PAGE 1 / 26

FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	7 (	For An A	uthorized Co	ommittee			Office Use Only
NAME OF COMMITTEE (in		YPE OR PRINT	▼	Example: If typin over the lines.	ıg, type	12FE4M5	
MCGEE FOR	CONGRE	SS					1
ADDRESS (number a	nd street)	C/O C EDWAR	D MCGEE JR				
<b>V</b>		2850 N ANDRE	S AVE				
Check if di than previo reported. (a	ously	FT LAUDERD	ALE			FL 1	33311
2. <b>FEC IDENTIFI</b>	CATION NUM	MBER ▼	CITY	<u> </u>		STATE A	ZIP CODE
C C005533	88		3. IS THIS REPORT	X NEW	OR	AMEND (A)	STATE ▼ DISTRICT  DED  FL 22  L 1
4. TYPE OF RE	PORT (Choo	se One)	(b) 12-Day <b>P</b>	<b>RE</b> -Election Repo	ort for the:		
(a) Quarterly F	Reports:		(1)			0 1/4	00)
April 1	5 Quarterly Rep	port (Q1)		Primary (12P	)	General (1	2G) Runoff (12R)
July 1	5 Quarterly Rep	ort (O2)	L	Convention (	12C)	Special (1	2S)
	er 15 Quarterly		Election	on	D D /	YYYY	in the State of
Januar	y 31 Year-End	Report (YE)	(c) 30-Day <b>P</b>	OST-Election Rep	port for the:		
				General (300	a)	Runoff (30	Special (30S)
Termin	ation Report (T	ER)	Election	on	D D /	Y Y Y Y	in the State of
5. Covering Period	M M M	/ D D /	Y Y Y Y Y 2014	through	M M M	/ 30 /	Y Y Y Y Y 2014
I certify that I have	examined this	Report and to	the best of my	knowledge and	belief it is tr	rue, correct and	l complete.
Type or Print Name	of Treasurer	ANDREA LEI	GH Leigh MCGE	Ī			
Signature of Treasur	er <u>ANDRI</u>	EA LEIGH Leigh	MCGEE	[Electronically	Filed] [	Date 10	/ DDD / Y Y Y Y Y Y 14 2014
NOTE: Submission of	false, erroneo	us, or incomple	te information m	ay subject the per	rson_signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office							EEC EODM 2
Use Only							FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 26

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### MCGEE FOR CONGRESS

09 30 2014 07 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 575.00 16987.83 (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) 575.00 16987.83 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 5062.98 14507.83 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 5062.98 14507.83 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of -691.23 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 7268.77 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 / 26 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

#### MCGEE FOR CONGRESS

80 07 2014 09 30 2014 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
I1. C	ONTRIBUTIONS (other than loans) FROM:		
(a	•		
	Political Committees (i) Itemized (use Schedule A)	0.00	11272.83
	(ii) Unitemized	575.00	5415.00
	(iii) TOTAL of contributions from individuals	575.00	16687.83
(b	,	0.00	0.00
(C	s) Other Political Committees (such as PACs)	0.00	0.00
(d (e	TOTAL CONTRIBUTIONS	0.00	300.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	575.00	16987.83
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	OANS:		
(a	Made or Guaranteed by the Candidate	2910.75	8287.19
(b	·	0.00	196.31
(C	e) TOTAL LOANS (add Lines 13(a) and (b))	2910.75	8483.50
	FFSETS TO OPERATING		
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
11	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	3485.75	25471.33

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 26

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	5062.98	14507.83
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	446.24	1018.42
	(b) Of All Other Loans	0.00	196.31
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	446.24	1214.73
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
	(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	10440.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	5509.22	26162.56
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1332.24
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	3485.75
25.	SUBTOTAL (add Line 23 and Line 24)		4817.99
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	5509.22
	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	-691.23

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

	FOR LINE NUMBER:	PAGE	5 OF 26	6
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	11a 11b	11c	11d	
Detailed Suffillary Fage	12 X 13a	13b	14 1	5

