

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **2014 APR 16 PM 12:02**
MCGEE FOR CONGRESS **FEC MAIL CENTER**

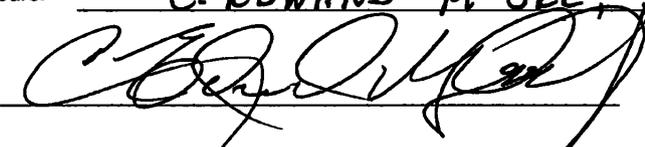
ADDRESS (number and street) **12850 NORTH ANDREWS AVENUE**
Check if different than previously reported. (ACC) **FORT LAUDERDALE FL 33311**

2. FEC IDENTIFICATION NUMBER **C00553388**
3. IS THIS REPORT NEW (N) OR AMENDED (A) **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 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 **10^M 01^D 2013** through **03^M 31^D 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 **C. EDWARD MCGEE, JR.**
Signature of Treasurer  Date **04 14 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.

14031220328

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

McGEE FOR CONGRESS

Report Covering the Period:

From:

10 ' 01 ' 2013

To:

03 ' 31 ' 2014

14031220329

	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))....	7,352.83	7,352.83
(b) Total Contribution Refunds (from Line 20(d)).....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7,352.83	7,352.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	2,426.83	2,426.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2,426.83	2,426.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5,372.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	446.24	

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

Write or Type Committee Name

M^cGEE FOR CONGRESS

Report Covering the Period: From: ^M10 ' ^D01 ' ^Y2013 To: ^M03 ' ^D31 ' ^Y2014

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).....

7,352.83

7,352.83

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

7,352.83

7,352.83

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

7,352.83

7,352.83

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

1,018.42

1,018.42

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1,018.42

1,018.42

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8,371.25

8,371.25

14031220330

DETAILED SUMMARY PAGE

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	2,426.83	2,426.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	572.18	572.18
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	572.18	572.18
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2,999.01	2,999.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8,311.25
25. SUBTOTAL (add Line 23 and Line 24).....	8,311.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,999.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5,312.24

14031220331

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 12
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full) **McGEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) **ZOLEY, GEORGE**
 Mailing Address **6221 NW 53 STREET, SUITE 700**
 City **BOCA RATON** State **FL** Zip Code **33487**
 Date of Receipt **03 ' 18 ' 2014**
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **THE GEO GROUP** Occupation **CHM / CEO / FOUNDER**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **500.00**

B. Full Name (Last, First, Middle Initial) **WHITE, HOWARD D.**
 Mailing Address **4251 NE 25 AVENUE**
 City **LIGHTHOUSE POINT** State **FL** Zip Code **33064**
 Date of Receipt **03 ' 14 ' 2014**
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UNAFLEX, INC.** Occupation **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **500.00**

C. Full Name (Last, First, Middle Initial) **MORGAN, GEORGE A. JR.**
 Mailing Address **2512 AQUA VISTA BLVD.**
 City **FORT LAUDERDALE** State **FL** Zip Code **33301**
 Date of Receipt **03 ' 17 ' 2014**
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MORGAN PROPERTY GROUP** Occupation **DEVELOPER**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **500.00**

SUBTOTAL of Receipts This Page (optional) **1,500.00**
TOTAL This Period (last page this line number only)

14031220332

**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 2 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full) **MCGEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) **WHITE, EDWARD**

Mailing Address **1081 NE 27 TERRACE**

City **POMPANO BEACH** State **FL** Zip Code **33062**

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

Name of Employer _____ Occupation **RETIRED**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **03 ' 16 ' 2014**

Amount of Each Receipt this Period **, , 100.00**

Receipt For: **, , 100.00**

B. Full Name (Last, First, Middle Initial) **ZADEN, RICHARD J.**

Mailing Address **2825 N.E. 37 COURT**

City **FORT LAUDERDALE** State **FL** Zip Code **33308**

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

Name of Employer **SEILER, SAUTTER & ZADEN, LLC** Occupation **ATTORNEY**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **03 ' 14 ' 2014**

