PAGE 1 / 35

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3	For A	n Authorize	ed Comn	nittee			Office Use Only
NAME OF COMMITTEE (in	TYPE OR F	PRINT ▼		mple: If typin the lines.	g, type	12FE4M5	
McCline for Co	ongress						
ADDRESS (number an	ad street)	h Ave					
Check if dif							
than previous reported. (A		each				FL L	33483
2. FEC IDENTIFIC	CATION NUMBER		CITY A		5	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0056472	24	3. IS RE	THIS PORT	X NEW (N)	OR	AMEND (A)	
(a) Quarterly Re	Quarterly Report (Q1)	(b) 12-		Election Report Primary (12P Convention (General (1 Special (1	
	Quarterly Report (Q2) r 15 Quarterly Report (Q	3) Ele	ection on	M M /	D D /	Y " Y " Y	in the State of
January	31 Year-End Report (YE	(c) 30-	Day POST	-Election Rep	oort for the:		
				General (30G	i)	Runoff (30	OR) Special (30S)
Termina	tion Report (TER)	Ele	ection on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M M / D 01	2014		through	M M 06	30	Y Y Y Y 2014
I certify that I have e	examined this Report are		of my kno	wledge and	belief it is tru	ie, correct and	d complete.
Signature of Treasure	er Trine Andersen		l	Electronically l	Filed] Da	ate 07	/ D D / Y Y Y Y Y Y 2014
NOTE: Submission of	false, erroneous, or inco	mplete informa	tion may s	ubject the per	son signing th	nis Report to the	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 35

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

McCline for Congress	McCline	for	Congress
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06 30 2014 01 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 21610.00 21610.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 21610.00 21610.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 26371.91 26371.91 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 26371.91 26371.91 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 34838.09 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 41300.00 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

FEC Form 3 (Revised 12/2003)

PAGE 3 / 35

Write or Type Committee Name

McCline for Congress

06 2014 04 01 2014 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 21600.00 21600.00 (i) Itemized (use Schedule A)..... 10.00 10.00 (ii) Unitemized (iii) TOTAL of contributions 21610.00 21610.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 21610.00 21610.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 41300.00 41300.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 41300.00 41300.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 5000.00 5000.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 67910.00 67910.00 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 35

	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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
<u> </u>	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 SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING 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	m Line 22)	33071.91
	CASH ON HAND AT CLOSE OF REPORTING		34838.09

SCHEDULE A (FEC Form 3)

FOR LIN	E NU	MRFK:	PAGE	<u> </u>	OF	აა
(check o	nly o	ne)				
X _{11a}		11b	11c	11	d	
12		13a	13b	14	ı [15

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 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 Full Name (Last, First, Middle Initial) Trine Andersen Date of Receipt Mailing Address 999 NW 5th Ave 06 2014 26 City State Zip Code Transaction ID: SA11AI.4123 FL 33432 **Boca Raton** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2500.00 Name of Employer Occupation Self Political Campaigns Receipt For: 2014 Election Cycle-to-Date Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Trine Andersen Date of Receipt Mailing Address 999 NW 5th Ave 30 2014 Citv State Zip Code Transaction ID: SA11AI.4131 Boca Raton FL 33432 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Political Campaigns Self Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 5100.00 Other (specify) Full Name (Last, First, Middle Initial) Anne Cathrine Ballegaard Date of Receipt Mailing Address 10535 Stonebridge Blvd 2014 30 City State Zip Code Transaction ID: SA11AI.4125 FL Boca Raton 33498 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Student Student Receipt For: 2014 Election Cycle-to-Date | Y Primary General 2600.00 Other (specify)

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) (check For each category of the Detailed Summary Page

FC	R LINE	NUMBE	ER:	PAGE	:	6	OF	35
(ch	neck only	one)						
	X 11a	11b	,	11c		110	d _	
	12	13a	.	13b		14		15

Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used dress of any political	by any pers	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) McCline for Congress				
Α.	Full Name (Last, First, Middle Initial) Anne Cathrine Ballegaard Mailing Address 10535 Stonebridge Blvd				Date of Receipt
	City	State	Zip Code		06 30 2014
	Boca Raton FEC ID number of contributing federal political committee.	FL C	33498		Amount of Each Receipt this Period
	Name of Employer Student	Occupation Student			2600.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycl		00.00	
В.	Full Name (Last, First, Middle Initial) AnneLise Ballegaard Mailing Address 10535 Stonebridge Blvd				Date of Receipt
	City	State	Zip Code		06 26 2014 Transaction ID : SA11Al.4130
	Boca Raton	FL	33498		Transaction is 1 c/tt // iii 11 cc
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 2600.00
	Name of Employer	Occupation			2000.00
	Self Receipt For: 2014	Book keeper Election Cycl	e-to-Date		
	Primary General Other (specify)			00.00	
_	Full Name (Last, First, Middle Initial) AnneLise Ballegaard				Date of Receipt
C.	Mailing Address 10535 Stonebridge Blvd				06 30 2014
	City Boca Raton	State FL	Zip Code 33498		Transaction ID : SA11AI.4132
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer	Occupation			2600.00
	self Receipt For: 2014	Book keeper			
	Primary General	Election Cycl	e-to-Date		
	Other (specify)		520	00.00	
Г	UBTOTAL of Receipts This Page (optional)				7800.00

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

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

FOR	LINE I	NUI	MBER:	PAGE	:	/	OF	35
(chec	k only	or	ie)					
X	11a		11b	11c		11	d	_
	12		13a	13b		14		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) McCline for Congress		
Full Name (Last, First, Middle Initial) Muhanned Farraj Mailing Address 12157 NW 69th Ct		Date of Receipt
City Parkland	State Zip Code FL 33076	06 23 2014 Transaction ID : SA11AI.4129
FEC ID number of contributing federal political committee. Name of Employer Self	Occupation Consultant	Amount of Each Receipt this Period
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Naved Fatmi Mailing Address 7020		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Boca Raton	State Zip Code FL 33487	Transaction ID : SA11AI.4187
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Self Receipt For: 2014 Primary General Other (specify)	Occupation Dentist Election Cycle-to-Date 1500.00	Campaign Donation
Full Name (Last, First, Middle Initial) Amjed Ahmad Hammad Mailing Address 10330 Majestic Ct. City	State Zip Code	Date of Receipt M
Parkland FEC ID number of contributing federal political committee.	FL 33076	Amount of Each Receipt this Period
Name of Employer Self Receipt For: 2014 Primary General Other (specify)	Occupation Distributor Election Cycle-to-Date 2600.00	2600.00
SUBTOTAL of Receipts This Page (optional)	5100.00
TOTAL This Period (last page this line numl	per only)	

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 8 OF (check only one) 11a 11b 11d 11c

