PAGE 1 / 17

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	AND	or An Authorized	Committee	Offi	ce Use Only
1. NAME OF COMMITTEE (in		R PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
MCGEE FOR	CONGRESS				
ADDRESS (number ar		EDWARD MCGEE J	R		
Check if dit than previous reported. (A	fferent usly FT LA	N ANDRES AVE		FL 3331	
2. FEC IDENTIFIC	CATION NUMBER	▼ CIT	TY A	STATE A	ZIP CODE ▲
C C0055338	38	3. IS TI REP		AMENDED (A)	STATE ▼ DISTRICT FL 22
(a) Quarterly R April 15	5 Quarterly Report (Q	(b) 12-Da	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Octobe	Quarterly Report (Q: r 15 Quarterly Repor	. (00)	tion on) / Y Y Y Y	in the State of
X January	/ 31 Year-End Report	(c) 30-Da	ay POST -Election Report for	the:	
Termina	ation Report (TER)	Elect	General (30G)	Runoff (30R)	in the State of
5. Covering Period		01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	12 / D D / Y	Y Y Y 2015
I certify that I have a		t and to the best of	f my knowledge and belief it	t is true, correct and co.	mplete.
Signature of Treasure	er Andrea Leigh .	McGee	[Electronically Filed]	Date 01	31 / Y Y Y Y Y Y 2016
	false, erroneous, or	incomplete informatio	on may subject the person sig	ning this Report to the p	enalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 17

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MCGEE FOR CONGRESS

10 12 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 3050.00 3050.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 686.90 686.90 (from Line 20(d)) (c) Net Contributions (other than loans) 2363.10 2363.10 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 896.48 896.48 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 896.48 896.48 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1532.11 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 65.49 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

PAGE 3 / 17

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MCGEE FOR CONGRESS

10 12 2015 01 2015 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 2500.00 2500.00 (i) Itemized (use Schedule A)..... 550.00 550.00 (ii) Unitemized..... (iii) TOTAL of contributions 3050.00 3050.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 3050.00 3050.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 824.75 824.75 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 824.75 824.75 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 3874.75 3874.75 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DIS	BURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING	G EXPENDITURES	896.48	896.48
18.		S TO OTHER ED COMMITTEES	0.00	0.00
19.	LOAN REP	AYMENTS:		
	. ,	ns Made or Guaranteed Candidate	759.26	759.26
	(b) Of All	Other Loans	0.00	0.00
	` '	LOAN REPAYMENTS ines 19(a) and (b))	759.26	759.26
20.	REFUNDS	OF CONTRIBUTIONS TO:		
	` '	uals/Persons Other Political Committees	686.90	686.90
	(b) Politica	al Party Committees	0.00	0.00
	(c) Other I	Political Committees as PACs)	0.00	0.00
	` '	CONTRIBUTION REFUNDS ines 20(a), (b), and (c))	686.90	686.90
1.	OTHER DIS	BURSEMENTS	0.00	0.00
22.		BURSEMENTS 17, 18, 19(c), 20(d), and 21)	2342.64	2342.64
		III. CASH SUM	MARY	
3.	CASH ON	HAND AT BEGINNING OF REPORTI	NG PERIOD	0.00
4	TOTAL REC	CEIPTS THIS PERIOD (from Line 16,	page 3)	3874.75
5.	SUBTOTAL	(add Line 23 and Line 24)		3874.75
6.	TOTAL DIS	BURSEMENTS THIS PERIOD (from	Line 22)	2342.64
	CASH ON	HAND AT CLOSE OF REPORTING F		1532.11

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

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

FOR LINE NUMBER:					PAGE	:	5	OF	17
(ched	ck only	or	ne)						
X	11a		11b		11c		11	d	_
	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	• •				
<u> </u>	Full Name (Last, First, Middle Initial) Dean Kretschmar		Date of Receipt			
Λ.	Mailing Address 9 Isle Bahia Drive	12 17 2015				
	City Fort Lauderdale	State Zip Code FL 33316	Transaction ID : SA11AI.4103			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer Self	Occupation Self	1000.00			
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date				
В.	Full Name (Last, First, Middle Initial) Joel Marcus		Date of Receipt			
٠.	Mailing Address 676 W. Prospect Road		12 17 2015			
	City Fort Lauderdale	State Zip Code FL 33309	Transaction ID : SA11AI.4107			
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
	Name of Employer Self	Occupation Accountant	500.00			
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 500.00				
_	Full Name (Last, First, Middle Initial) Michael Shamie		Date of Receipt			
C.	Mailing Address 1711 SE 13th Street		12 17 2015			
	City Fort Lauderdale	State Zip Code FL 33316	Transaction ID : SA11AI.4105			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer Self					
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date				
S	SUBTOTAL of Receipts This Page (optional)		2500.00			
Г	OTAL This Period (last page this line number		2500.00			

