

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

FL

22

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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

MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2016

through

MM / DD / YYYY 06 / 30 / 2016

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 McGee

Signature of Treasurer Andrea Leigh McGee

[Electronically Filed]

Date

MM / DD / YYYY 07 / 14 / 2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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)).... | 10401.03 | 15251.03 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 686.90 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 10401.03 | 14564.13 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 12003.29 | 15014.99 |
| (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))..... | 12003.29 | 15014.99 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 438.30 | |
| 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)..... | 889.16 | |

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: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

| 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)..... | 8522.00 | 12522.00 |
| (ii) Unitemized..... | 1879.03 | 2729.03 |
| (iii) TOTAL of contributions from individuals ▶ | 10401.03 | 15251.03 |
| (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)).. | 10401.03 | 15251.03 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 889.16 | 2112.48 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 889.16 | 2112.48 |
| 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)..... ▶ | 11290.19 | 17363.51 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 12003.29 | 15014.99 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 1223.32 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 1223.32 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 686.90 |
| (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 | 686.90 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 12003.29 | 16925.21 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1151.40 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 11290.19 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 12441.59 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 12003.29 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 438.30 |

**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 32 |
| | <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 | |

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)
Chris Broeman

Mailing Address 6278 N. Red Highway
Pmb 328

City Fort Lauderdale State FL Zip Code 33308

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

Name of Employer Self Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6287 Bay Club Dr.
#4

City Fort Lauderdale State FL Zip Code 33308

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
222.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
222.00

Memo Item

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

Mailing Address 2717 NE 35th Dr.

City Fort Lauderdale State FL Zip Code 33308

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

Name of Employer McGee Huskey Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
500.00

Memo Item

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

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

972.00

**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 32 |
| | <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)
Stephen Kaiser

Mailing Address 129 NW 13th St.
Suite 33

City Boca Raton State FL Zip Code 33432

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

Name of Employer Fit Food Fresh Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ruby Mate

Mailing Address 450 Mariner Dr.

City Jupiter State FL Zip Code 33477

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

Name of Employer N/A Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 450 Mariner Dr.

City Jupiter State FL Zip Code 33477

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

Name of Employer N/A Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

2500.00

**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 7 OF 32 |
| | <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)
Jorj M Morgan

Mailing Address 11989 SE Intera Coastal Terr.

City State Zip Code
Tequesta FL 33469

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

Name of Employer Self Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kyle Mowitz

Mailing Address 8211 W. Broward Blvd.
#230

City State Zip Code
Plantation FL 33324

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

Name of Employer Self Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
 1800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael J Peter

Mailing Address 3365 N. Federal Highway

City State Zip Code
Fort Lauderdale FL 33306

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

4050.00

**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 8 OF 32 |
| | <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)
Phillip Wardell

Mailing Address 2850 N. Andrews Ave.

City Fort Lauderdale;e State FL Zip Code 33311

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

Name of Employer Access Insurance Occupation Insurance Exec

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11Al.4267

Amount of Each Receipt this Period
 1000.00

Memo Item

B. 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

Memo Item

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

Memo Item

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

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

1000.00

8522.00

**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 32 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4302 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 119.88 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 656.30 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4304 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 40.80 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 697.10 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4324 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 269.58 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 966.68 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 430.26 |
| 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 10 OF 32 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4300 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 72.41 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1039.09 | | |
| | | <input type="checkbox"/> Memo Item Office Depot April 13th | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4297 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 27.96 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1067.05 | | |
| | | <input type="checkbox"/> Memo Item Staples April 15th | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 26 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4296 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 13.69 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1080.74 | | |
| | | <input type="checkbox"/> Memo Item Staples April 26 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 114.06 |
| 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: PAGE 11 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

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

Mailing Address 961 NE 27TH AVENUE

City State Zip Code
POMPANO BEACH FL 33062

FEC ID number of contributing federal political committee. **C H4FL22086**

Name of Employer Occupation
Finn Real Estate Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1128.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 01 2016

Transaction ID : SA13A.4295

Amount of Each Receipt this Period
 Memo Item
47.48

May 1 Office De|pt

B. Full Name (Last, First, Middle Initial)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City State Zip Code
POMPANO BEACH FL 33062

FEC ID number of contributing federal political committee. **C H4FL22086**

Name of Employer Occupation
Finn Real Estate Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1133.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 09 2016