		Statements may not be sold or used by any per e name and address of any political committee	
	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
A.	Full Name (Last, First, Middle Initial) Andrea McGee  Mailing Address 961 NE 27th Ave.  City Pompano Beach  FEC ID number of contributing federal political committee.  Name of Employer DeBianchi Real Estate	State Zip Code FL 33062  C H4FL22086  Occupation Realtor	Date of Receipt  08 15 2014  Transaction ID : SA13A.4431  Amount of Each Receipt this Period  56.17
	Receipt For: 2014  Primary General Other (specify)	Election Cycle-to-Date 56.17	
В.	Full Name (Last, First, Middle Initial) Andrea McGee  Mailing Address 961 NE 27th Ave.  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Pompano Beach  FEC ID number of contributing federal political committee.  Name of Employer  DeBianchi Real Estate  Receipt For: 2014  Primary General  Other (specify)	FL 33062  C H4FL22086  Occupation Realtor  Election Cycle-to-Date	Amount of Each Receipt this Period  1398.14
C.	Full Name (Last, First, Middle Initial) Andrea McGee Mailing Address 961 NE 27th Ave.  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Pompano Beach  FEC ID number of contributing federal political committee.  Name of Employer  DeBianchi Real Estate  Receipt For: 2014  Primary General  Other (specify)	FL 33062  C H4FL22086  Occupation Realtor  Election Cycle-to-Date	Amount of Each Receipt this Period  318.00
Г	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		1772.31

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

	FOR LINE NUMBER:	PAGE 6 OF 26
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	11a11b	11c 11d
Detailed Summary Page	12 X 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 Full Name (Last, First, Middle Initial) Andrea McGee Date of Receipt Mailing Address 961 NE 27th Ave. 2014 27 City State Zip Code Transaction ID: SA13A.4434 FL 33062 Pompano Beach FEC ID number of contributing Amount of Each Receipt this Period H4FL22086 federal political committee. 159.00 Name of Employer Occupation DeBianchi Real Estate Realtor Receipt For: 2014 Election Cycle-to-Date | Primary General 1931.31 Other (specify) Full Name (Last, First, Middle Initial) Andrea McGee Date of Receipt Mailing Address 961 NE 27th Ave. 27 2014 City State Zip Code Transaction ID: SA13A.4435 Pompano Beach FL 33062 FEC ID number of contributing C H4FL22086 Amount of Each Receipt this Period federal political committee. 979.44 Name of Employer Occupation Realtor DeBianchi Real Estate Receipt For: 2014 Election Cycle-to-Date | Primary General 2910.75 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1138.44 SUBTOTAL of Receipts This Page (optional)..... 2910.75 TOTAL This Period (last page this line number only).....

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

	FOR LIN	FOR LINE NUMBER:				7	OF	26	
Use separate schedule(s)	(check o	(check only one)							
for each category of the Detailed Summary Page		<b>\</b> 17	1	8		19a		] 19b	
Detailed Garrinary 1 age		20a	2	20b		20c		21	
	ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.								

	Detailed Summa	ary Page	20a 20b 20c 21
	y information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any po		erson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
	Full Name (Last, First, Middle Initial)		
۹.	Edco Awards & Specialties		Date of Disbursement
	Mailing Address 3702 Davie Blvd.		08 15 2014
	City State Zip Code		Amount of Each Disbursement this Period
	Fort Lauderdale FL 33312		1398.14
	Purpose of Disbursement	004	
	Candidate Name	Category/ Type	Transaction ID : SB17.4423
	Office Sought:  House Senate President  Disbursement For: 2014  Primary Other (specify)	7.00	
	State: District:		
3.	Full Name (Last, First, Middle Initial)  Edco Awards & Specialties		Date of Disbursement
	Mailing Address 3702 Davie Blvd.		08 / D D / Y Y Y Y Y Z 2014
	City State Zip Code Fort Lauderdale FL 33312		Amount of Each Disbursement this Period
	Purpose of Disbursement	004	318.00 Transaction ID : SB17.4422
	Candidate Name	Category/ Type	
	Office Sought:  House Senate President  State:  Disbursement For: 2014 Primary Other (specify)		
	Full Name (Last, First, Middle Initial)		
Э.	RBNPac		Date of Disbursement
	Mailing Address 1103 N. Federal Highway		09 20 7 2014
	City State Zip Code		Amount of Each Disbursement this Period
	Pompano Beach FL 33060		275.00
	Purpose of Disbursement	011	375.00
	Candidate Name	Category/	Transaction ID : SB17.4429
	Office Sought:    House		
s	UBTOTAL of Disbursements This Page (optional)		2091.14
Т	OTAL This Period (last page this line number only)		

