148388.20

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

14020742855

14020742856



CERTIFIED MAIL™



7012 3050 0000 5029 9256

FIRST CLASS MAIL

Hasler
10/08/2014
US POSTAGE
FIRST-CLASS MAIL
\$07.40
ZIP 69101
011D10634465

Handwritten initials: AS / 10/11

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Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 10-8-14
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

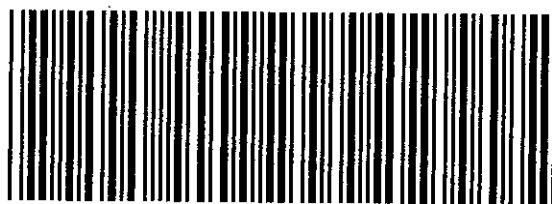
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

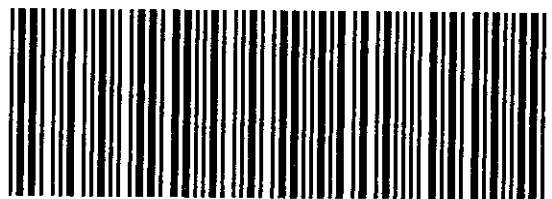
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-15-14

14020742857



SEN PATCH



SEN PATCH

14020742858