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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Aut	horized Com	mittee		Office Use Only			
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, ty	ype	12FE4M5			
MCGEE FOR CON	GRESS					ı		
DDRESS (number and street)	C/O C EDWARD	MCGEE JR						
▼	2850 N ANDRES	AVE						
Check if different than previously reported. (ACC)	FT LAUDERDALE	<u> </u>			FL 333	311 		
. FEC IDENTIFICATION	I NUMBER ▼	CITY ▲		ST	ATE A	ZIP CODE ▲		
0 000000		0 10 71110	NEW		AMENDED	STATE ▼ DISTRICT		
C C00553388		3. IS THIS REPORT	× NEW	DR L	AMENDED (A)	FL 22		
TYPE OF BEDORT	(Chanas One)							
(a) Quarterly Reports:	(Choose One)	o) 12-Day PRE	-Election Report for	or the:				
			Primary (12P)		General (12G)	Runoff (12R)		
April 15 Quarte	rly Report (Q1)	П	Convention (12C		Special (12S)			
July 15 Quarter	rly Report (Q2)	_			, ,			
October 15 Qu	arterly Report (Q3)	Election on	M M / D	D /	Y	in the State of		
January 31 Yea	ur-End Report (YE)	c) 30-Day POS	T-Election Report	for the:				
_	,	,,	General (30G)	П	Runoff (30R)	Special (30S)		
п			deneral (30d)		nunon (30h)	Special (503)		
Termination Re	port (TER)	Election on	M M / D	D /	Y Y Y	in the State of		
	I							
. Covering Period	M M / D D /	Y Y Y Y Y 2017	through	M M 09	/ D D / Y	ү ү ү 2017		
certify that I have examine	McGee, Andrea,		nowledge and belie	ef it is true	e, correct and co	mplete.		
ype or Print Name of Treas	surer							
Signature of Treasurer	McGee, Andrea, Leigh, ,		[Electronically Filed	<u>IJ</u> Dat	te 10 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
IOTE: Submission of false, er	roneous, or incomplete	information may	subject the person	signing this	s Report to the p	enalties of 52 U.S.C. §3010		
Office								
Use Only						FEC FORM 3 (Revised 05/2016)		

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name MCGEE FOR CONGRESS

2017 2017 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 100.00 100.00 (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) 100.00 100.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 50.32 568.89 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 568.89 50.32 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1084.53 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 272.33 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

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

MCGEE FOR CONGRESS

07 2017 09 01 30 2017 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 0.00 0.00 (i) Itemized (use Schedule A)..... 100.00 100.00 (ii) Unitemized (iii) TOTAL of contributions 100.00 100.00 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..... (d) TOTAL CONTRIBUTIONS (other than loans) 100.00 100.00 (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 0.00 138.55 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 138.55 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 100.00 238.55 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OP	ERATING EXPENDITURES	50.32	568.89	
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00	
19.	LO	AN 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	
	DE	FUNDS OF CONTRIBUTIONS TO:			
20.	(a)	Individuals/Persons Other	0.00	0.00	
		Than Political Committees	0.00	0.00	
	(b)	Political Party Committees Other Political Committees	0.00	0.00	
	(0)	(such as PACs)	0.00	0.00	
	(d)	TOTAL CONTRIBUTION REFUNDS	0.00	0.00	
		(add Lines 20(a), (b), and (c))		0.00	
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00	
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	50.32	568.89	
		III. CASH SU	MMARY		
23.	CA	SH ON HAND AT BEGINNING OF REPOR	1034.85		
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	100.00		
25. SUBTOTAL (add Line 23 and Line 24)				1134.85	
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	50.32	
27.		SH ON HAND AT CLOSE OF REPORTING btract Line 26 from Line 25)	1084.53		

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

PAGE 5 C
FOR LINE NUMBER: (check only one)

INE NUMBER: only one) 13a

12

OF

Transaction ID: SC/10.4411 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25.86 0.00 25.86 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 25.86 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 6 OF FOR LINE NUMBER: (check only one)

