

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
McCline for Congress

Report Covering the Period: From: / / To: / /

	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))....	10400.00	32010.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10400.00	32010.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37969.63	64341.54
(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)).....	37969.63	64341.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7268.46	
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).....	41300.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

McCline for Congress

Report Covering the Period: From: / / To: / /

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).....	10400.00	32000.00
(ii) Unitemized.....	0.00	10.00
(iii) TOTAL of contributions from individuals ▶	10400.00	32010.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10400.00	32010.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	41300.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	41300.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	5000.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10400.00	78310.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37969.63	64341.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	6700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37969.63	71041.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34838.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10400.00
25. SUBTOTAL (add Line 23 and Line 24).....	45238.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37969.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7268.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

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

Mailing Address 999 NW 5th Ave

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Consultant Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period
 5200.00

Donation for Both Cycles

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

Mailing Address 227 Ruth Ave

City State Zip Code
Venice CA 90291

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Student Intern

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period
 2600.00

Donation

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

Mailing Address 33 E. Camino Real
Apt 511

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Student Intern

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period
 2600.00

Donation

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

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

10400.00

10400.00

**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 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Trine Andersen		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 999 NW 5th Ave		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4266
City Boca Raton	State FL	
Purpose of Disbursement Refund of Expenses		Category/ Type 001
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Caribbean American Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 3720 Oakland Park Blvd		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.4291
City Fort Lauderdale	State FL	
Purpose of Disbursement Fundraiser		Category/ Type 012
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Taylor Centineo		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 227 Ruth Ave		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4281
City Venice	State CA	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	5810.00
TOTAL This Period (last page this line number only).....	

**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 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. CHEVRON		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 62.04
City Delray Beach	State FL	
Zip Code 33483	Purpose of Disbursement Gas	Transaction ID : SB17.4300
Candidate Name McCline for Congress	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Brian D'Ambrosio		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address 1301 Sherwood St		Amount of Each Disbursement this Period 1900.00
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement writing	Transaction ID : SB17.4271
Candidate Name McCline for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Brian D'Ambrosio		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1301 Sherwood St		Amount of Each Disbursement this Period 2100.00
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Writing	Transaction ID : SB17.4280
Candidate Name McCline for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	4062.04
TOTAL This Period (last page this line number only).....	

**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 27	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Norma Goldstein		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 7620 Nob Hill Rd		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4294
City Tamarac State FL Zip Code 33321	Purpose of Disbursement Marketing Assistance 007 Category/Type	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. GRASSHOPPER		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 239.94 Transaction ID : SB17.4314
City State Zip Code	Purpose of Disbursement Phone System 005 Category/Type	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) c. Habitat for Humanity Restore		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 272 S Dixie Hgwy		Amount of Each Disbursement this Period 262.58 Transaction ID : SB17.4310
City Boca Raton State FL Zip Code 33432	Purpose of Disbursement Furniture for Sistrunk Office 001 Category/Type	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional).....	802.52
TOTAL This Period (last page this line number only).....	

**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 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Kingfs Point News Paper		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 7620 Nob Hill Rd		Amount of Each Disbursement this Period 423.00 Transaction ID : SB17.4276
City Tamarac	State FL	
Purpose of Disbursement Ad in Kings point News Paper		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Lake Park Town Hall		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 535 Park Ave		Amount of Each Disbursement this Period 625.60 Transaction ID : SB17.4316
City Lake Park	State FL	
Purpose of Disbursement Rental		Category/ Type 007
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Mike Pratt Signage		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2640 Coolidge St.		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4268
City Hollywood	State FL	
Purpose of Disbursement Signage		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	6048.60
TOTAL This Period (last page this line number only).....	

**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 10 OF 27	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Mike Pratt Signage		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 2640 Coolidge St.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4290
City Hollywood	State FL	
Zip Code 33020	Purpose of Disbursement Signage	Category/ Type 004
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. Personalized Experts		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2845 SE 2nd St		Amount of Each Disbursement this Period 2719.00 Transaction ID : SB17.4296
City Boca Raton	State FL	
Zip Code 33432	Purpose of Disbursement Marketing materials	Category/ Type 004
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. Publix		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1339 Palmetto Park Rd		Amount of Each Disbursement this Period 234.73 Transaction ID : SB17.4311
City Boca Raton	State FL	
Zip Code 33486	Purpose of Disbursement Food for event	Category/ Type 007
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	5453.73
TOTAL This Period (last page this line number only).....	

**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 11 OF 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Publix		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1339 Palmetto Park Rd		Amount of Each Disbursement this Period 103.20 Transaction ID : SB17.4312
City Boca Raton	State FL	
Purpose of Disbursement Food for event		Category/ Type 007
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 2055.87 Transaction ID : SB17.4319
City Margate	State FL	
Purpose of Disbursement Marketing materials		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4289
City Margate	State FL	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	4659.07
TOTAL This Period (last page this line number only).....	

**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 12 OF 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 464.28 Transaction ID : SB17.4315
City Margate	State FL	
Purpose of Disbursement Marketing materials		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 260.19 Transaction ID : SB17.4313
City Margate	State FL	
Purpose of Disbursement Marketing materials		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) c. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4299
City Margate	State FL	
Purpose of Disbursement Marketing materials		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional).....	764.47
TOTAL This Period (last page this line number only).....	