35

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b 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 Full Name (Last, First, Middle Initial) Amjed Ahmad Hammad Date of Receipt Mailing Address 10330 Majestic Ct. 2014 13 City State Zip Code Transaction ID: SA11AI.4124 FL 33076 Parkland FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 0.00 Name of Employer Occupation Self Distributor Receipt For: 2014 Election Cycle-to-Date X General Primary 2600.00 Other (specify) Full Name (Last, First, Middle Initial) Nohe Michael Nohe Date of Receipt Mailing Address 16348 Bristol pointe Dr 09 2014 City State Zip Code Transaction ID: SA11AI.4128 **Delray Beach** FL 33446 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation SMS Audio Self Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 21600.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 35 (check only one) 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) McCline for Congress		
Full Name (Last, First, Middle Initial) McCline Jameel Mailing Address 129 SE 7th Ave City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2014 Primary General Other (specify)	State Zip Code FL 33483 C H4FL20072 Occupation consultant Election Cycle-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O4 21 2014 Transaction ID : SA13A.4112 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) McCline Jameel Mailing Address 129 SE 7th Ave City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2014 Primary General Other (specify)	State Zip Code FL 33483 C H4FL20072 Occupation consultant Election Cycle-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) McCline Jameel Mailing Address 129 SE 7th Ave City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2014 Primary General Other (specify)	State Zip Code FL 33483 C H4FL20072 Occupation consultant Election Cycle-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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: PAGE 10 OF 35 (check only one) 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) McCline for Congress		
Full Name (Last, First, Middle Initial) McCline Jameel Mailing Address 129 SE 7th Ave City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2014 Primary General	State Zip Code FL 33483 C H4FL20072 Occupation consultant Election Cycle-to-Date	Date of Receipt 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	17900.00 State Zip Code FL 33483	Date of Receipt M M M / D D / Y Y Y Y Y 05 08 2014 Transaction ID : SA13A.4109
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2014 Primary General Other (specify)	C H4FL20072 Occupation consultant Election Cycle-to-Date 22900.00	Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) McCline Jameel Mailing Address 129 SE 7th Ave City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2014 Primary General Other (specify)	State Zip Code FL 33483 C H4FL20072 Occupation consultant Election Cycle-to-Date	Date of Receipt M M M / D D / 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 of		15400.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 35 (check only one) 11a 11b 11c 11d 11d 12 X 13a 13b 14 15
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) McCline for Congress		
Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Occurrence Contributing federal political committee.	tate Zip Code FL 33483 H4FL20072 Expation sultant etion Cycle-to-Date 30400.00	Date of Receipt M M M / D D / Y Y Y Y Y 05 19 2014 Transaction ID : SA13A.4111 Amount of Each Receipt this Period 3000.00
Full Name (Last, First, Middle Initial) McCline Jameel Mailing Address 129 SE 7th Ave City S Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Consideration of Contributing Contribution of Contribution	tate Zip Code FL 33483 H4FL20072 supation sultant ction Cycle-to-Date 30900.00	Date of Receipt M M M / D D / Y Y Y Y Y 06
Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Occ.	tate Zip Code FL 33483 H4FL20072 Eupation sultant ction Cycle-to-Date 35300.00	Date of Receipt M M M / D D / 2014 Transaction ID: SA13A.4115 Amount of Each Receipt this Period 4400.00
SUBTOTAL of Receipts This Page (optional)		7900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	12 OF	35
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	11a 11b	11c	11d	
	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) McCline for Congress Full Name (Last, First, Middle Initial) McCline Jameel Date of Receipt Mailing Address 129 SE 7th Ave 06 26 2014 City State Zip Code Transaction ID: SA13A.4121 FL 33483 Delray Beach FEC ID number of contributing Amount of Each Receipt this Period H4FL20072 federal political committee. 6000.00 Name of Employer Occupation Self consultant Receipt For: 2014 Election Cycle-to-Date Primary General 41300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... 41300.00 TOTAL This Period (last page this line number only).....

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

	FO	R LINE	NU	MBER:	PAGE	13 OF		35
Use separate schedule(s)	(ch	eck only	or or	ne)				
for each category of the		11a		11b	11c	11d		
Detailed Summary Page		12		13a	13b	14	X	15

			Detailed S	ummary Page		12		13a	13b	14	>	< 15
	y information copied from such Reports and S for commercial purposes, other than using the							rpose	of solici		ributi	ons
	NAME OF COMMITTEE (In Full) McCline for Congress											
Α.	Full Name (Last, First, Middle Initial) Eduardo Schneider Photography						f Red	ceipt				
Λ.	Mailing Address 1299 SE 7th Ave #206					M M M 05	_	07		2014	Y	
	City	State	Zip Code)	Т	ransact	ion I	D : SA	15.4144	ļ		
	Dania Beach	FL	33004									
	FEC ID number of contributing federal political committee.	С				Amoun	t of	Each I	Receipt	this Perio		-
	Name of Employer	Occupation	1			Photogra	aphy	during	g campai		0.00	_
	Receipt For: 2014	Election C	ycle-to-Date									
	Primary General Other (specify)		, , ,	5000.00								
В.	Full Name (Last, First, Middle Initial)					Date of Receipt						
Ь.	Mailing Address				M = M	/	D	D / \	YYYY	II Y		
	City State Zip Code											
	FEC ID number of contributing federal political committee.					Amount of Each Receipt this Period						
	Name of Employer	1				-	, .				_	
	Receipt For: Primary General Other (specify) Election Cycle-to-Date											
	Full Name (Last, First, Middle Initial)					Date of	f Red	ceipt				
C.	Mailing Address					M = M		D	D /	YYY	■ Y	
	City	State	Zip Code	9						-		
	FEC ID number of contributing federal political committee.					Amoun	nt of	Each I	Receipt	this Peric	od	_
	Name of Employer Occupation						-	,				Ц
	Receipt For:	Election C	ycle-to-Date									
	Primary General Other (specify)		, , ,									
S	JBTOTAL of Receipts This Page (optional)									500	0.00	
Г	OTAL This Period (last page this line number of				_				7	500	0.00	Ī

