PAGE 1 / 18

FEC SORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Com	nittee	'		Office	Use Only	
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typin r the lines.	g, type	12FE4M	5		
MCGEE FOR	CONG	RESS								
ADDRESS (number ar	nd straat)	C/O C EDW/	ARD MCG	EE JR						
TEST (Hamber at	ia oliootj	2850 N AND	RES AVE	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1 1	1 1		, , I
Check if direction than previous reported. (A	usly	FT LAUDER	DALE				FL	33311		
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ D	ISTRICT
C C0055338	38			IS THIS REPORT	X NEW (N)	OR	AMENI (A)	DED	FL	22
			ı							
4. TYPE OF RE		Choose One)	(b)	12-Day PRE-	Election Repo	ort for the:				
(a) Quarterly R	eports.				Primary (12P)		General (12G)	Runof	f (12R)
April 15	Quarterly	y Report (Q1)		П	Convention (12C)	Special (12S)		
X July 15	Quarterly	Report (Q2)		_	((
Octobe	r 15 Quar	terly Report (Q3)		Election on	M = M /	D " D /	Y " Y " Y " Y		in the State of	
January	/ 31 Year-	End Report (YE)	(c) 3	B0-Day POS	r -Election Rep	oort for the:				
					General (30G)	Runoff (3	0R)	Specia	al (30S)
Termina	ation Repo	ort (TER)			M M /	D D /	Y " Y " Y " Y		in the	
	·	` ,		Election on	IVI IVI /				State of	
5. Covering Period	N	04 / D D D		014 Y	through	M M M	/ D D /	Y 2	2014	
I certify that I have e	examined	this Report and	to the be	est of my kn	owledge and i	belief it is tr	ue, correct an	d comp	olete.	
Type or Print Name	of Treasu	rer ANDREA L	EIGH Leig	h MCGEE						
Signature of Treasure	er <u>A</u>	NDREA LEIGH Leis	gh MCGEE		[Electronically 1	Filed] [Date 07	I / D)14
NOTE: Submission of	false, erro	oneous, or incomp	olete infor	mation may s	subject the per	son signing	this Report to	the pena	alties of 2 U.S.C	. §437g.
Office										
Use Only									EC FORM 3 devised 02/2003)	`

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 18

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

06 30 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) 8465.00 15817.83 (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) 8465.00 15817.83 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 2248.89 4675.72 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 2248.89 4675.72 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1349.24 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 647.13 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 12/2003)

PAGE 3 / 18

Write or Type Committee Name

MCGEE FOR CONGRESS

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11. (CONTRIBUTIONS (other than loans) FROM:				
(a	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		
(0	c) Other Political Committees (such as PACs)	0.00	0.00		
`	d) The Candidate	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	8465.00	15817.83		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
	OANS:				
(6	a) Made or Guaranteed by the Candidate	200.89	1219.31		
(1	b) All Other Loans	196.31	196.31		
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	397.20	1415.62		
	OFFSETS TO OPERATING				
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00		
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	8862.20	17233.45		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

	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
1.	OTHER DISBURSEMENTS	10440.00	10440.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	12885.20	15884.21
	III. CASH SU	IMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	5372.24
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	8862.20
5.	SUBTOTAL (add Line 23 and Line 24)		14234.44
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	12885.20
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		1349.24

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF Use separate schedule(s) (check only one) 11a 11b 11c 11d 12

18

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 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 Full Name (Last, First, Middle Initial) Michael Henry Casanover Date of Receipt Mailing Address 1149 Hillsboro Mile 2014 26 #1009 City State Zip Code Transaction ID: SA11AI.4099 FL 33062 Hillsboro Beach FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Business Law Group, P.A. Attorney Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Sean Frank Date of Receipt Mailing Address 250 SW 17th St. 26 2014 City State Zip Code Transaction ID: SA11AI.4164 Pompano Beach FL 33060 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Dovetail Landscape Landscape Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Alan J Goldberg Date of Receipt Mailing Address 404 Deer Creek Rune 2014 29 City State Zip Code Transaction ID: SA11AI.4121 FL Deerfield Beach 33442 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation **Diversified Companies** CEO Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 300.00 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	:	ь	OF		18
(check only one)										
×	11a		11b		11c		11	d		
	12		13a		13b		14	ļ		15