**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 13 OF 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Terry Scott		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 624 NW 2nd Way		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4267
City Deerfield Beach	State FL	
Zip Code 33441	Purpose of Disbursement salary	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Milory Senate		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 33 E Camino Real		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.4287
City Boca Raton	State FL	
Zip Code 33432	Purpose of Disbursement Salary Canvas	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. St George Civic Association		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 3501 NW 8th St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4278
City Fort lauderdale	State FL	
Zip Code 33311	Purpose of Disbursement Campaign Event	Category/ Type 007
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	2990.00
TOTAL This Period (last page this line number only).....	

**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 14 OF 27			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Ornella Storace		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 123 Main St		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4274
City Boca Raton	State FL	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. Tamarac Cafe Diner		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 10052 W McNab Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4295
City Tamarac	State FL	
Purpose of Disbursement Deposit for Dinner	Category/ Type 007	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. Tamarac Cafe Diner		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 10052 W McNab Rd		Amount of Each Disbursement this Period 170.00 Transaction ID : SB17.4297
City Tamarac	State FL	
Purpose of Disbursement Tamarac lunch Survivor Group	Category/ Type 007	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	970.00
TOTAL This Period (last page this line number only).....	

**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 15 OF 27	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. The Buzz Agency		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 104 W. Atlantic Ave		Amount of Each Disbursement this Period 946.98 Transaction ID : SB17.4320
City Delray Beach	State FL	
Zip Code 33444	Purpose of Disbursement Social Media	Category/ Type 004
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. John Tracey		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1113 S 14th Ave		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.4275
City Lake Worth	State FL	
Zip Code 33460	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. John Tracey		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 1113 S 14th Ave		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.4279
City Lake Worth	State FL	
Zip Code 33460	Purpose of Disbursement Field Operation	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	2246.98
TOTAL This Period (last page this line number only).....	

**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 16 OF 27			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
McCline for Congress

Full Name (Last, First, Middle Initial) A. John Tracey		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1113 S 14th Ave		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.4293
City Lake Worth	State FL	
Zip Code 33460	Purpose of Disbursement Field operations	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. WaveRunners Girls basketBall Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1200 West 26th Ct		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4270
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement donation	Category/ Type 012
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. Rachel Westman		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 33 E Camino Apt 511		Amount of Each Disbursement this Period 280.00 Transaction ID : SB17.4286
City Boca Raton	State FL	
Zip Code 33432	Purpose of Disbursement Salary for Canvas	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	2580.00
TOTAL This Period (last page this line number only).....	

**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 17 OF 27	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Rachel Westman		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 33 E Camino Apt 511		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.4292
City Boca Raton	State FL Zip Code 33432	
Purpose of Disbursement Salary Canvas	Category/Type 001	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. Terrence Williams		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 8883 N Isles Circle		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4277
City Tamarac	State FL Zip Code 33321	
Purpose of Disbursement Marketing Distribution	Category/Type 004	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	36947.41

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)
McCline for Congress

Transaction ID : SC/10.4112

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

McCline Jameel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100.00 0.00 100.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 21 / Y 2014 M M / D D / Y 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)..... 100.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4113

LOAN SOURCE Full Name (Last, First, Middle Initial)
McCline Jameel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2900.00 0.00 2900.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 23 / Y 2014 M M / D D / Y 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)..... ▶ 2900.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4114

LOAN SOURCE Full Name (Last, First, Middle Initial)
McCline Jameel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
9000.00 0.00 9000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 24 / Y 2014 M M / D D / Y 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)..... 9000.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4108

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

[PERSONAL FUNDS]

Election: 2014

McCline Jameel

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5900.00 0.00 5900.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 05 / Y 2014 M M / D D / Y 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)..... 5900.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **McCline for Congress** Transaction ID : **SC/10.4109**

LOAN SOURCE Full Name (Last, First, Middle Initial) **McCline Jameel** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS

Date Incurred: M 05 / D 08 / Y 2014
 Date Due: M / D / Y 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)..... ▶ 5000.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4110

LOAN SOURCE Full Name (Last, First, Middle Initial)
McCline Jameel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4500.00 0.00 4500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 09 / Y 2014 M M / D D / Y 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)..... 4500.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4111

LOAN SOURCE Full Name (Last, First, Middle Initial)
McCline Jameel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS

Date Incurred: M 05 / D 19 / Y 2014
Date Due: M / D / Y 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)..... ▶ 3000.00
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.

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)
McCline for Congress

Transaction ID : SC/10.4122

LOAN SOURCE Full Name (Last, First, Middle Initial)
McCline Jameel

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 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)..... 500.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4115

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

[PERSONAL FUNDS]

Election: 2014

McCline Jameel

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4400.00 0.00 4400.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 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)..... ▶ 4400.00

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.

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)
McCline for Congress

Transaction ID : SC/10.4121

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

McCline Jameel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
6000.00 0.00 6000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
06 26 / 2014 none

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)..... ▶ 6000.00
TOTALS This Period (last page in this line only)..... ▶ 41300.00

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