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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	<i>\</i>			Zed Com	VIEN IS mittee			Office Use	Only	
1. NAME OF COMMITTEE (in	full)	TYPE OR PR	NT ▼		ample: If typin er the lines.	g, type	12FE4M5		]	
MCGEE FOR	CONGR	ESS		1 1 1 1		1 1 1 1	1 1 1 1 1			
ADDRESS (number ar	nd street)	C/O C EDW	ARD MCGE	EE JR						
Check if difthan previous reported. (A	usly	PT LAUDER					FL	33311	-	
2. <b>FEC IDENTIFIC</b>	,	JMBER ▼		CITY			STATE A	7	IP CODE	
C C0055338				S THIS REPORT	× NEW		AMENE (A)		STATE ▼ DIS	STRICT
	eports: 5 Quarterly F	Report (Q1)	(b) 1:	2-Day <b>PRE</b> -	Election Report Primary (12P)		General (1	,	Runoff	(12R)
	Quarterly R r 15 Quarter	ly Report (Q3)	E	Election on	M M /	30	Y Y Y Y Y 2016	]	in the State of	FL
January	/ 31 Year-En	d Report (YE)	(c) 3	0-Day POS	<b>r</b> -Election Rep	oort for the:				
					General (30G	i)	Runoff (30	OR)	Special	(30S)
Termina	ation Report	(TER)	E	Election on	M M /	D D /	YYYY		in the State of	
5. Covering Period		M / D D D 01		)16 Y	through	M M 08	/ 10 /	Y Y 2016		
I certify that I have e	examined th	is Report and	to the be	st of my kn	owledge and I	belief it is tr	ue, correct and	d complete	е.	
Type or Print Name	of Treasurer	Andrea Lei	gh McGee							
Signature of Treasure	er <u>Andr</u>	ea Leigh McGee			[Electronically l	Filed] [	Date 08	/ D	D / Y Y 201	
NOTE: Submission of	false, errone	eous, or incom	olete inforn	nation may	subject the per	son signing	this Report to t	he penaltie	s of 2 U.S.C.	§437g.
Office Use Only									FORM 3 sed 02/2003)	[

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

#### MCGEE FOR CONGRESS

07 08 10 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 650.00 15901.03 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 686.90 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 650.00 15214.13 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 250.17 15389.47 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 250.17 15389.47 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 378.12 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 553.46 Schedule C and/or Schedule D).....

#### 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

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18364.14

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

#### MCGEE FOR CONGRESS

07 08 2016 01 2016 10 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: Individuals/Persons Other Than Political Committees 500.00 13022.00 (i) Itemized (use Schedule A)..... 2879.03 150.00 (ii) Unitemized..... (iii) TOTAL of contributions 650.00 15901.03 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 650.00 15901.03 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 226.32 2463.11 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 226.32 2463.11 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) ..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

876.32

(Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	250.17	15389.47
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed by the Candidate	686.33	1909.65
	(b) Of All Other Loans	0.00	0.00
	(add Lines 19(a) and (b))	000.33	1909.03
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees	0.00	686.90
	(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	686.90
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	936.50	17986.02
	III. CASH SI	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	438.30
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	876.32
25.	SUBTOTAL (add Line 23 and Line 24)		1314.62
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	936.50
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	IG PERIOD	378.12

### SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

l	FOR LINE	NUMBER:	PAGE	5 0	F 37
l	(check only	one)			
l	X <sub>11a</sub>	11b	11c	11d	
l	12	13a	13b	14	15