PAGE 14 35 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) McCline for Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. ACE Blueprinting 2014 Mailing Address 2237 S. Babcock St 05 16 City State Zip Code Amount of Each Disbursement this Period FΙ Melbourne 32901 Purpose of Disbursement 294.68 Campaign Stationary 006 Transaction ID: SB17.4217 Candidate Name Category/ McCline for Congress Type Disbursement For: 2014 Office Sought: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) American Cancer Society Date of Disbursement Mailing Address 141 NW 20th St 05 09 2014 City State Zip Code Amount of Each Disbursement this Period FL 33431 Boca Raton 500.00 Purpose of Disbursement Donation 012 Transaction ID: SB17.4146 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Trine Andersen Mailing Address 999 NW 5th Ave 05 2014 City State Zip Code Amount of Each Disbursement this Period **Boca Raton** FL 33432 Purpose of Disbursement Fee for Consultation 1000.00 001 Transaction ID : SB17.4148 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: FL District: 20

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

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

1794.68

""	lage# 14341037407				
SCHEDULE B (FEC Form ITEMIZED DISBURSEMENT		Use separate sci		nedule(s) (a y of the	FOR LINE NUMBER: PAGE 15 OF 35 check only one) X 17
					erson for the purpose of soliciting contributions to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Deborah Paiva Entertainm Mailing Address 150 NW 70th St	nent			Date of Disbursement 06 04 2014
	Mailing Address 150 NW 70th St City Boca Raton	State FL	Zip Code 33487		Amount of Each Disbursement this Period
	Purpose of Disbursement Deborah Paiva Candidate Name McCline for Congress			003 Category/	600.00 Transaction ID : SB17.4163
	Office Sought: House Senate President State: FL District: 20	Disbursement For Primary Other (s	General	Туре	
В.	Full Name (Last, First, Middle Initial) Displays 2 Go Mailing Address 55 Broadcommon Rd				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bristol Purpose of Disbursement Campaign Stand with Poster of James	State RI	Zip Code 02809	004	Amount of Each Disbursement this Period 258.12 Transaction ID : SB17.4214
	Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: 20	Disbursement For Primary Other (s	General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) Facebook				Date of Disbursement
	Mailing Address 1 Hacker Way Bldg 10 City Menlo Park Purpose of Disbursement social media marketing		p Code 4025		Amount of Each Disbursement this Period 252.48
	Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: 20	Disbursement For Primary Other (s	General	004 Category/ Type	Transaction ID : SB17.4236
	otato. 12 District. 20				

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

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

1110.60

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	nedule(s) (of the	FOR LINE NUMBER: PAGE 16 OF 35 (check only one) X 17
					erson for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) McCline for Congress				
۱.	Full Name (Last, First, Middle Initial) FedEx				Date of Disbursement
	Mailing Address 1911 S. Federal Highway				05 06 2014
	City Delray Beach	State FL	Zip Code 33483		Amount of Each Disbursement this Period
	Purpose of Disbursement Print material for campaign			006	264.95 Transaction ID : SB17.4201
	Candidate Name McCline for Congress			Category/ Type	Transaction is . SST7.4201
	Office Sought: House Senate President	Disbursement For: Primary Other (s	General	,,	
_	State: FL District: 20 Full Name (Last, First, Middle Initial)				
3.	Flagcraft				Date of Disbursement
	Mailing Address 1020 North Dixie Highway	,			05 14 2014
	City	State	Zip Code		Amount of Each Disbursement this Period
	Boca Raton Purpose of Disbursement Flags and Poles and stands	FL	33432		282.69
	Candidate Name			006 Category/	Transaction ID : SB17.4172
	McCline for Congress Office Sought:	Disbursement For:	. 2014	Туре	
	Senate President State: FL District: 20	Primary Other (s	General		
	Full Name (Last, First, Middle Initial)				
).	GRASSHOPPER				Date of Disbursement
	Mailing Address				06 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone system			001	230.77
	Candidate Name McCline for Congress			Category/ Type	Transaction ID : SB17.4235
		Disbursement For: Primary Other (s	General		
	State: FL District: 20				
					778.41