	9									
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE (check onl	y one)	ER:	PAGE	8 C	)F 26	<b>-</b>
Ar	ny information copied from such Reports and Statements r			person for	20a the purp	20b ose of s		20c contrib	21 outions	_
or	for commercial purposes, other than using the name and	address of any pol	tical committe	ee to solicit	contribu	utions fro	om such	comm	ittee.	
$\rangle$	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS									
۹.	Full Name (Last, First, Middle Initial) Sandview Inc.				of Disbu					
	Mailing Address 1700 E Commercial Blvd.			08		09		2014	Y	
	City State	Zip Code		Amou	unt of Ea	ach Disb	ursemen	t this F	Period	
	Fort Lauderdale FL	33334								
	Purpose of Disbursement			ī I .				197.	.50	
			004	Transa	ction ID					
	Candidate Name		Category/ Type			-				
	Office Sought:  House Senate President  Disbursement For Primary Other (									
	State: District:									
3.	Full Name (Last, First, Middle Initial)  Sandview Inc.  Mailing Address 1700 E Commercial Blvd.			Date 09		ursemen	/ Y Y	y y 2014	Υ	
	City State	Zip Code		Amoi	unt of Ea	ach Dish	ursaman	t this F	Pariod	_
	Fort Lauderdale FL	33334		7 (1110)	arit or Ec	ZOTT DIGD	arocirion	1 1110 1	onou	
	Purpose of Disbursement		004	Transa	ction ID	: SB17.4		233.	.00	
	Candidate Name		Category/ Type							
	Office Sought:  House Senate President  Disbursement For Primary Other (									
	Full Name (Last, First, Middle Initial)									_
Э.	Sandview Inc.			Date	of Disbu	ursemen	t			
	Mailing Address 1700 E Commercial Blvd.			M 09		23		2014	Υ	
	City State Z	Zip Code		Amoı	unt of Ea	ach Disb	ursemen	t this F	Period	
		33334						-		
	Purpose of Disbursement		004	1			, .	189	.50	
	Candidate Name		Category/ Type	Transa	ction ID	: SB17.4	428			
	Office Sought:  House Senate President  Disbursement Formary Other (									
	State: District:									

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

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

620.00

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

Image# 14978201432				
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)  X 17 18 20a 20b	PAGE 9  19a 20c	OF 26
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a			•	
NAME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS				
Full Name (Last, First, Middle Initial)		Date of Dishursement		

NAME OF COMMITTEE (In Full)  MCGEE FOR CONGRESS	
Full Name (Last, First, Middle Initial)  A. Trademark Graphics	Date of Disbursement
Mailing Address 2030 NW 93 Avenue	09 27 2014
City State Zip Co Pembroke Pines FL 33024	
Purpose of Disbursement	009 Transaction ID : SB17.4424
Candidate Name MCGEE FOR CONGRESS	Category/ Type
President Other (specify)  State: FL District: 22	ieneral
Full Name (Last, First, Middle Initial)  Trademark Graphics	Date of Disbursement
Mailing Address 2030 NW 93 Avenue	09 / D D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z
CityStateZip CoPembroke PinesFL33024	Amount of Each Dispursement this Feriod
Purpose of Disbursement	979.44 Transaction ID : SB17.4425
Candidate Name	Category/ Type
Office Sought:  House Senate President  State:  Disbursement For: 2014  Primary Other (specify)	ieneral
Full Name (Last, First, Middle Initial)	Date of Disbursement
Trademark Graphics  Mailing Address 2030 NW 93 Avenue	09 27 2014 -
Pembroke Pines FL 33024	Amount of Each Disbursement this Period
Purpose of Disbursement	979.44 009 Transaction ID : SB17.4441
Candidate Name	Category/ Type
Office Sought:  House Senate President  State:  Disbursement For: 2014  Primary Other (specify)	ieneral
SUBTOTAL of Disbursements This Page (optional)	2117.88
TOTAL This Period (last page this line number only)	

