

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

McCline for Congress

ADDRESS (number and street)

129 SE 7th Ave

Check if different than previously reported. (ACC)

Delray Beach

FL

33483

2. FEC IDENTIFICATION NUMBER ▼

C C00564724

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

20

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Trine Andersen

Signature of Treasurer Trine Andersen

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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
McCline 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))....	21610.00	21610.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21610.00	21610.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26371.91	26371.91
(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)).....	26371.91	26371.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34838.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	41300.00	

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

McCline 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).....	21600.00	21600.00
(ii) Unitemized.....	10.00	10.00
(iii) TOTAL of contributions from individuals ▶	21610.00	21610.00
(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))..	21610.00	21610.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	41300.00	41300.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	41300.00	41300.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	5000.00	5000.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	67910.00	67910.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26371.91	26371.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	6700.00	6700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33071.91	33071.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67910.00
25. SUBTOTAL (add Line 23 and Line 24).....	67910.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33071.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34838.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
Trine Andersen

Mailing Address 999 NW 5th Ave

City State Zip Code
Boca Raton FL 33432

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

Name of Employer Occupation
Self Political Campaigns

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Trine Andersen

Mailing Address 999 NW 5th Ave

City State Zip Code
Boca Raton FL 33432

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

Name of Employer Occupation
Self Political Campaigns

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Anne Cathrine Ballegaard

Mailing Address 10535 Stonebridge Blvd

City State Zip Code
Boca Raton FL 33498

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

Name of Employer Occupation
Student Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
2600.00

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

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

7700.00

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
Anne Cathrine Ballegaard

Mailing Address 10535 Stonebridge Blvd

City State Zip Code
Boca Raton FL 33498

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

Name of Employer Occupation
Student Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
AnneLise Ballegaard

Mailing Address 10535 Stonebridge Blvd

City State Zip Code
Boca Raton FL 33498

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

Name of Employer Occupation
self Book keeper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
AnneLise Ballegaard

Mailing Address 10535 Stonebridge Blvd

City State Zip Code
Boca Raton FL 33498

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

Name of Employer Occupation
self Book keeper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

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

FOR LINE NUMBER: PAGE 7 OF 35
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
Muhanned Farraj

Mailing Address 12157 NW 69th Ct

City Parkland State FL Zip Code 33076

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Naved Fatmi

Mailing Address 7020

City Boca Raton State FL Zip Code 33487

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
 1500.00

Campaign Donation

C. Full Name (Last, First, Middle Initial)
Amjed Ahmad Hammad

Mailing Address 10330 Majestic Ct.

City Parkland State FL Zip Code 33076

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

Name of Employer Self Occupation Distributor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
 2600.00

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

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

5100.00

**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 8 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
Amjed Ahmad Hammad

Mailing Address 10330 Majestic Ct.

City Parkland State FL Zip Code 33076

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

Name of Employer Self Occupation Distributor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial)
Nohe Michael Nohe

Mailing Address 16348 Bristol pointe Dr

City Delray Beach State FL Zip Code 33446

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

Name of Employer Self Occupation SMS Audio

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

21600.00

**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 9 OF 35
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

Full Name (Last, First, Middle Initial) McCline Jameel		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 129 SE 7th Ave		Transaction ID : SA13A.4112
City Delray Beach	State FL	
FEC ID number of contributing federal political committee. C H4FL20072		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) McCline Jameel		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 129 SE 7th Ave		Transaction ID : SA13A.4113
City Delray Beach	State FL	
FEC ID number of contributing federal political committee. C H4FL20072		Amount of Each Receipt this Period 2900.00
Name of Employer Self	Occupation consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) McCline Jameel		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 129 SE 7th Ave		Transaction ID : SA13A.4114
City Delray Beach	State FL	
FEC ID number of contributing federal political committee. C H4FL20072		Amount of Each Receipt this Period 9000.00
Name of Employer Self	Occupation consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12000.00	

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C H4FL20072**

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
17900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA13A.4108

Amount of Each Receipt this Period
5900.00

B. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C H4FL20072**

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA13A.4109

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C H4FL20072**

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
27400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA13A.4110