Transaction ID : SA13A.4301

Amount of Each Receipt this Period
 Memo Item
5.00

2014 Precinct

C. Full Name (Last, First, Middle Initial)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City State Zip Code
POMPANO BEACH FL 33062

FEC ID number of contributing federal political committee. **C H4FL22086**

Name of Employer Occupation
Finn Real Estate Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1138.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 09 2016

Transaction ID : SA13A.4330

Amount of Each Receipt this Period
 Memo Item
5.00

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

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

57.48

**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 12 OF 32 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4298 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 8.48 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1146.70 | | |
| | | <input type="checkbox"/> Memo Item Parking Fee | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4337 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 47.00 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1193.70 | | |
| | | <input type="checkbox"/> Memo Item | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Andrea Leigh McGee | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2016 | |
| Mailing Address 961 NE 27TH AVENUE | | Transaction ID : SA13A.4299 | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |
| FEC ID number of contributing federal political committee. C H4FL22086 | | Amount of Each Receipt this Period 20.63 | |
| Name of Employer Finn Real Estate | Occupation Real Estate Agent | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1214.33 | | |
| | | <input type="checkbox"/> Memo Item Publix | |

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 76.11 |
| 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 13 OF 32 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

FEC ID number of contributing federal political committee: **C H4FL22086**

Name of Employer: Finn Real Estate Occupation: Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1291.18

Date of Receipt: 06 / 03 / 2016

Transaction ID : SA13A.4328

Amount of Each Receipt this Period: 76.85

Memo Item

B. Full Name (Last, First, Middle Initial)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

FEC ID number of contributing federal political committee: **C H4FL22086**

Name of Employer: Finn Real Estate Occupation: Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1293.30

Date of Receipt: 06 / 03 / 2016

Transaction ID : SA13A.4331

Amount of Each Receipt this Period: 2.12

Memo Item

C. Full Name (Last, First, Middle Initial)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

FEC ID number of contributing federal political committee: **C H4FL22086**

Name of Employer: Finn Real Estate Occupation: Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1333.30

Date of Receipt: 06 / 12 / 2016

Transaction ID : SA13A.4326

Amount of Each Receipt this Period: 40.00

Memo Item

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

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

118.97

**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 14 OF 32 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

FEC ID number of contributing federal political committee: **C H4FL22086**

Name of Employer: Finn Real Estate Occupation: Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1385.83

Date of Receipt: 06 / 12 / 2016

Transaction ID : SA13A.4336

Amount of Each Receipt this Period: 52.53

Memo Item

B. Full Name (Last, First, Middle Initial)
Andrea Leigh McGee

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

FEC ID number of contributing federal political committee: **C H4FL22086**

Name of Employer: Finn Real Estate Occupation: Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1425.58

Date of Receipt: 06 / 22 / 2016

Transaction ID : SA13A.4339

Amount of Each Receipt this Period: 39.75

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

92.28

889.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 32 | | | |
| | <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. Sectary of State | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016 |
| Mailing Address R.A. Gary Building 500 S. Bronough St. | | Amount of Each Disbursement this Period 10440.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4351 |
| City Tallahassee State FL Zip Code 32399 | Purpose of Disbursement 001 Category/Type | |
| Candidate Name MCGEE FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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. Trademark Graphic | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 2030 NW 93rd Ave | | Amount of Each Disbursement this Period 367.82 <input type="checkbox"/> Memo Item Transaction ID : SB17.4353 |
| City Pembroke Pines State FL Zip Code 33024 | Purpose of Disbursement 001 Category/Type | |
| Candidate Name MCGEE FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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. Tropicana Resort and Casino | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016 |
| Mailing Address 3801 Las Vega Blvd. South | | Amount of Each Disbursement this Period 269.58 <input type="checkbox"/> Memo Item Transaction ID : SB17.4341 |
| City Las Vegas State NV Zip Code 89109 | Purpose of Disbursement 002 Category/Type | |
| Candidate Name MCGEE FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: FL District: 22 | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 11077.40 |
| TOTAL This Period (last page this line number only)..... | 11077.40 |

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/10.4302**
MCGEE FOR CONGRESS