Amount of Each Receipt this Period **, , 250.00**

Receipt For: **, , 250.00**

C. Full Name (Last, First, Middle Initial) **HUSKEY, J. DAVID JR.**

Mailing Address **2717 NE 35 DRIVE**

City **FORT LAUDERDALE** State **FL** Zip Code **33308**

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

Name of Employer **MCGEE & HUSKEY, PA.** Occupation **ATTORNEY**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **03 ' 14 ' 2014**

Amount of Each Receipt this Period **, , 500.00**

Receipt For: **, , 500.00**

SUBTOTAL of Receipts This Page (optional)..... **, , 850.00**

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

14031220333

**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)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 3 OF 12

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NAME OF COMMITTEE (In Full) **MEGEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) **HARRIS JEFFREY M.**
 Mailing Address **ONE EAST BROWARD BLVD. # 925**
 City **FORT LAUDERDALE** State **FL** Zip Code **33301**
 Date of Receipt **03 ' 16 ' 2014**
 FEC ID number of contributing federal political committee. **C**
 Amount of Each Receipt this Period **50.00**
 Name of Employer **SELF** Occupation **ATTORNEY**
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date **50.00**

B. Full Name (Last, First, Middle Initial) **DOLPH FRANK B. III**
 Mailing Address **631 INTRACASTAL DRIVE**
 City **FORT LAUDERDALE** State **FL** Zip Code **33304**
 Date of Receipt **03 ' 25 ' 2014**
 FEC ID number of contributing federal political committee. **C**
 Amount of Each Receipt this Period **100.00**
 Name of Employer **NAUTILUS GROUP** Occupation **INSURANCE - NAUTILUS GROUP**
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date **100.00**

C. Full Name (Last, First, Middle Initial) **HANCOCK KELLY D.**
 Mailing Address **3100 NE 42 STREET**
 City **FORT LAUDERDALE** State **FL** Zip Code **33308**
 Date of Receipt **03 ' 18 ' 2014**
 FEC ID number of contributing federal political committee. **C**
 Amount of Each Receipt this Period **200.00**
 Name of Employer **KRUPNICK CAMPBELL** Occupation **ATTORNEY**
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date **200.00**

SUBTOTAL of Receipts This Page (optional) **350.00**
TOTAL This Period (last page this line number only)

14031220334

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) McGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PRCHAL, CHERYL
 Mailing Address 3406 BEACON STREET
 City POMPANO BCH, FL State FL Zip Code 33062
 Date of Receipt 03 ' 28 ' 2014
 FEC ID number of contributing federal political committee. C
 Amount of Each Receipt this Period 100.00
 Name of Employer SELF Occupation CONTRACTOR
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date 100.00

B. Full Name (Last, First, Middle Initial) GOOD, LAURA
 Mailing Address 1300 S.E. 13 AVENUE
 City DEERFIELD BCH, FL State FL Zip Code 33441
 Date of Receipt 03 ' 18 ' 2014
 FEC ID number of contributing federal political committee. C 100.00
 Amount of Each Receipt this Period 100.00
 Name of Employer SELF Occupation EVENT MANAGEMENT
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date

C. Full Name (Last, First, Middle Initial) O'CONNOR, MICHAEL E.
 Mailing Address 111 S.E. 12 STREET
 City FORT LAUDERDALE, FL State FL Zip Code 33316
 Date of Receipt 03 ' 18 ' 2014
 FEC ID number of contributing federal political committee. C
 Amount of Each Receipt this Period 100.00
 Name of Employer MORGAN CARRATT O'CONNOR Occupation ATTORNEY
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date 100.00

SUBTOTAL of Receipts This Page (optional)..... 300.00
TOTAL This Period (last page this line number only).....