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

		<u> </u>		20a		20b	20c	21
	v information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any poli							
	NAME OF COMMITTEE (In Full)					.5 .10111	23011 0011111	
\	MCGEE FOR CONGRESS							
ı	Full Name (Last, First, Middle Initial)							
۹.	Trademark Graphics		Da	ate of Dis	sburser	ment		
-				M = M /	D	D /	YYY	Υ
١	Mailing Address 2030 NW 93 Avenue			09	27	_	2014	
(	City State Zip Code		Ar	mount of	Each [	Disburse	ement this F	Period
-	Pembroke Pines FL 33024				-			'
١	Purpose of Disbursement	000	1 I L		,		159.	.00
-	0	009	Trar	nsaction	ID : SB	317.4442	2	
(	Candidate Name	Category/ Type						
(	Office Sought: House Disbursement For:							
	Senate Primary General							
	President Other (specify)							
	State: District:							
	Full Name (Last, First, Middle Initial)		_		. 1			
3.			Da	ate of Dis	sburser	ment		
i	Mailing Address			M M /	D	D /	YYY	Υ
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Ī	Purpose of Disbursement		7					. I
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(	Candidate Name	Category/	_					
		Туре						
(	Office Sought: House Disbursement For:							
	Senate Primary General							
	President Other (specify)  State: District:							
	Full Name (Last, First, Middle Initial)		+					
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i	Purpose of Disbursement		_					
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	Candidate Name	Cotogor:	4					
		Category/ Type						
(	Office Sought: House Disbursement For:							
	Senate Primary General							
	President Other (specify)							
	State: District:							
			Г		-		159	.00
SL	JBTOTAL of Disbursements This Page (optional)				,		100	
							4988	.02
TC	DTAL This Period (last page this line number only)				, .	-		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 11 OF 26 (check only one)  17
	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a			person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS			
۹.	Full Name (Last, First, Middle Initial) ANDREA LEIGH Leigh MCGEE			Date of Disbursement
	Mailing Address 961 NE 27TH AVENUE			09 30 2014
	City State POMPANO BEACH FL	Zip Code 33062	I	Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name		009 Category/	Transaction ID : SB19A.4439
		For: 2014 nary General er (specify)	Type	
3.	Full Name (Last, First, Middle Initial)  Mailing Address			Date of Disbursement
	City State	e Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name			
	Office Sought: House Disbursement	For	Category/ Type	
	Senate Prin			
	Full Name (Last, First, Middle Initial)			Date of Disbursement
j.	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	
		For: nary General er (specify)		
	State: District:			
S	UBTOTAL of Disbursements This Page (optional)			446.24

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

446.24

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

12

×	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4371 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6.36 0.00 6.36 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 07<sup>M</sup> ž014 11/5/2014 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)..... 6.36 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** 

13

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	13b

26

Detailed Summary Page Transaction ID: SC/10.4387 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 60.42 0.00 60.42 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 07<sup>M</sup> ž014 11/5/2014 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)..... 60.42 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** 

14

×	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4388 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 65.56 0.00 65.56 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> 02 ž014 11/5/2014 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)..... 65.56 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** 

15

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26

Detailed Summary Page Transaction ID: SC/10.4385 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2015 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 68.10 0.00 68.10 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 07<sup>M</sup> ž014 0.00 11/5/2014 % (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)..... 68.10 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

FOR LINE NUMBER: (check only one)

**PAGE** 

16

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26

Detailed Summary Page Transaction ID: SC/10.4390 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3898.95 0.00 3898.95 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 <sup>M</sup> 07<sup>M</sup> ž014 0.00 11/5/2014 % (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)..... 3898.95 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 17

