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Image# 14950021125

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	g, type	12FE4M5	
McCline for Congress						I
ADDRESS (number and street)	129 SE 7th Ave	;				
Check if different						
than previously reported. (ACC)	Delray Beach				FL 3	33483
2. FEC IDENTIFICATION N	IUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00564724		3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	
4. TYPE OF REPORT (C. (a) Quarterly Reports: April 15 Quarterly		(b) 12-Day PRE	-Election Repo Primary (12P) Convention (1		General (1:	
July 15 Quarterly October 15 Quarter		Election on	M M /	26 /	Y Y Y Y Y 2014	in the FL State of
January 31 Year-E	ind Report (YE)	(c) 30-Day POS	T -Election Rep	ort for the		
		(c) 30-Day FO 3	General (30G)		Runoff (30	R) Special (30S)
Termination Repor	t (TER)	Election on	M M /	D D /	Y Y Y	in the State of
5. Covering Period)7	Y Y Y Y Y 2014	through	M M	/ D D /	2014
I certify that I have examined t		-	nowledge and k	pelief it is t	rue, correct and	complete.
Type or Print Name of Treasure	er Trine Anderse	n				
Signature of Treasurer Tri	ne Andersen		[Electronically F	Filed]	Date 08	14 2014
NOTE: Submission of false, error	neous, or incomple	te information may	subject the per-	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

08 06 2014 01 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 10400.00 32010.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 10400.00 32010.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 37969.63 64341.54 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 37969.63 64341.54 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 7268.46 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 41300.00 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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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

McCline	for	Conc	iress
IVICOIIIIC	101		41 COO

07 2014 08 2014 01 06 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 10400.00 32000.00 (i) Itemized (use Schedule A)..... 0.00 10.00 (ii) Unitemized..... (iii) TOTAL of contributions 10400.00 32010.00 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) 10400.00 32010.00 (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 0.00 41300.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 41300.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 5000.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 10400.00 78310.00 (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	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 SI	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING 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 (fro	om Line 22)	37969.63
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	7268.46

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE	: PAGE	5 OF	- 27	
(check only	one)			
X _{11a}	11b	11c	11d	
12	13a	13b	14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

	NAME OF COMMITTEE (In Full) McCline for Congress			
<u> —</u> А.	Full Name (Last, First, Middle Initial) Svend Andersen	Date of Receipt		
А.	Mailing Address 999 NW 5th Ave	07 23 2014		
	City State Zip Code Boca Raton FL 33432		Transaction ID : SA11AI.4305	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	Name of Employer Self	Occupation Consultant Engineer	5200.00 Donation for Both Cicles	
	Receipt For: 2014 Primary General Other (specify) Election Cycle-to-Date			
В.	Full Name (Last, First, Middle Initial) Taylor Centineo	Date of Receipt		
	Mailing Address 227 Ruth Ave		07 31 2014	
	City Venice	State Zip Code CA 90291	Transaction ID : SA11AI.4301	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	Name of Employer Occupation Student Intern		2600.00 Donation	
	Receipt For: 2014 Primary General Other (specify)	ceipt For: 2014 Primary General Election Cycle-to-Date		
<u>с</u> .	Full Name (Last, First, Middle Initial) Alexa Evangelista		Date of Receipt	
О.	Mailing Address 33 E. Camino Real Apt 511	07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Boca Raton	State Zip Code FL 33432	Transaction ID : SA11AI.4302	
	FEC ID number of contributing federal political committee. Name of Employer Student Occupation Intern		Amount of Each Receipt this Period	
			2600.00 Donation	
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 2600.00		
	SUBTOTAL of Receipts This Page (optional)		10400.00	
Г	TOTAL This Period (last page this line number		10400.00	