Amount of Each Receipt this Period
4500.00

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

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

15400.00

**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 11 OF 35
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C H4FL20072**

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
30400.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA13A.4111

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C H4FL20072**

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
30900.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA13A.4122

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C H4FL20072**

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
35300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA13A.4115

Amount of Each Receipt this Period
4400.00

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

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

7900.00

**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 12 OF 35
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
McCline Jameel

Mailing Address 129 SE 7th Ave

City Delray Beach State FL Zip Code 33483

FEC ID number of contributing federal political committee. **C** H4FL20072

Name of Employer Self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
41300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA13A.4121

Amount of Each Receipt this Period
6000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

6000.00

41300.00

**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 13 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McCline for Congress

A. Full Name (Last, First, Middle Initial)
Eduardo Schneider Photography

Mailing Address 1299 SE 7th Ave
#206

City Dania Beach State FL Zip Code 33004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA15.4144

Amount of Each Receipt this Period
 5000.00
 Photography during campaign

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

**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 14 OF 35			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. ACE Blueprinting		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2237 S. Babcock St		Amount of Each Disbursement this Period 294.68 Transaction ID : SB17.4217
City Melbourne	State FL	
Purpose of Disbursement Campaign Stationary		Category/ Type 006
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. American Cancer Society		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 141 NW 20th St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4146
City Boca Raton	State FL	
Purpose of Disbursement Donation		Category/ Type 012
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Trine Andersen		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 999 NW 5th Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4148
City Boca Raton	State FL	
Purpose of Disbursement Fee for Consultation		Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	1794.68
TOTAL 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 15 OF 35	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Deborah Paiva Entertainment		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 150 NW 70th St		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4163
City Boca Raton	State FL	
Purpose of Disbursement Deborah Paiva		Category/ Type 003
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. Displays 2 Go		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 55 Broadcommon Rd		Amount of Each Disbursement this Period 258.12 Transaction ID : SB17.4214
City Bristol	State RI	
Purpose of Disbursement Campaign Stand with Poster of Jameel		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 1 Hacker Way Bldg 10		Amount of Each Disbursement this Period 252.48 Transaction ID : SB17.4236
City Menlo Park	State CA	
Purpose of Disbursement social media marketing		Category/ Type 004
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional).....	1110.60
TOTAL 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 16 OF 35			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1911 S. Federal Highway		Amount of Each Disbursement this Period 264.95 Transaction ID : SB17.4201
City Delray Beach	State FL	
Zip Code 33483	Purpose of Disbursement Print material for campaign	Category/ Type 006
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Flagcraft		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1020 North Dixie Highway		Amount of Each Disbursement this Period 282.69 Transaction ID : SB17.4172
City Boca Raton	State FL	
Zip Code 33432	Purpose of Disbursement Flags and Poles and stands	Category/ Type 006
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) C. GRASSHOPPER		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 230.77 Transaction ID : SB17.4235
City	State	
Zip Code	Purpose of Disbursement Phone system	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	778.41
TOTAL 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 17 OF 35			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Hyatt Place Delray		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 104 NE 2nd Ave		Amount of Each Disbursement this Period 542.19
City Delray Beach	State FL	
Purpose of Disbursement Hotel stay for writer		Transaction ID : SB17.4118
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Jason Pereira Catering		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1111 George Bush Blvd		Amount of Each Disbursement this Period 1100.00
City Delray Beach	State FL	
Purpose of Disbursement Food for fundraiser		Transaction ID : SB17.4164
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 003
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 4901 North Federal Highway		Amount of Each Disbursement this Period 118.18
City Boca Raton	State FL	
Purpose of Disbursement labels		Transaction ID : SB17.4242
Candidate Name McCline for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 003
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional).....	1760.37
TOTAL 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 18 OF 35	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Pahokee Pride Youth Association		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 691 E Main St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4169
City Pahokee State FL Zip Code 33476	Purpose of Disbursement donation	
Candidate Name McCline for Congress		Category/Type 012
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Julie Reiser		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 7801 N Federal Hwy #12 - 308		Amount of Each Disbursement this Period 4250.00 Transaction ID : SB17.4208
City Boca Raton State FL Zip Code 33487	Purpose of Disbursement Salary	
Candidate Name McCline for Congress		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Residence Inn		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1111 E. Atlantic Ave		Amount of Each Disbursement this Period 1425.24 Transaction ID : SB17.4219
City Delray Beach State FL Zip Code 33483	Purpose of Disbursement overnight accommodations for campaign consultants	
Candidate Name McCline for Congress		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	5925.24
TOTAL 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 19 OF 35			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4202
City Margate State FL Zip Code 33063	Purpose of Disbursement Media marketing 004 Category/Type	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) B. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 536.36 Transaction ID : SB17.4197
City Margate State FL Zip Code 33063	Purpose of Disbursement Campaign Material 004 Category/Type	
Candidate Name McCline for Congress	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: 20		

