

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

MCGEE FOR CONGRESS

ADDRESS (number and street) C/O C EDWARD MCGEE JR

2850 N ANDRES AVE

Check if different than previously reported. (ACC)

FT LAUDERDALE

FL

33311

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553388

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Andrea Leigh McGee

Signature of Treasurer Andrea Leigh McGee

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MCGEE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3050.00	3050.00
(b) Total Contribution Refunds (from Line 20(d)) .....	686.90	686.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2363.10	2363.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	896.48	896.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	896.48	896.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1532.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	65.49	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MCGEE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	2500.00	2500.00
(ii) Unitemized.....	550.00	550.00
(iii) TOTAL of contributions from individuals ▶	3050.00	3050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3050.00	3050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	824.75	824.75
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	824.75	824.75
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3874.75	3874.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	896.48	896.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	759.26	759.26
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	759.26	759.26
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	686.90	686.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	686.90	686.90
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2342.64	2342.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3874.75
25. SUBTOTAL (add Line 23 and Line 24).....	3874.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2342.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	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  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 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)  
**Dean Kretschmar**

Mailing Address 9 Isle Bahia Drive

City State Zip Code  
Fort Lauderdale FL 33316

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

Name of Employer Occupation  
Self Self

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joel Marcus**

Mailing Address 676 W. Prospect Road

City State Zip Code  
Fort Lauderdale FL 33309

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

Name of Employer Occupation  
Self Accountant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4107**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Shamie**

Mailing Address 1711 SE 13th Street

City State Zip Code  
Fort Lauderdale FL 33316

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

Name of Employer Occupation  
Self CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4105**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 19.99

Date of Receipt: 10 / 01 / 2015

**Transaction ID : SA13A.4141**

Amount of Each Receipt this Period: 19.99

Mailing to FI Div of Elctions

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

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 49.99

Date of Receipt: 10 / 13 / 2015

**Transaction ID : SA13A.4136**

Amount of Each Receipt this Period: 30.00

RBN Breakfast Meeting

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

Mailing Address 961 NE 27TH AVENUE

City: POMPANO BEACH State: FL Zip Code: 33062

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 617.68

Date of Receipt: 10 / 19 / 2015

**Transaction ID : SA13A.4146**

Amount of Each Receipt this Period: 567.69

McGee for Congress Koozies

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

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

617.68

**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 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2015	
Mailing Address 961 NE 27TH AVENUE		<b>Transaction ID : SA13A.4145</b>	
City POMPANO BEACH	State FL	Zip Code 33062	
FEC ID number of contributing federal political committee. C H4FL22086		Amount of Each Receipt this Period 69.22 Aruba Event	
Name of Employer Finn Real Estate	Occupation Real Estate Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 686.90		

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2015	
Mailing Address 961 NE 27TH AVENUE		<b>Transaction ID : SA13A.4158</b>	
City POMPANO BEACH	State FL	Zip Code 33062	
FEC ID number of contributing federal political committee. C H4FL22086		Amount of Each Receipt this Period 72.36 Wild Sea Riverside Event	
Name of Employer Finn Real Estate	Occupation Real Estate Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 72.36		

Full Name (Last, First, Middle Initial) <b>C. Andrea Leigh McGee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 961 NE 27TH AVENUE		<b>Transaction ID : SA13A.4160</b>	
City POMPANO BEACH	State FL	Zip Code 33062	
FEC ID number of contributing federal political committee. C H4FL22086		Amount of Each Receipt this Period 65.49 Websit Expense	
Name of Employer Finn Real Estate	Occupation Real Estate Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 137.85		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.07
<b>TOTAL</b> This Period (last page this line number only).....	824.75

**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 8 OF 17			
	<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) <b>A. PrintGlobe, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 5812 Trade Center Drive Suite 100			Amount of Each Disbursement this Period 567.69 <b>Transaction ID : SB17.4156</b>
City Austin	State TX	Zip Code 78744	
Purpose of Disbursement McGee for Congress Campaign Koozies		Category/ Type 006	
Candidate Name <b>MCGEE FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: FL	District: 22		

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	567.69
<b>TOTAL</b> This Period (last page this line number only).....	567.69



**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 9 OF 17
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" 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) <b>A. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB19A.4137</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 010 Category/ Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" 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: FL District: 22	

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 19.99 <b>Transaction ID : SB19A.4147</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 001 Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

Full Name (Last, First, Middle Initial) <b>c. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 567.69 <b>Transaction ID : SB19A.4148</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 006 Category/ Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	617.68
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 17	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 69.22 <b>Transaction ID : SB19A.4149</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 007	Category/ Type
Candidate Name <b>MCGEE FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 22	

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 72.36 <b>Transaction ID : SB19A.4159</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009	Category/ Type
Candidate Name <b>MCGEE FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 22	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	141.58
<b>TOTAL</b> This Period (last page this line number only).....	759.26

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 686.90 <b>Transaction ID : SB20A.4135</b>
City POMPANO BEACH	State FL	
Purpose of Disbursement Reimbursements Oct.-Nov. 2015		Category/ Type 001
Candidate Name <b>MCGEE FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 22	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	686.90
<b>TOTAL</b> This Period (last page this line number only).....	686.90

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4141**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Andrea Leigh McGee**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 961 NE 27TH AVENUE

City State ZIP Code  
 POMPAÑO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.99	19.99	0.00

**TERMS**

Date Incurred: M 10 / D 01 / Y 2015  
 Date Due: M / D / Y 12/31/2015  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4136**  
**MCGEE FOR CONGRESS**

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

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.00	30.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10 / 13 / 2015	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4146**  
**MCGEE FOR CONGRESS**

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

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
567.69	567.69	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10 / 19 / 2015	12/31/15	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4145**  
**MCGEE FOR CONGRESS**

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

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
69.22	69.22	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 18 / 2015	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4158**  
**MCGEE FOR CONGRESS**

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

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
72.36	72.36	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 17 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4160**  
**MCGEE FOR CONGRESS**

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

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65.49	0.00	65.49

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2015	M / D / Y 12/31/15	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	65.49
<b>TOTALS</b> 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.**