and the form of the second sec		12
	and Statements may not be sold or used by any ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial) Michael Long		Date of Receipt
Mailing Address 2841 NE 21st Ave		M M / D D / Y Y Y Y
City	State Zip Code	7
Lighthouse Point	FL 33064	_
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Broward Partnership for the Ho	Occupation COO	250.00
Receipt For: 2014	Election Cycle-to-Date	
Primary General Other (specify)	250.00]
Full Name (Last, First, Middle Initial) Ruby Mate	1	Date of Receipt
Mailing Address 450 Mariner Dr.		04 10 2014
City	State Zip Code	Transaction ID : SA11AI.4211
Jupiter 550 ID and the state of a set the time.	FL 33477	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	350.00
Prudential	Realtor	In-kind -
Receipt For: 2014 Primary General	Election Cycle-to-Date	
Other (specify)	350.00]
Full Name (Last, First, Middle Initial) Ruby Mate		Date of Receipt
Mailing Address 450 Mariner Dr.		04 18 2014
City	State Zip Code	Transaction ID : SA11AI.4176
Jupiter	FL 33477	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Prudential	Occupation Realtor	250.00
Receipt For: 2014	Election Cycle-to-Date	
Primary General Other (specify)	600.00]
SUBTOTAL of Receipts This Page (optional	(Is	850.00
OTAL This Period (last page this line num	nber only)	, ,

Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS						
<u> —</u> А.	Full Name (Last, First, Middle Initial) June M Miller	Date of Receipt					
Λ.	Mailing Address 1981 NE 30th Ct		04 28 2014				
	City Lighthouse Point	State Zip Code FL 33064	Transaction ID : SA11AI.4119				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
	Name of Employer Self	Occupation Retired	250.00				
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date					
— В.	Full Name (Last, First, Middle Initial) Susan P Mishkin		Date of Receipt				
	Mailing Address 2343 NE 28th St.		04 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Lighthouse Point	State Zip Code FL 33064	Transaction ID : SA11AI.4103				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
	Name of Employer Self	Occupation Self	500.00				
	Receipt For: 2014 Primary General Other (specify) 500	Election Cycle-to-Date 500.00					
_	Full Name (Last, First, Middle Initial) Joseph W Rusinowski		Date of Receipt				
C.	Mailing Address 431 SE 9th Ave.		04 26 2014				
	City Pompano Beach	State Zip Code FL 33060	Transaction ID : SA11AI.4152				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
	Name of Employer Self	Occupation Physical Therapist	250.00				
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 250.00					
s	SUBTOTAL of Receipts This Page (optional)		1000.00				
1	OTAL This Period (last page this line number	only)					

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

l	FOR LINI	PAGE	Ξ	8	OF		18			
l	(check only one)									
l	X _{11a}		11b		11c		11	d		
l	12		13a		13b		14			15

		Statements may not be sold or used by any pe	
		e name and address of any political committee	
	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
<u> </u>	Full Name (Last, First, Middle Initial) Christian C Sautter	Date of Receipt	
	Mailing Address 2850 N. Andrews Ave.	06 25 2014	
	City Wilton Manors	State Zip Code FL 33311	Transaction ID : SA11AI.4180
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Self	Occupation Attorney	250.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 250.00	
В.	Full Name (Last, First, Middle Initial) Cathy Sheehan		Date of Receipt
	Mailing Address 2348 NE 28th St.		04 26 2014
	City Lighthouse Point	State Zip Code FL 33064	Transaction ID : SA11AI.4213
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	1000.00
	Sheehan Buick GMC Receipt For: 2014	Administration Election Cycle-to-Date	In-kind - Fundraising Event
	Primary General Other (specify)	1000.00	
_	Full Name (Last, First, Middle Initial) Jeremiah T Sheehan		Date of Receipt
C.	Mailing Address 2800 North Federal Hwy		04 29 2014
	City Lighthouse Point	State Zip Code FL 33064	Transaction ID : SA11AI.4117
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer Sheehan Buick GMC	Occupation President	1000.00
	Receipt For: 2014	Election Cycle-to-Date	
	Primary General Other (specify)	1000.00	
Г	UBTOTAL of Receipts This Page (optional)		2250.00
1 1	OTAL This Period (last page this line number	UHB)	