14031220335

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 12

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) GARABEDIAN, LINDA

Mailing Address 2831 NEW STREET

City POMPANO BEACH, FL State FL Zip Code 33062

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 03 ' 25 ' 2014

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial) KRAMER, DAVID

Mailing Address 6241 S.W. 9 STREET

City PLANTATION, FL State FL Zip Code 33317

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation CHURCH ADMINISTRATION

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt 03 ' 08 ' 2014

Amount of Each Receipt this Period 250.00

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

Mailing Address 2717 NE 16 STREET

City FORT LAUDERDALE, FL State FL Zip Code 33304

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation ARCHITECT

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt 03 ' 09 ' 2014

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... 500.00

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

14031220336

**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 <u>6</u> OF <u>12</u>
	<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) <u>GELETY, MICHAEL D.</u>		Date of Receipt <u>03 ' 17 ' 2014</u>
Mailing Address <u>1209 S.E. 3 AVENUE</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>FORT LAUDERDALE</u>	State Zip Code <u>FL 33316</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>50.00</u>
Name of Employer <u>SELF</u>	Occupation <u>ATTORNEY</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>50.00</u>	

B. Full Name (Last, First, Middle Initial) <u>LAMB, CHERYL J.</u>		Date of Receipt <u>03 ' 08 ' 2014</u>
Mailing Address <u>2701 OAK TREE DRIVE</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>FORT LAUDERDALE</u>	State Zip Code <u>FL 33309</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>50.00</u>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>50.00</u>	

C. Full Name (Last, First, Middle Initial) <u>BURKLEY, KERRI</u>		Date of Receipt <u>11 ' 18 ' 2013</u>
Mailing Address <u>2708 N.E. 10 STREET</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>POMPANO BEACH</u>	State Zip Code <u>FL 33062</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>100.00</u>
Name of Employer	Occupation <u>HOUSEWIFE</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>100.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>200.00</u>
TOTAL This Period (last page this line number only).....	

14031220337

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

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NAME OF COMMITTEE (In Full) **McGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) A. GUNDLACH, JON		Date of Receipt 03 15 2014
Mailing Address 2401 NE 12 STREET		Amount of Each Receipt this Period , 100.00
City FORT LAUDERDALE	State Zip Code FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 100.00
Name of Employer INVESTMENT BANKER	Occupation INVESTMENT BANKER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 100.00	

Full Name (Last, First, Middle Initial) B. TENBERG, LINDSEY		Date of Receipt 03 15 2014
Mailing Address 3170 N. FEDERAL HWY # 103-H		Amount of Each Receipt this Period , 100.00
City LIGHTHOUSE POINT	State Zip Code FL 33064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 100.00
Name of Employer CAY TITLE	Occupation ATTORNEY-CAY TITLE	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 100.00	

Full Name (Last, First, Middle Initial) C. GUNDLACH, WILLIAM III		Date of Receipt 02 02 2014
Mailing Address 1349 MIDDLE RIVER DRIVE		Amount of Each Receipt this Period , 250.00
City FORT LAUDERDALE	State Zip Code FL 33304	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 250.00
Name of Employer SELF	Occupation CONSULTANT	
Receipt For: <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).....	, 450.00
TOTAL This Period (last page this line number only).....	, ,

14031220338

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 12
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) MC GEE FOR CONGRESS

14031220339

A. Full Name (Last, First, Middle Initial) NAPLES MARINA
 Mailing Address 380 SE. 2 AVENUE H-4
 City DEERFIELD BCH. State FL Zip Code 33441
 Date of Receipt 11 ' 18 ' 2013
 Amount of Each Receipt this Period 20.00
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General
 Other (specify) _____ Election Cycle-to-Date 20.00

B. Full Name (Last, First, Middle Initial) SEKEL, AUSTIN
 Mailing Address 1100 S.W. 4 AVENUE
 City DELRAY BEACH. State FL Zip Code 33444
 Date of Receipt 11 ' 18 ' 2013
 Amount of Each Receipt this Period 10.00
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General
 Other (specify) _____ Election Cycle-to-Date 10.00

C. Full Name (Last, First, Middle Initial) KURTZ, BECKY
 Mailing Address 2840 NE 9 COURT
 City POMPANO BCH. State FL Zip Code 33062
 Date of Receipt 11 ' 18 ' 2013
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation MEDICAL OFFICE MANAGER
 Receipt For: Primary General
 Other (specify) _____ Election Cycle-to-Date 100.00