SCHEDULE A	(FEC Form	3)
ITEMIZED REC	CEIPTS	

	FOR LINE NUMBER:	PAGE	6 OF	17
Use separate schedule(s)	(check only one)			
for each category of the	11a 11b	11c	11d	
Detailed Summary Page	12 X 13a	13b	14	15

_				, ,		12	X 13a	13b	14	15
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements made and a	ay not be sold o	or used by any poolitical committee	erson f	or the	e purpose ontribution	of soliciting	contribution commi	utions ittee.
	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS									
	Full Name (Last, First, Middle Initial)									
A.	Andrea Leigh McGee Mailing Address 961 NE 27TH AVENUE						f Receipt		Y	v
						10	/ O		2015	Y
	City	State FL	Zip Code		Trar	nsact	ion ID : S	A13A.4141		
	POMPANO BEACH	FL .	33062		_					
	FEC ID number of contributing federal political committee.	С н4	L22086		Ar	moun	t of Each	Receipt this		20
	Name of Employer	Occupation			7 L				19.9	99
	Finn Real Estate	Real Estate	Agent		Ma	iling t	o FI Div of	Elctions		
	Receipt For: 2016 Primary General	Election Cy	cle-to-Date							
	Primary General Other (specify)		, ,	19.99						
_	Full Name (Last, First, Middle Initial) Andrea Leigh McGee				Da	ate o	f Receipt			
В.	B. Mailing Address 961 NE 27TH AVENUE					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State Zip Code				Transaction ID : SA13A.4136					
	POMPANO BEACH	FL	33062		ITAL	13401	1011 10 . 07	1104.4100		
	FEC ID number of contributing federal political committee.	(L UAEL 22006			Amount of Each Receipt this Period					
	Name of Employer	Occupation				30.00				00
	Finn Real Estate	Real Estate			RBN Breakfast Meeting					
	Receipt For: 2016 Primary General	Election Cy	cle-to-Date							
	Other (specify)		,	49.99						
_	Full Name (Last, First, Middle Initial) Andrea Leigh McGee				Da	ate o	f Receipt			
Ċ.	Mailing Address 961 NE 27TH AVENUE					м п м	/ D 19		y y y y y 2015	Y
	City	State	Zip Code		Trai	_	-	A13A.4146	2010	
	POMPANO BEACH	FL	33062			11540		A10A.4140		
	FEC ID number of contributing federal political committee.	С н4	L22086		Ar	moun	t of Each	Receipt this	s Period	
	Name of Employer	Occupation							567.6	69
	Finn Real Estate	Real Estate	Agent		Мс	Gee	for Congre	ss Koozies		
	Receipt For: 2016	Election Cy	cle-to-Date							
	Primary General Other (specify)		, ,	617.68						
s	UBTOTAL of Receipts This Page (optional)				F	-			617.6	58
Т	OTAL This Period (last page this line number	only)					-,			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 17 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page X 13a 12 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Andrea Leigh McGee Date of Receipt Mailing Address 961 NE 27TH AVENUE 2015 18 City State Zip Code Transaction ID: SA13A.4145 FL 33062 POMPANO BEACH FEC ID number of contributing Amount of Each Receipt this Period H4FL22086 federal political committee. 69.22 Name of Employer Occupation Aruba Event Finn Real Estate Real Estate Agent Receipt For: 2016 Election Cycle-to-Date | Primary General 686.90 Other (specify) Full Name (Last, First, Middle Initial) Andrea Leigh McGee Date of Receipt Mailing Address 961 NE 27TH AVENUE 17 2015 Citv State Zip Code Transaction ID: SA13A.4158 POMPANO BEACH FL 33062 FEC ID number of contributing Amount of Each Receipt this Period С H4FL22086 federal political committee. 72.36 Name of Employer Occupation Wild Sea Riverside Event Finn Real Estate Real Estate Agent Receipt For: 2016 Election Cycle-to-Date | Primary General 72.36 Other (specify) Full Name (Last, First, Middle Initial) Andrea Leigh McGee Date of Receipt Mailing Address 961 NE 27TH AVENUE 2015 12 31 City State Zip Code Transaction ID: SA13A.4160 FL POMPANO BEACH 33062 FEC ID number of contributing С H4FL22086 Amount of Each Receipt this Period federal political committee. 65.49 Name of Employer Occupation Finn Real Estate Real Estate Agent Websit Expense Receipt For: 2016 Election Cycle-to-Date | Primary General Other (specify) 137.85 207.07 SUBTOTAL of Receipts This Page (optional)..... 824.75 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	FOR LINE NUMBER:					OF	17
Use separate schedule(s)	(check or	ıly one)						
for each category of the	×	17		18		19a		19b
Detailed Summary Page		20a		20b		20c		21
y not be sold or used by any person for the purpose of soliciting contributions								