Full Name (Last, First, Middle Initial) c. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 164.30 Transaction ID : SB17.4215
City Margate State FL Zip Code 33063	Purpose of Disbursement Marketing material for campaign 006 Category/Type	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional).....	1200.66
TOTAL 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 20 OF 35		
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4175
City Margate	State FL	
Zip Code 33063	Purpose of Disbursement Marketing materials	Category/ Type 004
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4160
City Margate	State FL	
Zip Code 33063	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.4166
City Margate	State FL	
Zip Code 33063	Purpose of Disbursement Stock photos for campaign material	Category/ Type 006
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	765.00
TOTAL 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 21 OF 35	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. Robustus Media - Brandon Stout		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 60 West Palm Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4168
City Margate	State FL	
Zip Code 33063	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. Salvatore Principe		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1140 Holland Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4162
City Boca Raton	State FL	
Zip Code 33499	Purpose of Disbursement Fund Raiser	Category/ Type 003
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. The Buzz Agency		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 104 W. Atlantic Ave		Amount of Each Disbursement this Period 591.19 Transaction ID : SB17.4240
City Delray Beach	State FL	
Zip Code 33444	Purpose of Disbursement Marketing and Branding	Category/ Type 004
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	4591.19
TOTAL 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 22 OF 35	
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. The Colony Hotel		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 155 Hammond Ave		Amount of Each Disbursement this Period 4921.79 Transaction ID : SB17.4183
City West Palm Beach	State FL	
Zip Code 33480	Purpose of Disbursement Fundraiser	Category/ Type 003
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) B. The Garage W		Date of Disbursement MM / DD / YYYY 05 / 14 / 2014
Mailing Address 409 Northwood Rd		Amount of Each Disbursement this Period 1111.28 Transaction ID : SB17.4174
City West palm Beach	State FL	
Zip Code 33407	Purpose of Disbursement Campaign Kick Off Event	Category/ Type 007
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) c. John Tracey		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 1113 S 14th Ave		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.4165
City Lake Worth	State FL	
Zip Code 33460	Purpose of Disbursement salary	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

SUBTOTAL of Disbursements This Page (optional).....	6683.07
TOTAL 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 23 OF 35			
	<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)
McCline for Congress

Full Name (Last, First, Middle Initial) A. John Tracey		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 1113 S 14th Ave		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.4167
City Lake Worth	State FL Zip Code 33460	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	24609.22

**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 24 OF 35			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McCline for Congress

Full Name (Last, First, Middle Initial) A. American Cancer Society		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 141 NW 20th St		Amount of Each Disbursement this Period 350.00 Transaction ID : SB21.4147
City Boca Raton	State FL	
Purpose of Disbursement donation		Category/ Type 012
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Dan Tilson Productions		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 17320 Lake Park Rd		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.4150
City Boca Raton	State FL	
Purpose of Disbursement Consultation fee		Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 20	

Full Name (Last, First, Middle Initial) c. Terry Scott		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 624 NW 2nd Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4246
City Deerfield Beach	State FL	
Purpose of Disbursement Marketing		Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: FL	District: 20	