X 13a 13b

12

NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS				Tra	nsaction ID : SC/10.4406			
LOAN SOURCE Full Name (Last, Find McGee, Andrea, Leigh, ,	irst, Midd	dle Initial)	Memo Item Election: 2016 Primary General					
Mailing Address 961 NE 27TH AVENUE					Other (specify) ▼			
City POMPANO BEACH	!	State ZIP Co FL 33062 Cumulative Payment To			Personal Funds of the Candidate			
Original Amount of Loan				Date	Balance Outstanding at Close of This Period			
19.1	12			0.00	19.12			
TERMS Date Incurred		Date Due Interest F (If none, e						
M04M / P08P / Y 2016	Y	M / D D	/ Y	12/31/16 Y	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if	f any) to	Loan Source						
1. Full Name (Last, First, Middle Ini	tial)			Name of Employer				
Mailing Address	Mailing Address							
City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer				
				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7			
3. Full Name (Last, First, Middle Initi	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation			
Mailing Address								
City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle Initi	ial)		Name of Employer					
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page in this line only)								
Carry outstanding balance only to LIMI	F 3 Sobo	adula D. for this	line If	no Schedule D. corre	forward to appropriate line of Summary.			
Carry outstanding Datance Offig to LINE	L U, JUILE	aule D, IUI IIIIS	, mie. ii	ilo ochedule D, carry	ioi wara to appropriate lille of Sulfilliary.			

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

PAGE OF FOR LINE NUMBER: (check only one)

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		135					
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction ID : SC/10.4407					
LOAN SOURCE Full Name (Last First Mi	ddlo Initial)	Election: 0040					
LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, , Election: 2016 Primary General							
Mailing Address 961 NE 27TH AVENUE		Other (specify) ▼					
City	State	ZIP Code 33062 Personal Funds of the Candidate					
POMPANO BEACH							
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 17,70					
9 9 9	7	9 9 9					
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)					
M04 ^M / P08 ^D / Y 2016 Y	M04 ^M / D08 ^D / Y Ž016 Y M M / D D / Y 12ÿ31/16 Y 0.00 % (apr) Yes X N						
List All Endorsers or Guarantors (if any) to Loan Source							
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	l	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer					
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.							

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

PAGE FOR LINE NUMBER: **X** 13a (check only one)

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OF

13b Transaction ID: SC/10.4409 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 23.10 0.00 23.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 23.10 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 Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.4410 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 18.84 0.00 18.84 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 18.84 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 Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

13a 13b

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NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS				Trar	saction ID : SC/10.4408			
LOAN SOURCE Full Name (Last, Find McGee, Andrea, Leigh, ,	irst, Mido	lle Initial)	Memo Item Election: 2016 Primary General					
Mailing Address 961 NE 27TH AVENUE					Other (specify)			
City POMPANO BEACH	(State	ZIP Cod 33062		Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Payment To		Date	lance Outstanding at Close of This Period			
19.6	69			0.00	19.69			
TERMS Date Incurred		D	ate Due	Interest (If none, e				
M04M / P10P / Y 2016	Y	M / D D	/ Y 1	2/31/16 ^Y	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if	f any) to	Loan Source						
1. Full Name (Last, First, Middle Init	tial)			Name of Employer				
Mailing Address	Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	. , . ,			
Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer				
				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , ,			
3. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address	Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	. , . , ,			
4. Full Name (Last, First, Middle Initi	ial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9			
SUBTOTALS This Period This Page (op	SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only)								
Carny outstanding halance only to LINE	E Q Caba	udula D. faz thia	lino If	no Schedulo D. com:	forward to appropriate line of Summary.			
Carry outstanding balance only to LINE	_ o, ocne	ide D, for this	mie. If	no Schedule D, carry	iorward to appropriate line or Summary.			

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

PAGE 11 FOR LINE NUMBER: **X** 13a (check only one)

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OF

13b Transaction ID: SC/10.4413 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 30.90 21.43 9.47 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D01D M 07M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 9.47 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 Detailed Summary Page

PAGE FOR LINE NUMBER: (check only one)

X 13a 13b

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Transaction ID: SC/10.4623 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary McGee, Andrea, Leigh, , General Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 138.55 0.00 138.55 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 03M ž017 Y12/31/2108Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 138.55 TOTALS This Period (last page in this line only) 272.33 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.