		Statements may not be sold or used by any pele name and address of any political committee	
	NAME OF COMMITTEE (In Full)		
V	MCGEE FOR CONGRESS		
	Full Name (Last, First, Middle Initial) Raymond Karam		
Α.	Mailing Address 2333 NE 24 St.		Date of Receipt
	2000 NE 24 Ot.		07 19 2016
	City	State Zip Code	Transaction ID : SA11AI.4356
	Lighthouse Point	FL 33062	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	250.00
	Karam Family LLC	General Contractor	Memo Item
	Receipt For: 2016	Election Cycle-to-Date	_
	Primary General		
	Other (specify)	250.00	
_	Full Name (Last, First, Middle Initial)  Zak Kearns		Date of Receipt
B.	Mailing Address 9860 Cypress Lake Drive		08 01 2016
	City	State Zip Code	Transaction ID : SA11AI.4365
	Ft. Myers	FL 33919	Transaction id . SATTAL4303
	FEC ID number of contributing	С	Amount of Each Receipt this Period
	federal political committee.	O	
	Name of Employer	Occupation	250.00
	Kearns Restaurant Group	Vice President	Memo Item
	Receipt For: 2016	Election Cycle-to-Date	
	Primary Seneral		
	Other (specify)	250.00	
	Full Name (Last, First, Middle Initial)		Date of Receipt
C.	Mailing Address		·
	· ·		M   M   / D   D   / Y   Y   Y   Y
	City	State Zip Code	
	FEC ID number of contributing	С	Amount of Each Receipt this Period
	federal political committee.		
	Name of Employer	Occupation	Memo Item
	Receipt For:	Election Cycle-to-Date	_
	Primary General		
	Other (specify)		
Г			500.00
L	SUBTOTAL of Receipts This Page (optional)		
1	OTAL This Period (last page this line number	only)	500.00

### SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER:	PAGE	6 OF 37
Use separate schedule(s)	(check only one)		
for each category of the	11a 11b	11c	11d
Detailed Summary Page	12 X 13a	13b	14 15

		Statements may not be sold or used by any pere name and address of any political committee	
	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
<b>A</b> .	Full Name (Last, First, Middle Initial) Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City POMPANO BEACH  FEC ID number of contributing federal political committee.  Name of Employer Finn Real Estate  Receipt For: 2016 Primary General Other (specify)	State Zip Code FL 33062  C H4FL22086  Occupation Real Estate Agent Election Cycle-to-Date	Date of Receipt  07 01 2016  Transaction ID: SA13A.4413  Amount of Each Receipt this Period  30.90  Memo Item
В.	Full Name (Last, First, Middle Initial) Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City POMPANO BEACH	State Zip Code FL 33062	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer  Finn Real Estate  Receipt For: 2016  Primary General  Other (specify)	C H4FL22086  Occupation Real Estate Agent  Election Cycle-to-Date	Amount of Each Receipt this Period  60.42  Memo Item
c.	Full Name (Last, First, Middle Initial) Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City POMPANO BEACH  FEC ID number of contributing federal political committee.  Name of Employer Finn Real Estate  Receipt For: 2016 Primary General Other (specify)	State Zip Code FL 33062  C H4FL22086  Occupation Real Estate Agent Election Cycle-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Г	SUBTOTAL of Receipts This Page (optional)		226.32

TEMIZED DISBURSEMENTS for			Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 7 OF 37 (check only one)    X   17
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS				
۹.	Full Name (Last, First, Middle Initial)  Trademark Graphic				Date of Disbursement
	Mailing Address 2030 NW 93rd Ave				07 22 2016
	City Pembroke Pines	State FL	Zip Code 33024		Amount of Each Disbursement this Period
	Purpose of Disbursement Bookmarks			004	60.42 Memo Item
	Candidate Name MCGEE FOR CONGRESS			Category/ Type	Transaction ID : SB17.4394
	Senate President	ursement For Primary Other (s	General		
	State: FL District: 22 Full Name (Last, First, Middle Initial)				
3.	Mailing Address				Date of Disbursement
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				Memo Item
	Candidate Name			Category/ Type	Memo item
		ursement For Primary Other (s	General		
	State: District:				
Э.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address				M M / D D / Y Y Y
	City S	State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name			Category/ Type	Memo Item
	Office Sought: House Disb Senate President	ursement For Primary Other (s	General		
	State: District:				
					60.42

