

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
MCGEE FOR CONGRESS

ADDRESS (number and street) C/O C EDWARD MCGEE JR
2850 N ANDRES AVE
 Check if different than previously reported. (ACC) FT LAUDERDALE FL 33311

2. **FEC IDENTIFICATION NUMBER** C C00553388 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 22

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer ANDREA LEIGH Leigh MCGEE

Signature of Treasurer ANDREA LEIGH Leigh MCGEE [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MCGEE 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))....	8465.00	15817.83
(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)).....	8465.00	15817.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2248.89	4675.72
(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)).....	2248.89	4675.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1349.24	
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).....	647.13	

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

MCGEE 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).....	5900.00	11272.83
(ii) Unitemized.....	2565.00	4545.00
(iii) TOTAL of contributions from individuals ▶	8465.00	15817.83
(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))..	8465.00	15817.83
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	200.89	1219.31
(b) All Other Loans.....	196.31	196.31
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	397.20	1415.62
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8862.20	17233.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2248.89	4675.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	572.18
(b) Of All Other Loans	196.31	196.31
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	196.31	768.49
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	10440.00	10440.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12885.20	15884.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5372.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8862.20
25. SUBTOTAL (add Line 23 and Line 24).....	14234.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12885.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1349.24

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Henry Casanover

Mailing Address 1149 Hillsboro Mile #1009

City Hillsboro Beach State FL Zip Code 33062

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

Name of Employer Business Law Group, P.A. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2014

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Sean Frank

Mailing Address 250 SW 17th St.

City Pompano Beach State FL Zip Code 33060

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

Name of Employer Dovetail Landscape Occupation Landscape

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2014

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Alan J Goldberg

Mailing Address 404 Deer Creek Rune

City Deerfield Beach State FL Zip Code 33442

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

Name of Employer Diversified Companies Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
 300.00

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

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

1300.00

**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 6 OF 18
	<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)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michael Long		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 2841 NE 21st Ave		Transaction ID : SA11AI.4160
City Lighthouse Point	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Broward Partnership for the Ho	Occupation COO	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Ruby Mate		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 450 Mariner Dr.		Transaction ID : SA11AI.4211
City Jupiter	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Prudential	Occupation Realtor	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. Ruby Mate		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 450 Mariner Dr.		Transaction ID : SA11AI.4176
City Jupiter	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Prudential	Occupation Realtor	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 18
	<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)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. June M Miller		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 1981 NE 30th Ct		Transaction ID : SA11AI.4119	
City Lighthouse Point	State FL	Zip Code 33064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Susan P Mishkin		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 2343 NE 28th St.		Transaction ID : SA11AI.4103	
City Lighthouse Point	State FL	Zip Code 33064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Self		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 500	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Joseph W Rusinowski		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 431 SE 9th Ave.		Transaction ID : SA11AI.4152	
City Pompano Beach	State FL	Zip Code 33060	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physical Therapist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 8 OF 18
	<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)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christian C Sautter

Mailing Address 2850 N. Andrews Ave.

City: Wilton Manors State: FL Zip Code: 33311

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

Name of Employer: Self Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 25 / 2014

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Cathy Sheehan

Mailing Address 2348 NE 28th St.

City: Lighthouse Point State: FL Zip Code: 33064

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

Name of Employer: Sheehan Buick GMC Occupation: Administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 26 / 2014

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period: 1000.00

In-kind - Fundraising Event

C. Full Name (Last, First, Middle Initial)
Jeremiah T Sheehan

Mailing Address 2800 North Federal Hwy

City: Lighthouse Point State: FL Zip Code: 33064

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

Name of Employer: Sheehan Buick GMC Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 29 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period: 1000.00

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

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

2250.00

**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 9 OF 18
	<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)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kelly Toole

Mailing Address 3130 NE 55th Ct.

City Fort Lauderdale	State FL	Zip Code 33308
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Christine B Van Buskirk

Mailing Address 2236 NE 31 St.