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	edule(s) of the	FOR LINE NUMBER: PAGE 6 OF 27 (check only one) X 17
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) McCline for Congress				
۱.	Full Name (Last, First, Middle Initial) Trine Andersen				Date of Disbursement
	Mailing Address 999 NW 5th Ave				07 01 2014
	City Boca Raton	State FL	Zip Code 33432		Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Expenses			001	5000.00 Transaction ID : SB17.4266
	Candidate Name McCline for Congress			Category/ Type	
	Office Sought: House Senate President State: FL District: 20	Primary Other (s	General		
	Full Name (Last, First, Middle Initial)				
3.	Caribbean American Club				Date of Disbursement
	Mailing Address 3720 Oakland Park Blvd				07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State FL	Zip Code 33311		Amount of Each Disbursement this Period
	Fort Lauderdale Purpose of Disbursement Fundraiser	I'L	33311	012	540.00
	Candidate Name McCline for Congress			Category/ Type	Transaction ID : SB17.4291
	Office Sought: House Senate President Disbu	Primary Other (s	General	71	
	State: FL District: 20 Full Name (Last, First, Middle Initial)				
).	Taylor Centineo				Date of Disbursement
	Mailing Address 227 Ruth Ave				07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	,		p Code 0291		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	OA 9	0291	001	270.00
	Candidate Name McCline for Congress			Category/ Type	Transaction ID : SB17.4281
	Office Sought: House Disbut Senate President	Primary Other (s	General	,,	
	State: FL District: 20				
					5810.00

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

SCHEDULE B (FEC Form 3)	Use separate sched	lule(s) (FOR LINE NUMBER: PAGE 7 OF 27 check only one)
TEMIZED DISBURSEMENTS	for each category o Detailed Summary F		X 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) McCline for Congress			
Full Name (Last, First, Middle Initial)			Date of Disbursement
			M M / D D / Y Y Y Y Y
Mailing Address			07 31 2014
City State Delray Beach FL	Zip Code 33483		Amount of Each Disbursement this Period
Purpose of Disbursement Gas	55465	002	62.04
Candidate Name	L	Category/	Transaction ID : SB17.4300
McCline for Congress		Type	
State: FL District: 20 Full Name (Last, First, Middle Initial)			-
Brian D'Ambrosio			Date of Disbursement
Mailing Address 1301 Sherwood St			07 06 7 2014
City State Missoula MT	Zip Code 59802		Amount of Each Disbursement this Period
Purpose of Disbursement writing	39002	004	1900.00
Candidate Name		001 Category/	Transaction ID : SB17.4271
McCline for Congress Office Sought: ✓ House Disbursement For	pr: 2014	Type	-
Senate X Primary			
State: FL District: 20			
Full Name (Last, First, Middle Initial) Brian D'Ambrosio			Date of Disbursement
Mailing Address 1301 Sherwood St			07
•	Zip Code		Amount of Each Disbursement this Period
Missoula MT Purpose of Disbursement Writing	59802	001	2100.00
Candidate Name	l.	001 Category/	Transaction ID : SB17.4280
McCline for Congress		Type	_
Office Sought: House Senate President Disbursement Formary Other (
State: FL District: 20			
SUBTOTAL of Disbursements This Page (optional)			4062.04

30	CHEDULE B (FEC Form 3)	Use separate sch	nedule(s)	FOR LINE NUMBER: PAGE 8 OF 27 (check only one)
T	EMIZED DISBURSEMENTS	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21
	ly information copied from such Reports and Statements me for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) McCline for Congress			
١.	Full Name (Last, First, Middle Initial) Norma Goldstein			Date of Disbursement
	Mailing Address 7620 Nob Hill Rd			07 28 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Tamarac FL Purpose of Disbursement	33321		300.00
	Marketing Assistance		007	Transaction ID : SB17.4294
	Candidate Name McCline for Congress		Category/ Type	
	Office Sought: House Senate Primary Other (s	General	Турс	
	State: FL District: 20			
3.	Full Name (Last, First, Middle Initial) GRASSHOPPER			Date of Disbursement
	Mailing Address			07
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone System		005	239.94 Transaction ID : SB17.4314
	Candidate Name McCline for Congress		Category/ Type	in another is a second of the
	Office Sought: Yamaza	General		
	State: FL District: 20			
).	Full Name (Last, First, Middle Initial) Habitat for Humanity Restore			Date of Disbursement
	Mailing Address 272 S Dixie Hgwy			07 D D / Y Y Y Y Y Y 29 2014
		p Code		Amount of Each Disbursement this Period
	Boca Raton FL 3 Purpose of Disbursement	3432		262.58
	Furniture for Sistrunk Office		001	
	Candidate Name McCline for Congress		Category/ Type	Transaction ID : SB17.4310
	Office Sought: House Disbursement For	General		
	State: FL District: 20			
s	UBTOTAL of Disbursements This Page (optional)			802.52