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

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

60.42

Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial)  A. Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City State POMPANO BEACH Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Senate Primary President State: FL District: 22	X General	Date of Disbursement  O7 O7 2016  Amount of Each Disbursement this Period  40.80  Memo Item  Transaction ID: SB19A.4436
State: FL District: 22  Full Name (Last, First, Middle Initial)  Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City State POMPANO BEACH FL  Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Senate Primary President State: FL District: 22	X General	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	X General	Date of Disbursement  M M / D D / Y Y Y Y Y  O7 08 2016  Amount of Each Disbursement this Period  20.63  Memo Item  Transaction ID: SB19A.4438
SUBTOTAL of Disbursements This Page (optional)		181.31

SCHEDULE B	(FEC	Form	3)
ITEMIZED DISI	BURSI	EMEN	TS

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS  Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial)  A. Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE		Date of Disbursement  O7 08 2016
City State POMPANO BEACH FL  Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS	Zip Code 33062 009 Category Type	Amount of Each Disbursement this Period  72.41  Memo Item  Transaction ID: SB19A.4439
State: FL District: 22		
Full Name (Last, First, Middle Initial)  Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State POMPANO BEACH FL  Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Senate Disbursement Fo	/ General	Amount of Each Disbursement this Period  5.00  Memo Item  Transaction ID : SB19A.4440
State: FL District: 22  Full Name (Last, First, Middle Initial)	specify)	
C. Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
POMPANO BEACH FL S  Purpose of Disbursement  Candidate Name  MCGEE FOR CONGRESS  Office Sought: House Senate Disbursement Fo		Amount of Each Disbursement this Period  47.48  Memo Item  Transaction ID : SB19A.4441
SUBTOTAL of Disbursements This Page (optional)		124.89

SCHEDULE B	(FEC	Form	3)
ITEMIZED DISI	BURSI	EMEN	TS

Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial)  A. Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City State POMPANO BEACH FL  Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Senate Primary President State: FL District: 22	Meneral General	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City State POMPANO BEACH FL Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Disbursement For: Senate Primary President State: FL District: 22	General	Date of Disbursement  M M M / D D / Y Y Y Y Y  O7 08 2016  Amount of Each Disbursement this Period  27.96  Memo Item  Transaction ID: SB19A.4443
Full Name (Last, First, Middle Initial)  C. Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City State Zip	X General	Transaction ID : SB19A.4444
SUBTOTAL of Disbursements This Page (optional)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 37 (check only one)  17 18 X 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial)  Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State POMPANO BEACH FL  Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Senate Primary President State: FL District: 22	X General	Amount of Each Disbursement this Period  60.42  Memo Item  Transaction ID: SB19A.4417
Full Name (Last, First, Middle Initial)  Andrea Leigh McGee  Mailing Address 961 NE 27TH AVENUE  City State POMPANO BEACH FL Purpose of Disbursement  Candidate Name MCGEE FOR CONGRESS  Office Sought: House Disbursement For Senate Primary President Other (s	General	Date of Disbursement  M M M / D D / Y Y Y Y  O8 03 / 2016  Amount of Each Disbursement this Period  269.58  Memo Item  Transaction ID: SB19A.4418
Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary President Other (s	General	Date of Disbursement  M M / D D / Y Y Y Y  Amount of Each Disbursement this Period  Memo Item
SUBTOTAL of Disbursements This Page (optional)		330.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**X** 13a

PAGE 12

LUANS	Detailed Summary Page (Crieck Only One)			
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS	Transaction ID : SC/10.4302			
LOAN SOURCE Full Name (Last, First, Middle Initial) Andrea Leigh McGee	☐ Memo Item Election: 2016 ☐ Primary ☐ General			
Mailing Address 961 NE 27TH AVENUE	General Other (specify) ▼			
City State ZIP Co POMPANO BEACH FL 33062				
Original Amount of Loan  Cumulative Payment To	Date Balance Outstanding at Close of This Period  119.88 0.00			
	Interest Rate Secured:  12/31/16   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 Amount			
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)	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)				
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.			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

