

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2014 JUN 13 AM 8:28
Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MCCLINE FOR CONGRESS

ADDRESS (number and street)

129 SE 7th AVE

(Check if address is changed)

DELRAY BEACH FL 33483-5244

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

~~mccline~~ mcclineforcongress@gmail.com

Optional Second E-Mail Address

trine@mcclineforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://mcclineforcongress.com/

2. DATE 06 ' 05 ' 20 14

3. FEC IDENTIFICATION NUMBER ► C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer TRINE ANDERSEN

Signature of Treasurer *Trine Andersen* Date 06 ' 05 ' 20 14

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031244113

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate JAMEE MCCLINE

Candidate Party Affiliation DEM Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

1403124114

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

TRINE ANDERSEN

Mailing Address

999 NW 5th AVE

[Empty grid line]

BOCA RATON FL 33432

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT

Telephone number

561-900-6070

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

TRINE ANDERSEN

Mailing Address

999 NW 5th AVE

[Empty grid line]

BOCA RATON FL 33432

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT

Telephone number

561-900-6070

1403124115

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - T. D. BANK]

Mailing Address

[Grid for Mailing Address Line 1 - 969 SE 5th AVE]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3 - DELRAY BEACH FL 33483]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - (crossed out)]

Mailing Address

[Grid for Mailing Address Line 1 - (crossed out)]

[Grid for Mailing Address Line 2 - (crossed out)]

[Grid for Mailing Address Line 3 - (crossed out)]

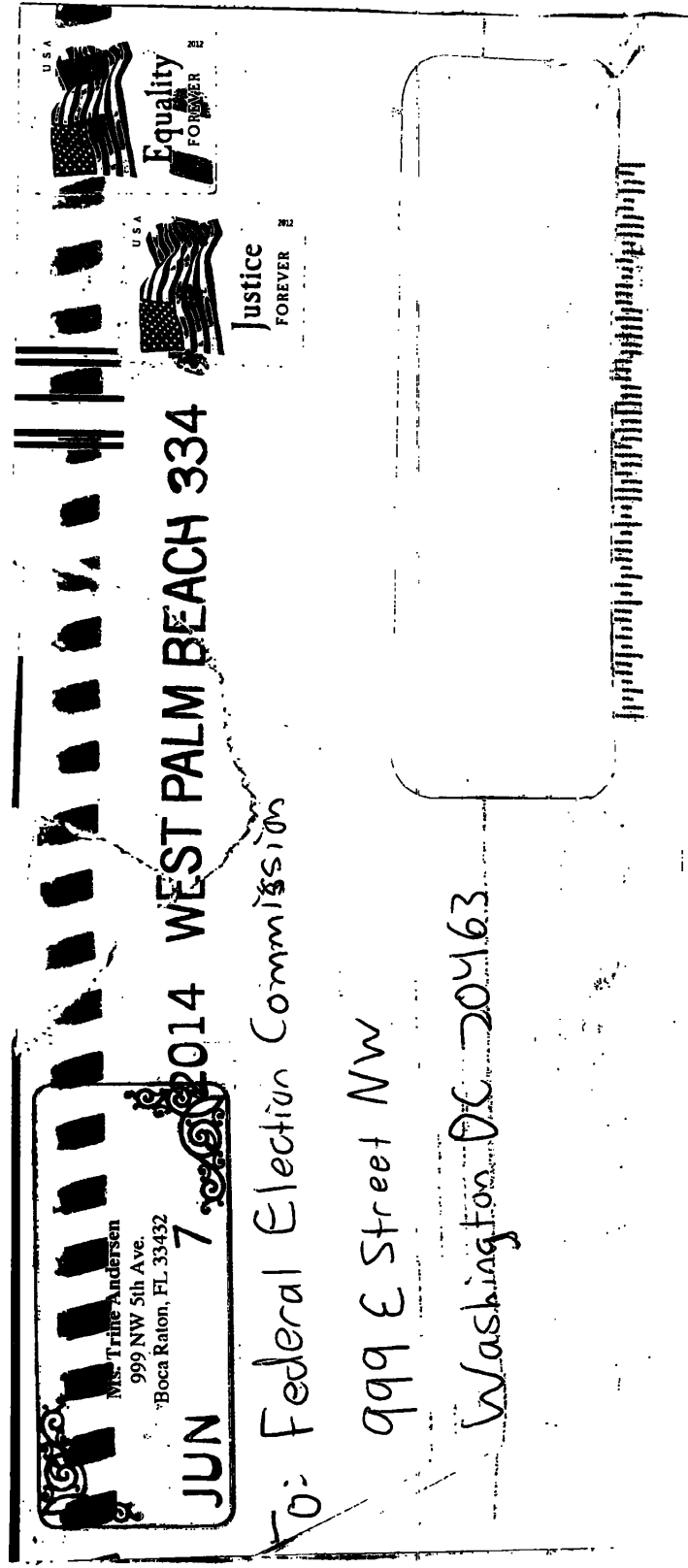
CITY

STATE

ZIP CODE

1403124416

14031244117



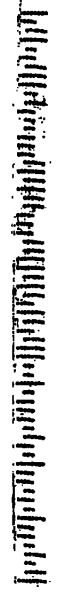
JUN 7 2014 WEST PALM BEACH 334

Mrs. Trine Andersen
999 NW 5th Ave.
Boca Raton, FL 33432

To: Federal Election Commission

999 E Street NW

Washington DC 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.

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USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (8/2013)

6/13/14
 DATE PREPARED

14031244118