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

ITEMIZED DISBURSEMENTS

PAGE 17 35 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **X** 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) McCline for Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. Hyatt Place Delray 2014 Mailing Address 104 NE 2nd Ave 05 05 City State Zip Code Amount of Each Disbursement this Period FΙ **Delray Beach** 33444 Purpose of Disbursement 542.19 Hotel stay for writer 002 Transaction ID: SB17.4118 Candidate Name Category/ McCline for Congress Type Disbursement For: 2014 Office Sought: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Jason Pereira Catering Date of Disbursement Mailing Address 1111 George Bush Blvd 06 04 2014 City State Zip Code Amount of Each Disbursement this Period FL 33483 **Delray Beach** 1100.00 Purpose of Disbursement Food for fundraiser 003 Transaction ID: SB17.4164 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Office Depot Mailing Address 4901 North Federal Highway 06 26 2014 City Zip Code State Amount of Each Disbursement this Period **Boca Raton** FL 33431 118.18 Purpose of Disbursement 003 Transaction ID : SB17.4242 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: FL District: 20

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

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

1760.37

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 18 OF 35 (check only one) X 17	
					erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) McCline for Congress					
Α.	Full Name (Last, First, Middle Initial) A. Pahokee Pride Youth Association				Date of Disbursement	
	Mailing Address 691 E Main St				06 30 2014	
	City Pahokee	State FL	Zip Code 33476		Amount of Each Disbursement this Period	
	Purpose of Disbursement donation			012	250.00 Transaction ID : SB17.4169	
	Candidate Name McCline for Congress Office Sought:	bursement For	·: 2014	Category/ Type		
	Senate President State: FL District: 20	Primary Other (s				
_	Full Name (Last, First, Middle Initial)					
B.	Julie Reiser Mailing Address 7801 N Federal Hwy #12 - 308				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	
	City Boca Raton	State FL	Zip Code 33487		Amount of Each Disbursement this Period	
	Purpose of Disbursement Salary	12	33407	001	4250.00 Transaction ID : SB17.4208	
	Candidate Name McCline for Congress	h		Category/ Type	_	
	Office Sought: House Dis	bursement For Primary Other (s	General			
C.	Full Name (Last, First, Middle Initial) Residence Inn				Date of Disbursement	
	Mailing Address 1111 E. Atlantic Ave				05 20 7 2014	
	City Delray Beach	Amount of Each Disbursement this Period				
	Purpose of Disbursement overnight accommodations for campaign cor	sultants		001	1425.24 Transaction ID : SB17.4219	
	McCline for Congress	bursement For		Category/ Type		
	Senate President	Primary Other (s	General			
Г	State: FL District: 20				5005.04	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) (d of the	FOR LINE NUMBER: PAGE 19 OF 35 check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an			
NAME OF COMMITTEE (In Full) McCline for Congress			
Full Name (Last, First, Middle Initial) A. Robustus Media - Brandon Stout Mailing Address 60 West Palm Drive			Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement 2014
State: FL District: 20		004 Category/ Type	Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4202
Full Name (Last, First, Middle Initial) Robustus Media - Brandon Stout Mailing Address 60 West Palm Drive			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Margate FL Purpose of Disbursement Campaign Material Candidate Name McCline for Congress	Zip Code 33063	004 Category/ Type	Amount of Each Disbursement this Period 536.36 Transaction ID: SB17.4197
Office Sought: House Disbursement I			

Office Sought: Senate President State: FL District: 20	Disbursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Robustus Media - Brandon	Stout		Date of Disbursement
Mailing Address 60 West Palm Drive			05
City Margate	State Zip Code FL 33063		Amount of Each Disbursement this Period
Purpose of Disbursement Marketing material for campaign		006	164.30
Candidate Name McCline for Congress		Category/ Type	Transaction ID : SB17.4215
Office Sought: House Senate President State: FL District: 20	Disbursement For: 2014 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page	(optional)		1200.66

