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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	uthorized Con	nmittee		O	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		xample: If typing, ver the lines.	type	12FE4M5	
MCGEE FOR CONGR	RESS					1
	0/0 0 550///05					
ADDRESS (number and street) C/O C EDWAR 2850 N ANDRI Check if different		O MCGEE JR				
		SAVE				
than previously reported. (ACC)	FT LAUDERDA	LE			FL 33	3311
2. FEC IDENTIFICATION N	IIIMRED 🕶	CITY ▲		S	TATE A	ZIP CODE ▲
C C00553388	IOMBER V	3. IS THIS REPORT	x NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT FL 22
4. TYPE OF REPORT (C	noose One)	(h) 40 D DD	.			
(a) Quarterly Reports:		(b) 12-Day PRI	E-Election Report	for the:		
April 15 Quarterly	Report (Q1)	Ш	Primary (12P)	_	General (120	Runoff (12R)
July 15 Quarterly	Report (O2)		Convention (120	C)	Special (12S)
October 15 Quarte		Election or	/	D D /	Y Y Y Y	in the State of
January 31 Year-E	nd Report (YE)	(c) 30-Day PO	ST-Election Repor	t for the:		
			General (30G)		Runoff (30R)	Special (30S)
Termination Repor	t (TER)	Election or		D D /	Y " Y " Y	in the State of
5. Covering Period)4 / D D /	^Y 2017 ^Y	through	м ^м м 06	30	2017
I certify that I have examined to	McGee, Andre	•	nowledge and bel	lief it is tru	e, correct and c	complete.
	Gee, Andrea, Leigh, ,		[Electronically File	ed] Da	ate 07	/ D D / Y Y Y Y Y Y 2017
NOTE: Submission of false, error	neous, or incomplete	e information may	subject the persor	n signing th	is Report to the	penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name MCGEE FOR CONGRESS

2017 2017 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 518.57 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 518.57 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1034.85 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 272.33 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

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FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

MCGEE FOR CONGRESS

- WIGGEL I GIT GOITGITEGO

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. C	ONTRIBUTIONS (other than loans) FROM:			
(a	,			
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
(k		0.00	0.00	
(0	c) Other Political Committees (such as PACs)	0.00	0.00	
(c (∈	TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
	OANS:			
(a	Made or Guaranteed by the Candidate	0.00	138.55	
(k	·	0.00	0.00	
(c	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	, 138.55	
	FFSETS TO OPERATING			
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	138.55	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	0.00	518.57	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19.	LOAN REPAYMENTS:			
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
	(b) Of All Other Loans	0.00	0.00	
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00	
20.	REFUNDS OF CONTRIBUTIONS TO:			
	(a) Individuals/Persons Other	0.00	0.00	
	Than Political Committees	7		
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
21.	OTHER DISBURSEMENTS	0.00	0.00	
<u></u> 22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	518.57	
	III. CASH SU	IMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1034.85	
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			0.00	
25. SUBTOTAL (add Line 23 and Line 24)			1034.85	
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	0.00		
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)				

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

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

13a 13b

	ME OF COMMITTEE (In Full) CGEE FOR CONGRESS				Trans	saction ID : SC/10.4411	
	LOAN SOURCE Full Name (Last, McGee, Andrea, Leigh, ,	First, Mic	ddle Initial)	☐ Memo Ite	Election: 2016 Primary September 1997		
	Mailing Address 961 NE 27TH AVENUE				Other (specify) ▼		
	City POMPANO BEACH		State FL	ZIP Co		Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Payment To		Date B	Balance Outstanding at Close of This Period	
	25	0.00		0.00	25.86		
	TERMS Date Incurred		Date Due		Interest F (If none, e		
	^M 04 ^M / ^D 07 ^D / ^Y Ž016́	Y	M M / D D	/ Y	2/31/16 ^Y	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle II	nitial)			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:	, , , , , , , , , , , , , , , , , , , ,	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
					Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9	
su	SUBTOTALS This Period This Page (optional) 25.86						
тс	TOTALS This Period (last page in this line only)						
Ca	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						
	<u> </u>		•			<u> </u>	

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

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X 13a 13b

NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction ID : SC/10.4406			
LOAN SOURCE Full Name (Last, First McGee, Andrea, Leigh, ,	☐ Memo Item				
Mailing Address 961 NE 27TH AVENUE		Other (specify) ▼			
City POMPANO BEACH	State	ZIP Code 33062 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa				
19.12		0.00			
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)			
M04M / D08D / Y Ž016 Y	M M / D D	/ Y 12//31/16 Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initial		Name of Employer			
Mailing Address	,	Occupation			
Mailing Address		Amount			
City	te ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	I	Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	te ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	•	Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed			
'		Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3	, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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Transaction ID: SC/10.4407 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 17.70 0.00 17.70 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 17.70 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

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

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(check only one)

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

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

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		130			
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction ID : SC/10.4408			
LOAN SOURCE Full Name (Last, First, McGee, Andrea, Leigh, ,	Middle Initial)	Memo Item Election: 2016 Primary General			
Mailing Address 961 NE 27TH AVENUE		Other (specify)			
City POMPANO BEACH	State FL	ZIP Code 33062 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
19.69	7	0.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M04M / D10D / Y Ž016 Y	M M / D D	/ Y 12//31/16 Y 0.00 % (apr) Yes X 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	ZIP Code	Amount Guaranteed			
	211 0000	Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)————————————————————————————————————					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 2	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			
July July landing Dalance Unity to LINE 3,	concadie D, ioi tili	o mio. Il no delleddie D, carry forward to appropriate infe of Suffilliary.			

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

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

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

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