×	13a
	13b

DANS			for each categor Detailed Summa		(check only one)	· —	13a 13b
AME OF COMMITTEE (In Full			Tr	ansaction	ID : SC/10.4304		
LOAN SOURCE Full Name Andrea Leigh McGee	•	ul)	Memo Item		ction: 2016 Primary General		
Mailing Address 961 NE 27TH AVENUE					Other (specify)		
City	State	ZIP Code	)				
POMPANO BEACH	FL	33062					
Original Amount of Loan	Cumula 40.80	ative Payment To D	40.80	Balance	Outstanding at Clo	se of This F	oeriod
TERMS  Date Incurred	Ž016 Y M M /		Interes	t Rate 0.00	% (apr)	Secured:	No
List All Endorsers or Guar  1. Full Name (Last, First, N			Name of Employer				
Mailing Address	, 		Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	7		· · ·	
2. Full Name (Last, First, M	iddle Initial)	1	Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	-,	7		
3. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page	e in this line only)		······		7 7		
Carry outstanding balance on	y to LINE 3, Schedule D,	for this line. If no	Schedule D, carr	y forward	to appropriate lin	e of Summ	ary.

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

LOANS		for each cated  Detailed Sumi		(check only one)	×	13a 13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		•	Transaction	ID : SC/10.4324		
LOAN SOURCE Full Name (Last, First, Mic Andrea Leigh McGee	ddle Initial)	Memo It	em Ele	General		
Mailing Address 961 NE 27TH AVENUE				Other (specify) ▼		
City	State ZIP Co	de	l			
POMPANO BEACH	FL 33062					
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of	This	Period
269.58	7	269.58	J L.		0.00	)
Date Incurred  M 04 O 7 O 7 Y 2016	Date Due	Inte	erest Rate 0.00	Secur	red: 'es	X
List All Endorsers or Guarantors (if any) to	o Loan Source				<u> </u>	110
1. Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:		7		
3. Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page (optional)				7 7	0.00	)
TOTALS This Period (last page in this line only  Carry outstanding balance only to LINE 3, Sch	•				0	

## SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 15

NUMBER: / one) X 13a

OF

LOANS	Detailed Summary Page (chock strily only)
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS	Transaction ID : SC/10.4411
LOAN SOURCE Full Name (Last, First, Middle Initial) Andrea Leigh McGee	Memo Item Election: 2016 Primary General
Mailing Address 961 NE 27TH AVENUE	Other (specify)
	ZIP Code 33062
Original Amount of Loan Cumulative Paym 25.86	nent To Date  Balance Outstanding at Close of This Period  0.00  25.86
TERMS  Date Incurred  Date M 04	te Due Interest Rate Secured:  12/31/16  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  Amount
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)	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)	25.86
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D. for this l	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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LOANS		Detailed Summary Page		X 13a 13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transacti	ion ID : SC/10.4406	
LOAN SOURCE Full Name (Last, First, Mic Andrea Leigh McGee	ldle Initial)	Memo Item	Election: 2016 Primary General	
Mailing Address 961 NE 27TH AVENUE			Other (specify)	
City POMPANO BEACH	State ZIP Cod FL 33062	е		
Original Amount of Loan	Cumulative Payment To [	Date Balan	ce Outstanding at Close of	This Period
TERMS  Date Incurred	Date Due	Interest Rate	Secur	-
List All Endorsers or Guarantors (if any) to		0.00 2/31/16	% (apr)	es No
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State		Guaranteed Outstanding:	7 7 7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
SUBTOTALS This Period This Page (optional)		<u> </u>	7 . 7	19.12
TOTALS This Period (last page in this line only	·)	•	7 7	
Carry outstanding balance only to LINE 3, Sch	edule D. for this line. If n	o Schedule D. carry forwa	ard to appropriate line of	Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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×	13a
	13b

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(check only one) Detailed Summary Page Transaction ID: SC/10.4407 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee ★ General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 17.70 0.00 17.70 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 04<sup>M</sup> 08 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 17.70 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.