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: PAGE 9 OF 27 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) McCline for Congress			
Full Name (Last, First, Middle Initial) Kingfs Point News Paper Mailing Address 7620 Nob Hill Rd			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: FL District: 20		004 Category/ Type	Amount of Each Disbursement this Period 423.00 Transaction ID: SB17.4276
Full Name (Last, First, Middle Initial) Lake Park Town Hall Mailing Address 535 Park Ave			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Lake Park FL Purpose of Disbursement Rental Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: 20	Zip Code 33403 For: 2014 ary General r (specify)	007 Category/ Type	Amount of Each Disbursement this Period 625.60 Transaction ID : SB17.4316
Full Name (Last, First, Middle Initial) Mike Pratt Signage Mailing Address 2640 Coolidge St.			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Hollywood FL Purpose of Disbursement Signage Candidate Name McCline for Congress Office Sought: House Disbursement F Senate Prima	ary General	004 Category/ Type	Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4268
State: FL District: 20 SUBTOTAL of Disbursements This Page (optional)	(specify)		6048.60

SC	CHEDULE B (FEC Form 3)	Use separate sch	edule(s)	FOR LINE NUMBER: PAGE 10 OF 27 (check only one)
	EMIZED DISBURSEMENTS	for each category Detailed Summary	of the	X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) McCline for Congress			
۹.	Full Name (Last, First, Middle Initial) Mike Pratt Signage Mailing Address 2640 Coolidge St.			Date of Disbursement O7 23 2014
	City State Hollywood FL Purpose of Disbursement Signage Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: 20	General	004 Category/ Type	Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4290
3.	Full Name (Last, First, Middle Initial) Personalized Experts Mailing Address 2845 SE 2nd St			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 Boca Raton FL Purpose of Disbursement Marketing materials	Zip Code 33432	004	Amount of Each Disbursement this Period 2719.00
	Candidate Name McCline for Congress Office Sought: Senate President State: FL District: 20 Disbursement For Primary Other (s	General	Category/ Type	Transaction ID : SB17.4296
Э.	Full Name (Last, First, Middle Initial) Publix Mailing Address 1339 Palmetto Park Rd			Date of Disbursement O7 25 2014
	City State Zi	p Code 3486	007 Category/ Type	Amount of Each Disbursement this Period 234.73 Transaction ID: SB17.4311
_	Senate President Other (s	General specify)		5453.73
S	UBTOTAL of Disbursements This Page (optional)			

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 27 (check only one) X 17
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) McCline for Congress		
Full Name (Last, First, Middle Initial) Publix Mailing Address 4220 Pelmette Park Pd		Date of Disbursement 07 25 2014
City State Boca Raton FL Purpose of Disbursement Food for event Candidate Name McCline for Congress Office Sought: House Senate President President City State FL Disbursement Fo Other (s		Amount of Each Disbursement this Period 103.20 Transaction ID: SB17.4312
State: FL District: 20 Full Name (Last, First, Middle Initial) Robustus Media - Brandon Stout Mailing Address 60 West Palm Drive City State Margate FL Purpose of Disbursement Marketing materials Candidate Name McCline for Congress Office Sought: Margate Disbursement Fo	Zip Code 33063 004 Categor Type r: 2014	Date of Disbursement M M M / D D / Y Y Y Y Y Amount of Each Disbursement this Period 2055.87 Transaction ID: SB17.4319
Full Name (Last, First, Middle Initial) Robustus Media - Brandon Stout Mailing Address 60 West Palm Drive		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y 2014
Margate Purpose of Disbursement Salary Candidate Name McCline for Congress Office Sought: House Senate Disbursement Fo		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4289
SUBTOTAL of Disbursements This Page (optional)		4659.07