City Lighthouse Point	State FL	Zip Code 33064
--------------------------	-------------	-------------------

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

Name of Employer Balistreri Realty	Occupation Realtor
---------------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2014

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
250.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

5900.00

**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 11 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Moka McGee

Mailing Address 961 NE 27th Ave

City Pompano Beach State FL Zip Code 33062

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

Name of Employer DeBianchi Real Estate Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
109.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA13B.4191

Amount of Each Receipt this Period
109.18

Marketing Materials Pickup

B. Full Name (Last, First, Middle Initial)
Nicholas Stone

Mailing Address 2850 N. Andrews Ave

City Wilton Manors State FL Zip Code 33311

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

Name of Employer Occupation Meteorologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
87.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA13B.4195

Amount of Each Receipt this Period
87.13

Office supply expense reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

196.31

196.31

**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 18	
	<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)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ruby Mate		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 450 Mariner Dr.		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4212
City Jupiter	State FL	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) B. Cathy Sheehan		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 2348 NE 28th St.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4215
City Lighthouse Point	State FL	
Purpose of Disbursement In-kind - Fundraising Event	Candidate Name	Category/ Type
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) c. Trademark Graphics		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2030 NW 93rd Ave		Amount of Each Disbursement this Period 763.20 Transaction ID : SB17.4125
City Pembroke Pines	State FL	
Purpose of Disbursement Advertising (Bumper Stickers)	Candidate Name MCGEE FOR CONGRESS	Category/ Type 004
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: 22	

SUBTOTAL of Disbursements This Page (optional).....	2113.20
TOTAL This Period (last page this line number only).....	2113.20

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

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moka McGee		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 961 NE 27th Ave		Amount of Each Disbursement this Period 109.18 Transaction ID : SB19B.4342
City Pompano Beach	State FL	
Purpose of Disbursement Loan repayment for marketing material		Category/ Type 009
Candidate Name MCGEE 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: 22	

Full Name (Last, First, Middle Initial) B. Nicholas Stone		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2850 N. Andrews Ave		Amount of Each Disbursement this Period 87.13 Transaction ID : SB19B.4343
City Wilton Manors	State FL	
Purpose of Disbursement Loan repayment for office supplies/parking		Category/ Type 001
Candidate Name MCGEE 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: 22	

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	
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).....	196.31
TOTAL This Period (last page this line number only).....	196.31

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

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Florida Secretary of State Division of Elections		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 500 South Bronough St. Room 316		Amount of Each Disbursement this Period 10440.00
City Tallahassee State FL Zip Code 32399	Purpose of Disbursement Qualifying Fee	
Candidate Name MCGEE FOR CONGRESS		Transaction ID : SB21.4217
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: 22	Category/Type	

Full Name (Last, First, Middle Initial) B.		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	
Candidate Name		Category/Type
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:		

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	
Candidate Name		Category/Type
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).....	10440.00
TOTAL This Period (last page this line number only).....	10440.00

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)

Transaction ID : SC/10.4315

MCGEE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

ANDREA LEIGH Leigh MCGEE

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

446.24

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

446.24

TERMS

Date Incurred

M 02 / D 17 / Y 2014 Y

Date Due

M / D / Y 11/4/14 Y

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)..... ▶

446.24

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) **Transaction ID : SC/10.4206**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
ANDREA LEIGH Leigh MCGEE Primary
 Mailing Address General
 961 NE 27TH AVENUE Other (specify) ▼

City State ZIP Code
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.89	0.00	200.89

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 15 / Y 2014	M M / D D / Y 11/4/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	200.89
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) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4191**

LOAN SOURCE Full Name (Last, First, Middle Initial) Moka McGee	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27th Ave	

City	State	ZIP Code
Pompano Beach	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
109.18	109.18	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 06 / 2014	6/7/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4195**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nicholas Stone	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2850 N. Andrews Ave	

City	State	ZIP Code
Wilton Manors	FL	33311

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
87.13	87.13	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 28 / 2014	6/30/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	0.00
TOTALS This Period (last page in this line only).....	647.13

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