SUBTOTAL of Receipts This Page (optional) 130.00
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 9 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full) **MC GEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) MIKOS, KENNETH		Date of Receipt 01 ' 16 ' 20 14
Mailing Address 821 N. RIVERSIDE DR. #1003		Amount of Each Receipt this Period 250.00
City POMPANO BCH.	State Zip Code FL 33062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MC GEE C. EDWARD JR.		Date of Receipt 10 ' 01 ' 20 13
Mailing Address 961 NE 27 AVE.		Amount of Each Receipt this Period 150.00
City POMPANO BCH.	State Zip Code FL 33062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer MC GEE & HUSKEY PA.	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

C. Full Name (Last, First, Middle Initial) ALLEN CATHY		Date of Receipt 02 ' 28 ' 20 14
Mailing Address 960 NE 27 AVENUE		Amount of Each Receipt this Period 500.00
City POMPANO BCH	State Zip Code FL 33062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

14031220340

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

Full Name (Last, First, Middle Initial) A. MORRALL, MATTHEW		Date of Receipt 11 ' 19 ' 2013
Mailing Address 2850 N. ANDREWS AVE.		Amount of Each Receipt this Period , , 500.00
City FORT LAUDERDALE	State Zip Code FL 33811	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 500.00
Name of Employer MATTHEW E. MORRALL, P.A.	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 500.00	

Full Name (Last, First, Middle Initial) B. HOWELL, SUSAN		Date of Receipt 03 ' 15 ' 2014
Mailing Address 1001 S.W. 18 COURT		Amount of Each Receipt this Period , , 50.00
City FORT LAUDERDALE	State Zip Code FL 33315	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 50.00
Name of Employer SELF	Occupation ARTIST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , .	

Full Name (Last, First, Middle Initial) C. GUNDLACH, CATE		Date of Receipt 03 ' 15 ' 2014
Mailing Address 1349 MIDDLE RIVER DRIVE		Amount of Each Receipt this Period , , 50.00
City FORT LAUDERDALE	State Zip Code FL 33304	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 50.00
Name of Employer SELF	Occupation SELF/BOAT CAPTAIN	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 50.00	

SUBTOTAL of Receipts This Page (optional).....	, , 600.00
TOTAL This Period (last page this line number only).....	, ,

14031220341

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 12

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

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NAME OF COMMITTEE (In Full) **M'GEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) **CARON, MARSHALL R.**

Mailing Address **2760 NE 8 COURT**

City **POMPANNO BEACH** State **FL** Zip Code **33062**

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

Name of Employer _____ Occupation **RETIRED**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **11/17/2013**

Amount of Each Receipt this Period **100.00**

Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial) **WICH, DONALD A. JR.**

Mailing Address **2036 E. SAMPLE ROAD**

City **LIGHTHOUSE POINT** State **FL** Zip Code **3306**

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

Name of Employer **WICH & WICH PA.** Occupation **ATTORNEY**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **12/28/2013**

Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial) **GUNDLACH, WILLIAM III** (X CONTRIBUTION IN KIND. SEE SCHEDULE B)

Mailing Address **1349 MIDDLE RIVER DRIVE**

City **FORT LAUDERDALE** State **FL** Zip Code **33304**

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

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **03/15/2014**

Amount of Each Receipt this Period **1,312.83**

SUBTOTAL of Receipts This Page (optional)..... **1,512.83**

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

14031220342

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

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

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NAME OF COMMITTEE (in Full) McGEE FOR CONGRESS

A. Full Name (Last, First, Middle, Initial) McGEE, ANDREA LEIGH
Mailing Address 961 NE 27 AVENUE
City POMPANO BCH., FL State FL Zip Code 33062
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation CANDIDATE
Receipt For: Primary General
 Other (specify)Election Cycle-to-Date

Date of Receipt 11 / 20 / 2013
Amount of Each Receipt this Period
60.00

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
Amount of Each Receipt this Period

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).....