Use separate schedule(s)

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LOANS		Detailed Summary Pag		X 13a 13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transac	tion ID : SC/10.4409	
LOAN SOURCE Full Name (Last, First, MicAndrea Leigh McGee	ddle Initial)	Memo Item	Election: 2016 Primary	
Mailing Address 961 NE 27TH AVENUE				
City POMPANO BEACH	State ZIP Coo FL 33062	de		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of	This Period 23.10
TERMS  Date Incurred  Mo4 / Do9 / Y 2016	Date Due	Interest Rate	Secur	ed:
List All Endorsers or Guarantors (if any) t		2/31/16	% (apr)	es No
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Guaranteed Outstanding:	7 7 7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional).				23.10
TOTALS This Period (last page in this line only	y)		7 9	
Carry outstanding balance only to LINE 3, Sci	hedule D. for this line. If r	no Schedule D. carry forw	vard to appropriate line of	Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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LOANS		Detailed Summary Page		X 13a
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transact	ion ID : SC/10.4410	
LOAN SOURCE Full Name (Last, First, Mid Andrea Leigh McGee	ddle Initial)	Memo Item	Election: 2016 Primary General	
Mailing Address 961 NE 27TH AVENUE			Other (specify)	
City POMPANO BEACH	State ZIP Cod FL 33062	e		
Original Amount of Loan	Cumulative Payment To I		ace Outstanding at Close of	
18.84		0.00		18.84
Date Incurred  Mo4 / Po9 / Y 2016 Y		Interest Rate  2/31/16  O.00	<b>%</b> (apr)	red:  (es No
List All Endorsers or Guarantors (if any) t  1. Full Name (Last, First, Middle Initial)	o Loan Source	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7 7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7	
SUBTOTALS This Period This Page (optional).		· [	7 1 7	18.84
TOTALS This Period (last page in this line only	y)		.,,	
Carry outstanding balance only to LINE 3, Sci	hedule D. for this line. If n	o Schedule D. carry forwa	ard to appropriate line of	Summary.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Page	(check only one) X 13a	
AME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction	on ID : SC/10.4408	
LOAN SOURCE Full Name (Last, F Andrea Leigh McGee	rst, Middle Initial)	Memo Item	Election: 2016 Primary General	
Mailing Address 961 NE 27TH AVENUE			Other (specify)	
City	State ZIP Co	ode		
POMPANO BEACH	FL 33062			
Original Amount of Loan	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period	
TERMS  Date Incurred  M 04 / D 10 / Y 2016	Date Due	Interest Rate 12/31/16 Y 0.00	Secured:  % (apr)  Yes  No	
List All Endorsers or Guarantors (if	= :			
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First, Middle Initi	al)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
3. Full Name (Last, First, Middle Initi	al)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initi	al)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	y	
**UBTOTALS This Period This Page (optional)				
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Carry outstanding balance only to LINI	3, Schedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.	

Use separate schedule(s) for each category of the

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4300 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee ★ General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 72.41 72.41 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>D</sup> 13<sup>D</sup> <sup>M</sup> 04<sup>M</sup> 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Page	(crieck only one) 13b
AME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transactio	on ID : SC/10.4297
LOAN SOURCE Full Name (Last, First, MANDE Leigh McGee	Middle Initial)		Election: 2016  Primary  General
Mailing Address 961 NE 27TH AVENUE			Other (specify)
City	State ZIP Cod	le	
POMPANO BEACH	FL 33062		
Original Amount of Loan 27.96	Cumulative Payment To I	Date Balance 27.96	ee Outstanding at Close of This Period
Date Incurred  M 04 M / D 15 D / Y 2016 Y		Interest Rate 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if any)  1. Full Name (Last, First, Middle Initial)	to Loan Source	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:	
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(check only one) Detailed Summary Page Transaction ID: SC/10.4296 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 13.69 13.69 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 04<sup>M</sup> <sup>D</sup>26 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