	Detailed Suffi	nary rage			20a	20	0b	20c	21
	ny information copied from such Reports and Statements may not be sold for commercial purposes, other than using the name and address of any particles.				the purp	ose of	f solicit	ting contrib	outions
\rangle	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS								
۹.	Full Name (Last, First, Middle Initial) PrintGlobe, Inc.			Date	of Disbu	urseme	ent	/ # Y # Y #	Y
	Mailing Address 5812 Trade Center Drive Suite 100			10		19	<u> </u>	2015	
	City State Zip Code Austin TX 78744			Mo	unt of Ea	ach Di	sburse	ment this F	-
	Purpose of Disbursement McGee for Congress Campaign Koozies	006	Tra	ınsa	ction ID	: SB1	7.4156	567.	.69
	Candidate Name MCGEE FOR CONGRESS	Category/ Type	,			-			
	Office Sought: House Disbursement For: 2016	al							
3.	Full Name (Last, First, Middle Initial)			Date	of Disbu	urseme	ent		
	Mailing Address		- [М	M /	D D	/ \	YYY	Υ
	City State Zip Code		Δ	Moi	unt of Ea	ach Di	sburse	ment this F	Period
	Purpose of Disbursement		ا [[_			-		
	Candidate Name	Category/ Type							
	Office Sought: House Senate Primary Other (specify) State: Disbursement For: Other (specify)	al							
_	Full Name (Last, First, Middle Initial)			Date	of Disb	urseme	ent		
Э.	Mailing Address		- [М		D D	/ Y	Y Y	Y
	City State Zip Code		Δ	lmoi	unt of Ea	ach Di	sburse	ment this F	Period
	Purpose of Disbursement	· · ·	7 I	_	,		,		
	Candidate Name	Category/ Type	7						
	Office Sought: House Senate Primary Other (specify) State: Disbursement For: Other (specify)	al							
s	SUBTOTAL of Disbursements This Page (optional)				. ,		. ,	567.	.69
Т	OTAL This Period (last page this line number only)		_ [567.	.69

SCHEDULE B (FEC Form 3)

PAGE 9 17 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS 17 **X** 19a 18 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Andrea Leigh McGee 2015 Mailing Address 961 NE 27TH AVENUE 12 City State Zip Code Amount of Each Disbursement this Period FΙ POMPANO BEACH 33062 Purpose of Disbursement 30.00 010 Transaction ID: SB19A.4137 Candidate Name Category/ MCGEE FOR CONGRESS Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Andrea Leigh McGee Date of Disbursement Mailing Address 961 NE 27TH AVENUE 12 2015 11 City State Zip Code Amount of Each Disbursement this Period FL POMPANO BEACH 33062 19.99 Purpose of Disbursement 001 Transaction ID: SB19A.4147 Candidate Name Category/ Type Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: FL District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Andrea Leigh McGee Mailing Address 961 NE 27TH AVENUE 2015 12 City State Zip Code Amount of Each Disbursement this Period 33062 POMPANO BEACH FL 567.69 Purpose of Disbursement 006 Transaction ID: SB19A.4148 Candidate Name Category/ MCGEE FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: FL District: 22 617.68