60.00
7,352.83

14031220343

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

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NAME OF COMMITTEE (In Full) **McGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) A. McGEE, ANDREA LEIGH		Date of Receipt 11 ' 15 ' 2013
Mailing Address 961 NE 27 AVENUE		Amount of Each Receipt this Period , 311.57
City POMPANO BCH., FL	State Zip Code 33062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 311.57
Name of Employer SELF	Occupation CANDIDATE	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 311.57	

Full Name (Last, First, Middle Initial) B. McGEE, ANDREA LEIGH		Date of Receipt 11 ' 17 ' 2013
Mailing Address 961 NE 27 AVENUE		Amount of Each Receipt this Period , 260.61
City POMPANO BEACH, FL	State Zip Code 33062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 572.18
Name of Employer SELF	Occupation CANDIDATE	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 572.18	

Full Name (Last, First, Middle Initial) C. McGEE, ANDREA LEIGH		Date of Receipt 03 ' 17 ' 2014
Mailing Address 961 NE 27 AVENUE		Amount of Each Receipt this Period , 446.24
City POMPANO BCH., FL	State Zip Code 33062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1,018.42
Name of Employer SELF	Occupation CANDIDATE	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1,018.42	

SUBTOTAL of Receipts This Page (optional).....	, 1,018.42
TOTAL This Period (last page this line number only).....	, 1,018.42

14031220344

**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 7 OF 4

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

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NAME OF COMMITTEE (In Full)

McGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRADEMARK GRAPHICS		Date of Disbursement 03 ' 14 ' 2014
Mailing Address 2030 NW 93 AVENUE		Amount of Each Disbursement this Period , 178.08
City PEMBROKE PINES	State FL	
Zip Code 33024		Category/ Type 006
Purpose of Disbursement ADVERTISING (BOOKMARKS)		
Candidate Name ANDREA LEIGH MCGEE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <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. MASTERMAILER, INC.		Date of Disbursement 11 ' 27 ' 2013
Mailing Address 3700 N. 29 AVENUE SUITE 203		Amount of Each Disbursement this Period , 436.00
City HOLLYWOOD	State FL	
Zip Code 33020-1019		Category/ Type 003
Purpose of Disbursement VOTER DATABASE		
Candidate Name ANDREA LEIGH MCGEE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <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. OFFICE DEPOT		Date of Disbursement 03 ' 31 ' 2014
Mailing Address 6325 N. ANDREWS AVENUE		Amount of Each Disbursement this Period , 224.65
City FORT LAUDERDALE	State FL	
Zip Code 33309		Category/ Type 003
Purpose of Disbursement INVITATIONS		
Candidate Name ANDREA LEIGH MCGEE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: FL	District: 22	

SUBTOTAL of Disbursements This Page (optional).....	, 1,038.73
TOTAL This Period (last page this line number only).....	, , .

14031220345

**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 2 OF 4

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (in Full)

McGEE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LANDMARK BANK, N.A.

Date of Disbursement

10/31/2013

Mailing Address

2600 EAST COMMERCIAL BLVD.

City

FORT LAUDERDALE, FL 33308

Purpose of Disbursement

SERVICE CHARGE

001

Candidate Name

ANDREA LEIGH MCGEE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: FL

District: 22

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. LANDMARK BANK, N.A.

Date of Disbursement

11/29/2013

Mailing Address

2600 EAST COMMERCIAL BLVD.

City

FORT LAUDERDALE, FL 33308

Purpose of Disbursement

SERVICE CHARGE

001

Candidate Name

ANDREA LEIGH MCGEE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: FL

District: 22

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. LANDMARK BANK, N.A.