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DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS	3		Transa	ction ID : SC/10.4295
LOAN SOURCE Full Name (Las Andrea Leigh McGee	t, First, Midd	dle Initial)	Memo Item	Election: 2016  Primary  General
Mailing Address 961 NE 27TH AVENUE				Other (specify)
City		State ZIP Co	ode	
POMPANO BEACH		FL 33062		
Original Amount of Loan	47.48	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period 0.00
TERMS  Date Incurred  M 05 M / D 01 D / Y 2010	Y Y M	Date Due		te Secured: .00 % (apr) Yes No
List All Endorsers or Guarantor		Loan Source		
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
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TOTALS This Period (last page in the	nis line only)		·····	, ,
Carry outstanding balance only to	_INE 3, Sche	edule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4301 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5.00 5.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 05<sup>M</sup> 09 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

Use separate schedule(s) for each category of the

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OANS		Detailed Summary Page		
AME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transact	ion ID : SC/10.4330	
LOAN SOURCE Full Name (Last, Fir Andrea Leigh McGee	st, Middle Initial)	Memo Item	Election: 2016  Primary  General	
Mailing Address 961 NE 27TH AVENUE			Other (specify) ▼	
City	State ZIP Co	ode		
POMPANO BEACH	FL 33062			
Original Amount of Loan 5.00	Cumulative Payment To	Do Date Balan	oce Outstanding at Close of This Period 5.00	
TERMS  Date Incurred  M05 / D09 / Y 2016 Y	Date Due	Interest Rate 0.00	Secured:  % (apr)  Yes  No	
List All Endorsers or Guarantors (if				
1. Full Name (Last, First, Middle Initi	al)	Name of Employer		
Mailing Address		Occupation		
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer		
Mailing Address		Occupation		
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initia	ul)	Name of Employer		
Mailing Address		Occupation		
City S	tate ZIP Code	Amount Guaranteed Outstanding:	9	
4. Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
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			and to appropriate line of Superconi	
Carry outstanding balance only to LINE	o, ochedule D, for this line. If	no schedule D, carry forwa	ara to appropriate line of Summary.	

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OANS			Detailed Summary Pa		(check only one)	}	<b>X</b>   1	13a 13b
AME OF COMMITTEE (In Full)			Transa	ction	ID : SC/10.4298			
MCGEE FOR CONGRE	SS							
LOAN SOURCE Full Name (	(Last, First, Middl	e Initial)	Memo Item		ction: 2016			
Andrea Leigh McGee					Primary General			
Mailing Address 961 NE 27TH AVENUE					Other (specify) ▼			
City	S	tate ZIP Cod	de					
POMPANO BEACH		FL 33062						
Original Amount of Loan		Cumulative Payment To	Date Bal	ance (	Outstanding at Clos	se of Th	is F	<sup>2</sup> eriod
7	8.48		8.48		, ,	0.	.00	
TERMS  Date Incurred		Date Due	Interest Rat	te	S	Secured:		
M05 <sup>M</sup> / D18 <sup>D</sup> / Y	Ž016 Y	M / D D / Y 1	2/31/16 Y	.00	% (apr)	Yes	×	No
List All Endorsers or Guarar		Loan Source						
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-		<del></del>	-	
City	State	ZIP Code	Guaranteed Outstanding:	7		-	_	
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_			T	
City	State	ZIP Code	Guaranteed Outstanding:	7		W	4	
3. Full Name (Last, First, Mid	ldle Initial)		Name of Employer					
Mailing Address			Occupation					
0.0		710.0	Amount Guaranteed	-			T	
City	State	ZIP Code	Outstanding:	7		-	4	
4. Full Name (Last, First, Mid	ldle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-		-	T	
City	State	ZIP Code	Guaranteed Outstanding:	7	,	-	_	
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page	in this line only).		·····		, , ,			
Carry outstanding balance only	to LINE 3 Scher	fule D for this line If	no Schedule D. carry for	ward	to appropriate line	of Su	mm	arv

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Detailed Summary Page Transaction ID: SC/10.4337 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 47.00 0.00 47.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>D</sup> 18<sup>D</sup> <sup>M</sup> 05<sup>M</sup> 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 47.00 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.