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one) X 17
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) McCline for Congress	, ,		
۸.	Full Name (Last, First, Middle Initial) Robustus Media - Brandon Stout			Date of Disbursement
	Mailing Address 60 West Palm Drive			07 22 2014
	City State Margate FL Purpose of Disbursement Marketing materials Candidate Name	Zip Code 33063	004 Category/	Amount of Each Disbursement this Period 464.28 Transaction ID: SB17.4315
	McCline for Congress Office Sought: House Senate Primary Other (state: State: FL District: 20 Full Name (Last, First, Middle Initial)	General	Type	
3.	Robustus Media - Brandon Stout Mailing Address 60 West Palm Drive			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 Margate FL	Zip Code 33063		Amount of Each Disbursement this Period
	Purpose of Disbursement Marketing materials Candidate Name	33003	004 Category/	260.19 Transaction ID : SB17.4313
	McCline for Congress Office Sought: House Senate President State: FL District: 20 Disbursement For Primary Other (s	General	Type	
Э.	Full Name (Last, First, Middle Initial) Robustus Media - Brandon Stout			Date of Disbursement
	Mailing Address 60 West Palm Drive			08 04 2014
	•	p Code 3063	004	Amount of Each Disbursement this Period 40.00
	Candidate Name McCline for Congress		Category/ Type	Transaction ID : SB17.4299
	Office Sought: House Disbursement For	General		
	IRTOTAL of Disbursements This Page (ontional)			764.47

SCHEDULE B (FEC Form 3)

PAGE 13 27 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) McCline for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Terry Scott 2014 Mailing Address 624 NW 2nd Way 02 City State Zip Code Amount of Each Disbursement this Period FΙ Deerfield Beach 33441 Purpose of Disbursement 2500.00 salary 001 Transaction ID: SB17.4267 Candidate Name Category/ McCline for Congress Type Disbursement For: 2014 Office Sought: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Milory Senate Date of Disbursement Mailing Address 33 E Camino Real 07 12 2014 City State Zip Code Amount of Each Disbursement this Period FL 33432 Boca Raton 240.00 Purpose of Disbursement Salary Canvas 001 Transaction ID: SB17.4287 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. St George Civic Association Mailing Address 3501 NW 8th St 07 09 2014 City State Zip Code Amount of Each Disbursement this Period Fort lauderdale FL 33311 Purpose of Disbursement 250.00 Campaign Event 007 Transaction ID : SB17.4278 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: FL District: 20

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

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

2990.00

	CHEDULE B (FEC Form S EMIZED DISBURSEMENT	-	Use separate sch for each category Detailed Summar	nedule(s) (FOR LINE NUMBER: PAGE 14 OF 27 (check only one) X 17
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) McCline for Congress				
Α.	Full Name (Last, First, Middle Initial) Ornella Storace Mailing Address 123 Main St				Date of Disbursement O7 07 2014
	City Boca Raton Purpose of Disbursement	State FL	Zip Code		Amount of Each Disbursement this Period 300.00
	Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: 20	Disbursement For Primary Other (s	General	Category/ Type	Transaction ID : SB17.4274
В.	Full Name (Last, First, Middle Initial) Tamarac Cafe Diner Mailing Address 10052 W McNab Rd				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tamarac Purpose of Disbursement Deposit for Dinner Candidate Name	State FL	Zip Code 33321	007 Category/	Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4295
	McCline for Congress Office Sought: House Senate President State: FL District: 20	Disbursement For Primary Other (s	General	Туре	
C.	Full Name (Last, First, Middle Initial) Tamarac Cafe Diner Mailing Address 10052 W McNab Rd				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tamarac Purpose of Disbursement Tamarac lunch Survivor Group Candidate Name McCline for Congress		p Code 3321	007 Category/	Amount of Each Disbursement this Period 170.00 Transaction ID : SB17.4297
	Office Sought: House Senate President State: FL District: 20	Disbursement For Primary Other (s	General	Туре	
					970.00

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

ITEMIZED DISBURSEMENTS

PAGE 15 27 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) McCline for Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. The Buzz Agency 2014 Mailing Address 104 W. Atlantic Ave 10 City State Zip Code Amount of Each Disbursement this Period FΙ **Delray Beach** 33444 Purpose of Disbursement 946.98 Social Media 004 Transaction ID: SB17.4320 Candidate Name Category/ McCline for Congress Type Disbursement For: 2014 Office Sought: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) John Tracey Date of Disbursement Mailing Address 1113 S 14th Ave 07 07 2014 City State Zip Code Amount of Each Disbursement this Period FL 33460 Lake Worth 1300.00 Purpose of Disbursement Salary 001 Transaction ID: SB17.4275 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. John Tracey Mailing Address 1113 S 14th Ave 07 2014 City State Zip Code Amount of Each Disbursement this Period Lake Worth FL 33460 0.00 Purpose of Disbursement Field Operation 001 Transaction ID : SB17.4279 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: FL District: 20 2246.98