SUBTOTAL of Disbursements This Page (optional)	5850.00
TOTAL 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 25 OF 35
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McCline for Congress

Full Name (Last, First, Middle Initial) A. John Tracey		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1113 S 14th Ave		Amount of Each Disbursement this Period 650.00 Transaction ID : SB21.4151
City Lake Worth	State FL	
Zip Code 33460	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name McCline for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

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

SUBTOTAL of Disbursements This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	6500.00

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)
McCline for Congress

Transaction ID : SC/10.4112

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

[PERSONAL FUNDS]

Election: 2014

McCline Jameel

Primary

General

Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100.00 0.00 100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 21 D

Y 2014 Y

M M

D D

Y none Y

0.00 % (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 100.00

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

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)
McCline for Congress

Transaction ID : SC/10.4113

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2900.00	0.00	2900.00

TERMS

Date Incurred: M 04 / D 23 / Y 2014
 Date Due: M / D / Y none
 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).....	▶	2900.00
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

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)
McCline for Congress

Transaction ID : SC/10.4114

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

[PERSONAL FUNDS]

Election: 2014

McCline Jameel

Primary

General

Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
9000.00 0.00 9000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 24 / Y 2014 M M / D D / Y none 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 9000.00

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) **McCline for Congress** Transaction ID : **SC/10.4108**

LOAN SOURCE Full Name (Last, First, Middle Initial) McCline Jameel	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 129 SE 7th Ave		

City	State	ZIP Code
Delray Beach	FL	33483

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5900.00	0.00	5900.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 05 / Y 2014 Y	M M / D D / Y none Y Y	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: []

SUBTOTALS This Period This Page (optional).....	▶	5900.00
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

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)
McCline for Congress

Transaction ID : SC/10.4109

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

[PERSONAL FUNDS]

Election: 2014

McCline Jameel

Primary

General

Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 08 / 2014

M M / D D / Y Y Y Y
05 / 08 / 2014

M M / D D / Y Y Y Y
05 / 08 / 2014

M M / D D / Y Y Y Y
none

M M / D D / Y Y Y Y
none

M M / D D / Y Y Y Y
none

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 5000.00

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) **McCline for Congress** Transaction ID : **SC/10.4110**

LOAN SOURCE Full Name (Last, First, Middle Initial) **McCline Jameel** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan 4500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4500.00
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TERMS

Date Incurred: M 05 / D 09 / Y 2014
Date Due: M / D / Y none
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)..... ▶ 4500.00

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) **McCline for Congress** Transaction ID : **SC/10.4111**

LOAN SOURCE Full Name (Last, First, Middle Initial) **McCline Jameel** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS

Date Incurred: M 05 / D 19 / Y 2014
 Date Due: M / D / Y none
 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)..... ▶ 3000.00

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) **McCline for Congress** Transaction ID : **SC/10.4122**

LOAN SOURCE Full Name (Last, First, Middle Initial) McCline Jameel	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 129 SE 7th Ave	

City	State	ZIP Code
Delray Beach	FL	33483

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 06 / Y 2014 Y	M M / D D / Y none Y Y	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: []

SUBTOTALS This Period This Page (optional).....	▶	500.00
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

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)
McCline for Congress

Transaction ID : SC/10.4115

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

[PERSONAL FUNDS]

Election: 2014

McCline Jameel

Primary

General

Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4400.00 0.00 4400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 09 / 2014

M M / D D / Y Y Y Y
06 / 09 / 2014

M M / D D / Y Y Y Y
06 / 09 / 2014

M M / D D / Y Y Y Y
none

M M / D D / Y Y Y Y
none

M M / D D / Y Y Y Y
none

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 4400.00

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) **McCline for Congress** Transaction ID : **SC/10.4121**

LOAN SOURCE Full Name (Last, First, Middle Initial) **McCline Jameel** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
129 SE 7th Ave

City State ZIP Code
Delray Beach FL 33483

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 06 / D 26 / Y 2014
 Date Due: M / D / Y none
 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).....	6000.00
TOTALS This Period (last page in this line only).....	41300.00

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