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DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transact	ion ID : SC/10.4299
LOAN SOURCE Full Name (Last, Fir Andrea Leigh McGee	st, Middle Initial)	Memo Item	Election: 2016  Primary  General
Mailing Address 961 NE 27TH AVENUE			Other (specify) ▼
City	State ZIP Co	ode	
POMPANO BEACH	FL 33062		
Original Amount of Loan	Cumulative Payment To	Do Date Balan	oce Outstanding at Close of This Period 0.00
TERMS  Date Incurred  M06 / D03 / Y 2016 Y	Date Due	Interest Rate 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if			
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City S:	tate ZIP Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7 7 7
SUBTOTALS This Period This Page (opt			0.00
Carry outstanding balance only to LINE			ard to appropriate line of Summan
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JOANS		Detailed Summary Page	13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transacti	ion ID : SC/10.4328
LOAN SOURCE Full Name (Last, Fir Andrea Leigh McGee	st, Middle Initial)	Memo Item	Election: 2016  Primary  General
Mailing Address 961 NE 27TH AVENUE			Other (specify) ▼
City POMPANO BEACH	State ZIP Co FL 33062	de	
Original Amount of Loan	Cumulative Payment To	Date Balan	ice Outstanding at Close of This Period
TERMS  Date Incurred  M06 <sup>M</sup> / P03 <sup>D</sup> / Y 2016  Date Incurred		Interest Rate 12/31/16	Secured: % (apr)  Secured: Yes No
List All Endorsers or Guarantors (if  1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation  Amount	
City S	tate ZIP Code	Guaranteed	, , , , , ,
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (opt			76.85
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.

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DANS			Detailed Sumr		(check only on	e) >	<b>K</b> 1	13a 13b
AME OF COMMITTEE (In Full)	0			Transaction	ID : SC/10.4331			
MCGEE FOR CONGRES	S							
LOAN SOURCE Full Name (La Andrea Leigh McGee	st, First, Middle Ini	tial)	Memo Ito		ection: 2016 Primary General			
Mailing Address 961 NE 27TH AVENUE					Other (specify)	▼		
City	State	ZIP Cod	le					
POMPANO BEACH	FL	33062						
Original Amount of Loan		ulative Payment To		Balance	Outstanding at C			eriod
, , , , , , , , , , , , , , , , , , , ,	2.12		0.00			2.	12	Ш
Date Incurred  M 06 / D 03 / Y 20	16 M M	Date Due	Inte 2/31/16	rest Rate 0.00	% (apr)	Secured:	X	
List All Endorsers or Guaranto	ors (if anv) to Loar	Source			(1)	Yes		No
1. Full Name (Last, First, Midd	` •,		Name of Employe	er				
Mailing Address			Occupation					
City	State ZIP	Code	Amount Guaranteed Outstanding:				]	
2. Full Name (Last, First, Middle	e Initial)		Name of Employe	er				
Mailing Address			Occupation					
City	State ZIP	Code	Amount Guaranteed Outstanding:		7		]	
3. Full Name (Last, First, Middle	e Initial)		Name of Employe	er				
Mailing Address			Occupation					
City	State ZIP	Code	Amount Guaranteed Outstanding:	7			]	
4. Full Name (Last, First, Middle	e Initial)		Name of Employe	er				
Mailing Address			Occupation					
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	7		]	
SUBTOTALS This Period This Pag	e (optional)		·····		7	2.1	12	
TOTALS This Period (last page in	this line only)		······		7 7		_	
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LOANS			Detailed Summa	ry Page	(crieck only one)	' <u> </u>	13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS			Tr	ansaction	ID : SC/10.4326		
LOAN SOURCE Full Name (Last, Andrea Leigh McGee	First, Middle Initial)		Memo Item	Ele	ction: 2016 Primary General		
Mailing Address 961 NE 27TH AVENUE					Other (specify)		
City POMPANO BEACH	State FL	ZIP Code 33062	,				
Original Amount of Loan	Cumulative F	Payment To D	ate 0.00	Balance	Outstanding at Clo	se of This	
Date Incurred  M 06 / D12 / Y 2016	Y M M / D	Date Due	Interes	t Rate 0.00	% (apr)	Secured:	× No
List All Endorsers or Guarantors	` * * * * * * * * * * * * * * * * * * *						
1. Full Name (Last, First, Middle	nitial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Ir	nitial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code	(	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Ir	nitial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code		Amount Guaranteed Outstanding:	7	7	-	
4. Full Name (Last, First, Middle Ir	nitial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code	(	Amount Guaranteed Dutstanding:		7		
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Carry outstanding balance only to LI	NE 3, Schedule D, for the	his line. If no	Schedule D, carr	y forward	to appropriate lin	e of Sum	mary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4336 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 52.53 0.00 52.53 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 06<sup>M</sup> <sup>D</sup>12 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 52.53 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