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

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(check only one)									
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12	2	13a		13b		14			15

	s and Statements may not be sold or used by any prising the name and address of any political committee						
A. Full Name (Last, First, Middle Initial) Kelly Toole Mailing Address 3130 NE 55th Ct.	Full Name (Last, First, Middle Initial) Kelly Toole						
City	04 02 2014 Transaction ID : SA11AI.4134						
Fort Lauderdale	FI						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer Self	Occupation Retired	250.00					
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 250.00						
Full Name (Last, First, Middle Initial) Christine B Van Buskirk		Date of Receipt					
Mailing Address 2236 NE 31 St.	Mailing Address 2236 NE 31 St.						
City Lighthouse Point	Transaction ID : SA11AI.4172						
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period					
Name of Employer	Occupation	250.00					
Balistreri Realty Receipt For: 2014 Primary General Other (specify)	Realtor Election Cycle-to-Date 250.00						
Full Name (Last, First, Middle Initial)		Date of Receipt					
C. Mailing Address	Mailing Address						
City	City State Zip Code						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer	Occupation						
Receipt For: Primary General Other (specify)	Election Cycle-to-Date						
SUBTOTAL of Receipts This Page (optic	onal)	500.00					
	umber only)	5900.00					

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

FOR LINE NUMBER: PAGE 10 OF 18

(check only one)

11a 11b 11c 11d

12 X 13a 13b 14 15

		Statements may not be sold or used by any pe e name and address of any political committee				
	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS					
Α.	Full Name (Last, First, Middle Initial) ANDREA LEIGH Leigh MCGEE Mailing Address 961 NE 27TH AVENUE		Date of Receipt 04 15 2014			
	City	State Zip Code FL 33062	Transaction ID : SA13A.4206			
	POMPANO BEACH FEC ID number of contributing federal political committee.	C H4FL22086	Amount of Each Receipt this Period			
	Name of Employer	Occupation Realtor	Campaign expenses			
	DeBianchi Real Estate Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date				
	Full Name (Last, First, Middle Initial)		Date of Receipt			
B.	Mailing Address		M M / D D / Y Y Y Y			
	City					
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
_	Full Name (Last, First, Middle Initial)		Date of Receipt			
C.	Mailing Address		M M / D D / Y Y Y Y			
	City	State Zip Code				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
	Name of Employer	Occupation	,			
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
Г	UBTOTAL of Receipts This Page (optional)		200.89			

	F)R	LINE I	VU	MBER:		PAGE	 11 OF	18
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for each category of the			11c	11d					
Detailed Summary Page			12		13a	X	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) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Moka McGee Date of Receipt Mailing Address 961 NE 27th Ave 06 2014 06 City State Zip Code Transaction ID: SA13B.4191 FL 33062 Pompano Beach FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 109.18 Name of Employer Occupation Marketing Materials Pickup DeBianchi Real Estate Realtor Receipt For: 2014 Election Cycle-to-Date | Primary General 109.18 Other (specify) Full Name (Last, First, Middle Initial) Nicholas Stone Date of Receipt Mailing Address 2850 N. Andrews Ave 28 2014 Citv State Zip Code Transaction ID: SA13B.4195 Wilton Manors FL 33311 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 87.13 Name of Employer Occupation Meteorologist Office supply expense reimbursement Receipt For: 2014 Election Cycle-to-Date | Primary General 87.13 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 196.31 SUBTOTAL of Receipts This Page (optional)..... 196.31 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 12 18 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 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) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Ruby Mate 2014 Mailing Address 450 Mariner Dr. 04 10 City State Zip Code Amount of Each Disbursement this Period FΙ Jupiter 33477 Purpose of Disbursement 350.00 In-kind -Transaction ID: SB17.4212 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Cathy Sheehan Date of Disbursement Mailing Address 2348 NE 28th St. 04 26 2014 City State Zip Code Amount of Each Disbursement this Period FL 33064 Lighthouse Point 1000.00 Purpose of Disbursement In-kind - Fundraising Event Transaction ID: SB17.4215 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) c. Trademark Graphics Date of Disbursement Mailing Address 2030 NW 93rd Ave 06 30 2014 City State Zip Code Amount of Each Disbursement this Period 33024 Pembroke Pines FL 763.20 Purpose of Disbursement Advertising (Bumper Stickers)

State: FL District: 22	
SUBTOTAL of Disbursements This Page (optional)	2113.20
TOTAL This Period (last page this line number only)	2113.20

General

Disbursement For: 2014

Primary

Other (specify)

004

Category/

Type

Candidate Name

Office Sought:

MCGEE FOR CONGRESS

House

Senate

President

Transaction ID : SB17.4125

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 13 OF 18 (check only one) 17
	ny information copied from such Reports and Statements me for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS			
۸.	Full Name (Last, First, Middle Initial) Moka McGee Mailing Address 961 NE 27th Ave City State Pompano Beach FL Purpose of Disbursement Loan repayment for marketing material Candidate Name MCGEE FOR CONGRESS	Zip Code 33062	009 Category/ Type	Date of Disbursement M M M / D D / 2014 Amount of Each Disbursement this Period 109.18 Transaction ID: SB19B.4342
	Office Sought: House Disbursement For Primary	General		
3.	Full Name (Last, First, Middle Initial) Nicholas Stone Mailing Address 2850 N. Andrews Ave			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 Wilton Manors FL Purpose of Disbursement Loan repayment for office supplies/parking Candidate Name MCGEE FOR CONGRESS Office Sought: House Senate Disbursement For Senate	General	001 Category/ Type	Amount of Each Disbursement this Period 87.13 Transaction ID : SB19B.4343
D .	State: FL District: 22 Full Name (Last, First, Middle Initial)	респу)		Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State Zi Purpose of Disbursement Candidate Name Office Sought: House Disbursement For Senate Primary Other (s	General	Category/ Type	Amount of Each Disbursement this Period
S	SUBTOTAL of Disbursements This Page (optional)			196.31

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

196.31

	CHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 14 OF 18 (check only one)			
Т	EMIZED DISBURSEMENTS			17 18 19a 19b 20a 20b 20c X 21			
	ly information copied from such Reports and Statements n for commercial purposes, other than using the name and						
\rangle	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS						
	Full Name (Last, First, Middle Initial)						
۹.	Florida Secretary of State Division of Ele	Date of Disbursement					
	Mailing Address 500 South Bronough St. Room 316		04 / 29 / 2014				
	City State	Zip Code		Amount of Each Disbursement this Period			
	Tallahassee FL	32399		7.11.02.11.03.12.03.12.01.03.03.12.01.03.03.12.01.03.03.12.01.03.03.12.01.03.03.12.01.03.03.12.01.03.01.03.12.01.03.12.01.03.12.01.03.12.01.03.12.01.03.12.01.03.12.01			
	Purpose of Disbursement Qualifying Fee			10440.00 Transaction ID : SB21.4217			
	Candidate Name MCGEE FOR CONGRESS		Category/ Type				
	Office Sought: House Disbursement Formula	General					
	State: FL District: 22						
	Full Name (Last, First, Middle Initial)						
3.				Date of Disbursement			
٥.							
	Mailing Address			M " M / D " D / Y " Y " Y " Y			
	City State	Zip Code		Amount of Each Disbursement this Period			
Purpose of Disbursement				7,			
	Candidate Name		Category/ Type	-			
	Office Sought: House Disbursement For	r:					
	Senate Primary	General					
	President Other (s	specify)					
	State: District:						
	Full Name (Last, First, Middle Initial)						
Э.				Date of Disbursement			
	Mailing Address			M M / D D / Y Y Y			
	City State Z	ip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement			7			
	Candidate Name		Category/	-			
	Office Sought: House Disbursement For	··	Type				
	President Other (s	speсіту)					
	State: District:						
9	IIRTOTAL of Dishursements This Page (ontional)			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)

PAGE

15 OF

13a

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13b Transaction ID: SC/10.4315 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREA LEIGH Leigh MCGEE General Mailing Address Other (specify) ullet961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 446.24 0.00 446.24 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D 17 ž014 0.00 11/4/14 % (apr) 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 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 ZIP Code Guaranteed City State 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4206 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREA LEIGH Leigh MCGEE General Mailing Address Other (specify) ullet961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 200.89 0.00 200.89 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 04 ž014 0.00 11/4/14 % (apr) 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 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 ZIP Code Guaranteed City State 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4191 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Moka McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 109.18 109.18 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 06^M 06 ž014 0.00 6/7/14 % (apr) 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 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)..... 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)

Use separate schedule(s)

FOR LINE NUMBER:

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OANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	etion ID : SC/10.4195
MCGEE FOR CONGRESS			
LOAN SOURCE Full Name (Last, Nicholas Stone	First, Middle Initial)		Election: 2014 Primary General
Mailing Address 2850 N. Andrews Ave			Other (specify)
City	State ZIP	Code	
Wilton Manors	FL 333	311	
Original Amount of Loan	Cumulative Paymen	t To Date Bala	nce Outstanding at Close of This Period
87	.13	87.13	0.00
Date Incurred MO5 Z8 Z014	Date I	Due Interest Rate Y 6/30/14 Y 0.00	
List All Endorsers or Guarantors	if any) to Loan Source		Tes INO
1. Full Name (Last, First, Middle Ir	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (c	ptional)	• • • • • • • • • • • • • • • • • • •	0.00
FOTALS This Period (last page in this	line only)		647.13
Carry outstanding balance only to LIN	IE 3. Schedule D. for this line	e. If no Schedule D. carry forv	vard to appropriate line of Summary.