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary F	ule(s) (d	OR LINE NUMBER: PAGE 16 OF 27 check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) McCline for Congress			
Full Name (Last, First, Middle Initial) John Tracey Mailing Address 1113 S 14th Ave City State Lake Worth FL Purpose of Disbursement Field operations Candidate Name	Zip Code 33460	001 Category/	Date of Disbursement 07 28 2014 Amount of Each Disbursement this Period 1300.00 Transaction ID: SB17.4293
McCline for Congress Office Sought: House Senate President State: FL District: 20 Disbursement For Congress Other (or: 2014	Type	_
Full Name (Last, First, Middle Initial) WaveRunners Girls basketBall Club Mailing Address 1200 West 26th Ct			Date of Disbursement O7 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Riviera Beach FL Purpose of Disbursement donation	Zip Code 33404	012	Amount of Each Disbursement this Period 1000.00 Transaction ID: SB17.4270
Candidate Name McCline for Congress Office Sought: Senate President State: FL District: 20 Disbursement For Congress Other (pr: 2014	Category/ Type	_
Full Name (Last, First, Middle Initial) Rachel Westman Mailing Address 33 E Camino Apt 511			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Boca Raton FL Purpose of Disbursement Salary for Canvas Candidate Name	Zip Code 33432	001 Category/	Amount of Each Disbursement this Period 280.00 Transaction ID : SB17.4286
McCline for Congress Office Sought: Senate President State: FL District: 20 Disbursement For Congress Disbursement For Congress Other (Туре	
SUBTOTAL of Disbursements This Page (optional)			2580.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 17 OF 27 (check only one) X 17
	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and	nay not be sold or	used by any	
	NAME OF COMMITTEE (In Full) McCline for Congress	addition of any por		
Α.	Full Name (Last, First, Middle Initial) Rachel Westman			Date of Disbursement
	Mailing Address 33 E Camino Apt 511			07 25 2014
	City State Boca Raton FL	Zip Code 33432		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Canvas	33432	001	260.00 Transaction ID : SB17.4292
	Candidate Name McCline for Congress		Category/ Type	
	Office Sought: House Senate President State: FL District: 20 Disbursement For Primary Other (s	General		
В.	Full Name (Last, First, Middle Initial) Terrence Williams Mailing Address 8883 N Isles Circle			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Tamarac FL Purpose of Disbursement Marketing Distribution Candidate Name	33321	004 Category/	300.00 Transaction ID : SB17.4277
	McCline for Congress Office Sought: Senate President State: FL District: 20 Disbursement For Primary Other (s	General	Туре	
_	Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State Zip Code			Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	1
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			560.00

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

36947.41

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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: ^D21 ^D ^M 04 ž014 0.00 ňone % (apr) 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 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)..... 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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: 23 ^M 04^M ž014 0.00 ňone % (apr) 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 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)..... 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.

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Detailed Summary Page Transaction ID: SC/10.4114 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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: ^D24^D ^M 04^M ž014 0.00 ňone % (apr) 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 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4108 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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: 05 ^M 05^M ž014 0.00 ňone % (apr) 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 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)..... 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.

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Detailed Summary Page Transaction ID: SC/10.4109 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 08 ž014 0.00 ňone % (apr) 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 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4110 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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^M 09 ž014 0.00 ňone % (apr) 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 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4111 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 05^M ž014 0.00 ňone % (apr) 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 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4122 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary McCline Jameel General Mailing Address Other (specify) 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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: ^M06^M 06 ž014 0.00 ňone % (apr) 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 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 State ZIP Code City 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4115 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach 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: ^M06^M 09 ž014 0.00 ňone % (apr) 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 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4121 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave State ZIP Code City FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M06^M ž014 0.00 ňone % (apr) 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 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)..... 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.