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

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 10 OF 17 (check only one)
	Detailed Summary Page	20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial) A. Andrea Leigh McGee		Date of Disbursement
Mailing Address 961 NE 27TH AVENUE		12 11 2015
City State POMPANO BEACH FL	Zip Code 33062	Amount of Each Disbursement this Period
Purpose of Disbursement	007	69.22 Transaction ID : SB19A.4149
Candidate Name MCGEE FOR CONGRESS	Category Type	
Office Sought: House Senate President State: FL District: 22 Disbursement For Primary Other (s	General	
State: FL District: 22 Full Name (Last, First, Middle Initial)		
3. Andrea Leigh McGee		Date of Disbursement
Mailing Address 961 NE 27TH AVENUE		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State POMPANO BEACH FL	Zip Code 33062	Amount of Each Disbursement this Period
Purpose of Disbursement	009	72.36 Transaction ID : SB19A.4159
Candidate Name MCGEE FOR CONGRESS	Category Type	
Office Sought: Yhouse Disbursement For	General	
Full Name (Last, First, Middle Initial)		Data of Dishurasment
D		Date of Disbursement
Mailing Address		
City State Zip	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		7 L,
Candidate Name	Category Type	
Office Sought: House Senate Primary President Disbursement For Primary Other (s	General	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		141.58

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

759.26

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 11 OF 17 (check only one) 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Andrea Leigh McGee Mailing Address 961 NE 27TH AVENUE			Date of Disbursement 12 11 2015
	City State POMPANO BEACH FL Purpose of Disbursement	Zip Code 33062		Amount of Each Disbursement this Period 686.90
	Reimbursements OctNov. 2015 Candidate Name MCGEE FOR CONGRESS Office Sought: House Senate Disbursement For: Primary	: 2016 General	O01 Category/ Type	Transaction ID : SB20A.4135
3.	State: FL District: 22 Full Name (Last, First, Middle Initial)	pecify)		Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		Category/ Type]
	Office Sought: House Senate President State: Disbursement Form Primary Other (s	General	.,,,,	
Э.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	City State Zip	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: Disbursement For: Primary Other (s	General		
	•			686.90

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

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

686.90

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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X	13a
	13b

17

Detailed Summary Page Transaction ID: SC/10.4141 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 19.99 19.99 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M 2015 12/31/2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.4136 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 30.00 30.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 10^M 2015 12/31/2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.4146 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 567.69 567.69 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 10^M 2015 12/31/15 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 15

X 13a

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LOANS				Detailed Su	ummary Page	e (cnec	k only one)		13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS	3			•	Transacti	ion ID : SC/	10.4145		•
LOAN SOURCE Full Name (Las	t, First, Mid	Idle Initial)					2016		
Andrea Leigh McGee						Y Primary Genera			
Mailing Address 961 NE 27TH AVENUE							(specify) \blacktriangledown		
City		State	ZIP Code	9					
POMPANO BEACH		FL	33062						
Original Amount of Loan		Cumulative Pa	yment To D	Date	Balan	ce Outstand	ding at Clos	e of Thi	s Perioc
, , , ,	69.22	3	2	69.22	3 C	,	,	0.0	00
TERMS Date Incurred		[Date Due	ı	nterest Rate		S	ecured:	
M11 ^M / D18 ^D / Y 201	5	M M / D D	/ 12/3	31/2015 [°]	0.00	%	(apr)	Yes	X No
List All Endorsers or Guarantor	s (if any) to	Loan Source						103	110
1. Full Name (Last, First, Middle	nitial)			Name of Emp	loyer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	,		
2. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer				
Mailing Address				Occupation					
			-	Amount					_
City	State	ZIP Code		Guaranteed Outstanding:			,		
3. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer				
Mailing Address				Occupation					
				Amount				-	1
City	State	ZIP Code		Guaranteed Outstanding:		,	7	·	J
4. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer				
Mailing Address				Occupation					
				Amount					1
City	State	ZIP Code		Guaranteed Outstanding:		7	7	(B)	
SUBTOTALS This Period This Page	(optional)				<u> </u>			0.0	00
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Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4158 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 72.36 72.36 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 12^M ^D 17 2015 12/31/2016 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4160 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary Andrea Leigh McGee General Mailing Address Other (specify) 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 65.49 0.00 65.49 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M 12^M 2015 12/31/15 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 65.49 TOTALS This Period (last page in this line only) 65.49 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.