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26

DANG			Detailed Summary Pa	ge (official official)
AME OF COMMITTEE (In Full)  MCGEE FOR CONGRE	SS		Transa	ction ID : SC/10.4386
LOAN SOURCE Full Name (I Andrea McGee	_ast, First, Mide	dle Initial)		Election: 2014  Primary  General
Mailing Address 961 NE 27th Ave				Other (specify)
City		State ZIP Co	de	
Pompano Beach		FL 33062		
Original Amount of Loan	12.71	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
TERMS  Date Incurred	2014 Y	Date Due	Interest Rat 1/5/2014  0.00	
List All Endorsers or Guaran		Loan Source		
1. Full Name (Last, First, Mic	ldle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Mide	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Mide	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Pa	age (optional)			12.71
OTALS This Period (last page in	n this line only)	)	·····	, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only	to LINE 3, Sch	edule D. for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

18

×	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4389 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 45.03 0.00 45.03 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>08<sup>M</sup> 06 ž014 11/5/2014 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)..... 45.03 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** 

19

X	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4431 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 56.17 0.00 56.17 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup>08<sup>M</sup> ž014 12/1/15 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)..... 56.17 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

20

×	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4433 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1398.14 0.00 1398.14 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup>08<sup>M</sup> ž014 12/1/16 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)..... 1398.14 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

21

×	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4432 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 318.00 0.00 318.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>08<sup>M</sup> <sup>D</sup>22 ž014 12/1/16 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)..... 318.00 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

22

×	13a
	13b

26

Transaction ID: SC/10.4434 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 159.00 0.00 159.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> ž014 12/1/16 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)..... 159.00 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

23

×	13a
	13b

26

Detailed Summary Page Transaction ID: SC/10.4435 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify)  $\blacktriangledown$ 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 979.44 0.00 979.44 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> ž014 12/1/15 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)..... 979.44 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

24 OF

**X** 13a

26

Detailed Summary Page 13b Transaction ID: SC/10.4315 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREA LEIGH Leigh MCGEE General Mailing Address Other (specify)  $\blacktriangledown$ 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 446.24 446.24 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup> 17 ž014 0.00 11/4/14 % (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 ZIP Code Guaranteed City State 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:

PAGE

25

×	13a
	13b

26

(check only one) Detailed Summary Page Transaction ID: SC/10.4206 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREA LEIGH Leigh MCGEE General Mailing Address Other (specify)  $\blacktriangledown$ 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 200.89 0.00 200.89 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 04 ž014 0.00 11/4/14 % (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 ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200.89 TOTALS This Period (last page in this line only) ...... 7268.77 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

## SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 26 OF
FOR LINE NUMBER:
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		9
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26

NAME OF COMMITTEE (In Full)

N	MCGEE FOR CONGRESS						
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Trademark Graphics  Mailing Address 2030 NW 93 Avenue			Nature of Debt (Purpose):  MasterMailer			
	City State Pembroke Pines	Zip Code FL	33024				
	Outstanding Balance Beginning This Period 979.44			Transaction ID : SD10.4392			
	Amount Incurred This Period	Payment	This Period	Outstanding Balance at Close of This Period			
	0.00		979.44	0.00			
	B. Full Name (Last, First, Middle Initial) of Debtor ( Trademark Graphics	or Creditor		Nature of Debt (Purpose): Envelopes			
	Mailing Address 2030 NW 93 Avenue						
	City State Pembroke Pines	Zip Code FL	33024				
	Outstanding Balance Beginning This Period  159.00  Amount Incurred This Period	Payment	: This Period	Transaction ID : SD10.4394  Outstanding Balance at Close of This Period			
	0.00	7	159.00	0.00			
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):			
	Mailing Address						
	City	State Z	ip Code				
	Outstanding Balance Beginning This Period						
	Amount Incurred This Period	Payment	This Period	Outstanding Balance at Close of This Period			
		7	7				
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	0.00			
2)	TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	0.00			
3)	TOTAL OUTSTANDING LOANS from Schedule C						
4)	ADD 2) and 3) and carry forward to appropriate						