Date of Disbursement

12/31/2013

Mailing Address

2600 EAST COMMERCIAL BLVD.

City

FORT LAUDERDALE, FL 33308

Purpose of Disbursement

SERVICE CHARGE

001

Candidate Name

ANDREA LEIGH MCGEE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: FL

District: 22

Amount of Each Disbursement this Period

15.00

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

45.00

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

14031220346

**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 3 OF 4

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

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NAME OF COMMITTEE (In Full)

M'GEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANDMARK BANK, N.A.		Date of Disbursement 02 ' 28 ' 2014
Mailing Address 2100 EAST COMMERCIAL BLVD.		Amount of Each Disbursement this Period , , 15.00
City FORT LAUDERDALE	State FL	
Purpose of Disbursement SERVICE CHARGE		Category/ Type 001
Candidate Name ANDREA LEIGH M'GEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <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. LANDMARK BANK, N.A.		Date of Disbursement 07 ' 31 ' 2014
Mailing Address 2100 EAST COMMERCIAL BLVD.		Amount of Each Disbursement this Period , , 15.00
City FORT LAUDERDALE	State FL	
Purpose of Disbursement SERVICE CHARGE		Category/ Type 001
Candidate Name ANDREA LEIGH M'GEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <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. PAY PAL, INC.		Date of Disbursement 11 ' 18 ' 2013
Mailing Address 2211 N. FIRST STREET		Amount of Each Disbursement this Period , , 0.27
City SAN JOSE, CA	State CA	
Purpose of Disbursement PAYMENT FEE		Category/ Type 001
Candidate Name ANDREA LEIGH M'GEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 22	
SUBTOTAL of Disbursements This Page (optional).....		, , 30.27
TOTAL This Period (last page this line number only).....		, ,

14031220347

**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 4 OF 4

<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. GUNDLACH, WILLIAM III		Date of Disbursement 03 15 2014
Mailing Address 1349 MIDDLE RIVER DRIVE		Amount of Each Disbursement this Period 1,312.83
City FORT LAUDERDALE	State FL	
Zip Code 33304		Category/ Type 007
Purpose of Disbursement CONTRIBUTION-IN-KIND - EVENT		
Candidate Name ANDREA LEIGH MCGEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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:	

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		Category/ Type
Purpose of Disbursement		
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).....	1,312.83
TOTAL This Period (last page this line number only).....	2,426.83

14031220348

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **McGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial) **McGEE, ANDREA LEIGH**

Mailing Address **961 N.E. 27 AVENUE**

City **POMPANO BEACH, FL** State **FL** ZIP Code **33062**

Election: Primary General Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , 311.57	, , 311.57	, , .

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 ' 15 ' 2013	11 ' 27 ' 2013	0 % (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)..... ▶ , , 311.57

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.

14031220349

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)

McGEE FOR CONGRESS

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

McGEE, ANDREA LEIGH

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

961 NE. 27 AVENUE

City

POMPANO BEACH, FL 33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

260.61

260.61

0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11 ' 17 ' 2013

02 ' 09 ' 2014

0 % (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)..... ▶

260.61

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.

14031220350

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)

McGEE FOR CONGRESS

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

McGEE, ANDREA LEIGH

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

9601 N.E. 27 AVENUE

City

POMPANO BEACH, FL 33062

Original Amount of Loan

,446.24

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

,446.24

TERMS

Date Incurred

03 ' 17 ' 2014

Date Due

11 ' 04 ' 2014

Interest Rate

0 % (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)..... ▶

1,018.42

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

14031220351

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) M^CGEE FOR CONGRESS	Report Covering Period: From: 10^M 01^D 2013	To: 03^M 31^D 2014
--	--	---

	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A M^CGEE FOR CONGRESS	7.352.83	0
B Column Total Last Page Only.....	7.352.83	0

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	7.352.83	0	1,018.42	0
B	0	0	7.352.83	0	1,018.42	0
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	1,018.42	0	0	8,371.25	2,426.83	0
B	1,018.42	0	0	8,371.25	2,426.83	0
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	572.18	0	572.18	0	0	0
B	572.18	0	572.18	0	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	2,999.01	0	5,372.24	0
B	0	0	2,999.01	0	5,372.24	0
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	446.24	7.352.83	2,426.83			
B	446.24	7.352.83	2,426.83			

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Rate: \$
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