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Andrea Leigh McGee | <input type="checkbox"/> Memo Item | Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 961 NE 27TH AVENUE | | |

| | | |
|---------------|-------|----------|
| City | State | ZIP Code |
| POMPANO BEACH | FL | 33062 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 119.88 | 0.00 | 119.88 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 04 / 01 / 2016 | 12/31/16 | 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)..... | ▶ | 119.88 |
| 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/10.4304**
MCGEE FOR CONGRESS

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Andrea Leigh McGee | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 961 NE 27TH AVENUE | | |

| | | |
|---------------|-------|----------|
| City | State | ZIP Code |
| POMPANO BEACH | FL | 33062 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 40.80 | 0.00 | 40.80 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 04 / 06 / 2016 | 12/31/16 | 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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|------------------------------------|
| SUBTOTALS This Period This Page (optional)..... | <input type="text" value="40.80"/> |
| TOTALS This Period (last page in this line only)..... | <input type="text"/> |
| 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/10.4324**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 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 |
| 269.58 | 0.00 | 269.58 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 04 / 07 / 2016 | 12/31/16 | 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)..... | ▶ | 269.58 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4300

MCGEE FOR CONGRESS

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

Memo Item

Andrea Leigh McGee

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

72.41

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

72.41

TERMS

Date Incurred

04 / 13 / 2016

Date Due

12/31/16

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)..... ▶

72.41

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4297**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
Mailing Address 961 NE 27TH AVENUE General
 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
27.96 0.00 27.96

TERMS Date Incurred Date Due Interest Rate Secured:
M 04 / D 15 / Y 2016 M M / D D / Y 12/31/16 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 27.96
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/10.4296**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 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 |
| 13.69 | 0.00 | 13.69 |

TERMS Date Incurred Date Due Interest Rate Secured:
 04 / 26 / 2016 M M / D D / 12/31/16 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 13.69
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/10.4295**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 Other (specify) ▼

City State ZIP Code
 POMPAN0 BEACH FL 33062

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 47.48 | 0.00 | 47.48 |

TERMS

| | | | |
|----------------------|------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 05 / D 01 / Y 2016 | M M / D D / Y 12/31/16 | 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)..... | ▶ | 47.48 |
| 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/10.4301**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 Other (specify) ▼

City State ZIP Code
 POMPAN0 BEACH FL 33062

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5.00 | 0.00 | 5.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 05 / 09 / 2016 | 12/31/16 | 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)..... | ▶ | 5.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4330**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
Mailing Address 961 NE 27TH AVENUE General
 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 |
| 5.00 | 0.00 | 5.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 05 / 09 / 2016 | 12/31/16 | 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)..... ▶ 5.00

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) **Transaction ID : SC/10.4298**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 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 |
| 8.48 | 0.00 | 8.48 |

TERMS Date Incurred Date Due Interest Rate Secured:
 05 / 18 / 2016 M M / D D / 12/31/16 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ [] 8.48
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4337

MCGEE FOR CONGRESS

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

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

47.00

0.00

47.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 18 / 2016

M M / D D / Y Y Y Y
12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

47.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4299

MCGEE FOR CONGRESS

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

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

20.63

0.00

20.63

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

03

2016

12/31/16

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

20.63

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4328

MCGEE FOR CONGRESS

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

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

76.85

0.00

76.85

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

03

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

76.85

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4331

MCGEE FOR CONGRESS

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

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2.12

0.00

2.12

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

03

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2.12

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/10.4326**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 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 |
| 40.00 | 0.00 | 40.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 06 / 12 / 2016 | 12/31/16 | 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)..... | ▶ | 40.00 |
| 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) **Transaction ID : SC/10.4336**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address General
 961 NE 27TH AVENUE Other (specify) ▼

City State ZIP Code
 POMPAÑO BEACH FL 33062

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 52.53 | 0.00 | 52.53 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 06 / 12 / 2016 | 12/31/16 | 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)..... | ▶ | 52.53 |
| 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/10.4339**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address General
 961 NE 27TH AVENUE Other (specify) ▼

City State ZIP Code
 POMPAÑO BEACH FL 33062

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 39.75 | 0.00 | 39.75 |

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 06 / 22 / 2016 / 12/31/16

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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|--------|
| SUBTOTALS This Period This Page (optional)..... | 39.75 |
| TOTALS This Period (last page in this line only)..... | 889.16 |

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