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LOANS	Detailed Summary Page (theoret only the)
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS	Transaction ID: SC/10.4339
LOAN SOURCE Full Name (Last, First, Middle Initial) Andrea Leigh McGee	Memo Item  Election: 2016  Primary General
Mailing Address 961 NE 27TH AVENUE	Other (specify) ▼
City State ZIP C POMPANO BEACH FL 3306	
Original Amount of Loan  Cumulative Payment 39.75	To Date Balance Outstanding at Close of This Period  0.00 39.75
TERMS  Date Incurred  Date Du  M 06  / D22  / Y 2016  Y M M / D D / D	ue Interest Rate Secured:  1 2/31/16  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)	39.75
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 Summarv.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4413 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Andrea Leigh McGee ★ General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 30.90 0.00 30.90 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 01 <sup>M</sup> 07<sup>M</sup> 2016 12/31/16 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 30.90 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.

Use separate schedule(s)

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DANS			Detailed Summary		(check only one	;) <u>&gt;</u>	<b>(</b> 1)	13a 13b
AME OF COMMITTEE (In Full)			Tran	saction	ID : SC/10.4414			
MCGEE FOR CONGRES	SS							
LOAN SOURCE Full Name (La Andrea Leigh McGee	ast, First, Middle	e Initial)	Memo Item		ction: 2016 Primary General			
Mailing Address 961 NE 27TH AVENUE					Other (specify)	r		
City	St	ate ZIP Cod	de					
POMPANO BEACH		FL 33062						
Original Amount of Loan	C	Cumulative Payment To	Date I	Balance (	Outstanding at Clo	ose of Thi	s Po	eriod
	60.42		60.42		7 7	0.0	)0	
Date Incurred	016 Y	Date Due	Interest I	Rate 0.00		Secured:	X	7
		_		-	% (apr)	Yes	<u></u>	No
List All Endorsers or Guaranto  1. Full Name (Last, First, Midd		oan Source	Name of Employer					
1. Full Name (Last, First, Midd	ne miliai)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
2. Full Name (Last, First, Middl	e Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
3. Full Name (Last, First, Middl	e Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7		-	]	
4. Full Name (Last, First, Middl	e Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	-		-	]	
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Carry outstanding balance only to	LINE 3. Sched	ule D. for this line. If I	no Schedule D. carry	forward	to appropriate lin	ne of Sun	nma	arv.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transac	tion ID : SC/10.4412
LOAN SOURCE Full Name (Last, F Andrea Leigh McGee	irst, Middle Initial)	Memo Item	Election: 2016 Primary General
Mailing Address 961 NE 27TH AVENUE			Other (specify)
City	State ZIP (	Code	
POMPANO BEACH	FL 3306	2	
Original Amount of Loan	Cumulative Payment 200	To Date Balar	nce Outstanding at Close of This Period
TERMS  Date Incurred  M08  / D03  / Y 2016	Date Du	Interest Rate  12/31/16  0.0	
List All Endorsers or Guarantors (i			
1. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (o	otional)	<u> </u>	135.00
TOTALS This Period (last page in this	line only)		553.46
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forw	ard to appropriate line of Summary.