SCHEDULE B (FEC Form 3)				FOR LINE NUMBER: PAGE 20 OF 35 (check only one)			
IT	EMIZED DISBURSEMENTS	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21			
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	McCline for Congress						
	Full Name (Last, First, Middle Initial)			5.4 (5.4			
A.	Robustus Media - Brandon Stout			Date of Disbursement			
	Mailing Address 60 West Palm Drive			05 15 2014			
	City State	Zip Code		Amount of Each Disbursement this Period			
	Margate FL	33063					
	Purpose of Disbursement Marketing materials		004	200.00			
	Candidate Name			Transaction ID : SB17.4175			
	McCline for Congress		Category/ Type				
	Office Sought:	: 2014	71				
	Senate Primary	General					
	President Other (s	pecify)					
_	State: FL District: 20 Full Name (Last, First, Middle Initial)						
	Robustus Media - Brandon Stout			Date of Disbursement			
B.	respected media. Dramach Great						
	Mailing Address 60 West Palm Drive			05 28 7 2014			
	City State	Zip Code		Amount of Each Disbursement this Period			
	Margate FL	33063		500.00			
	Purpose of Disbursement Salary		001	500.00			
	Candidate Name			Transaction ID : SB17.4160			
	McCline for Congress		Category/ Type				
	Office Sought:						
	Senate Primary						
	President Other (s	pecify)					
_	State: FL District: 20 Full Name (Last, First, Middle Initial)						
C.	Robustus Media - Brandon Stout			Date of Disbursement			
	Mailing Address 60 West Palm Drive			06 13 / Y Y Y Y Y 1			
		p Code		Amount of Each Disbursement this Period			
	Margate FL 3 Purpose of Disbursement	3063		65.00			
	Stock photos for campaign material		006	03.00			
	Candidate Name		Category/	Transaction ID : SB17.4166			
	McCline for Congress		Type				
	Office Sought: House Disbursement For						
	Senate Primary President Other (s	General					
	State: FL District: 20	p e oliy)					
	otato. 12 Biodioti 20						

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: (check only one) X 17
	y information copied from such Reports and Statements n for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) McCline for Congress			
۱.	Full Name (Last, First, Middle Initial) Robustus Media - Brandon Stout			Date of Disbursement
	Mailing Address 60 West Palm Drive			06 25 2014
	City State Margate FL Purpose of Disbursement Salary	Zip Code 33063	001	Amount of Each Disbursement this Period 2500.00
	Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: Disbursement For Primary Other (s	General	Category/ Type	Transaction ID : SB17.4168
3.	Full Name (Last, First, Middle Initial) Salvatore Principe Mailing Address 1140 Holland Dr			Date of Disbursement M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City State Boca Raton FL Purpose of Disbursement Fund Raiser Candidate Name	Zip Code 33499	003	Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4162
	McCline for Congress Office Sought: Mouse Disbursement For Senate President	General	Category/ Type	
) .	Full Name (Last, First, Middle Initial) The Buzz Agency Mailing Address 104 W. Atlantic Ave			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Delray Beach FL 3 Purpose of Disbursement Marketing and Branding Candidate Name McCline for Congress	ip Code 33444	004 Category/ Type	Amount of Each Disbursement this Period 591.19 Transaction ID: SB17.4240
	Office Sought: House Disbursement Formary	General		
				4504.40

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

ITEMIZED DISBURSEMENTS

PAGE 22 35 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **X** 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) McCline for Congress Full Name (Last, First, Middle Initial) Date of Disbursement The Colony Hotel 2014 Mailing Address 155 Hammond Ave 06 10 City State Zip Code Amount of Each Disbursement this Period FΙ West Palm Beach 33480 Purpose of Disbursement 4921.79 Fundraiser 003 Transaction ID: SB17.4183 Candidate Name Category/ McCline for Congress Type Disbursement For: 2014 Office Sought: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) The Garage W Date of Disbursement Mailing Address 409 Northwood Rd 05 14 2014 City State Zip Code Amount of Each Disbursement this Period FL 33407 West palm Beach 1111.28 Purpose of Disbursement Campaign Kick Off Event 007 Transaction ID: SB17.4174 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. John Tracey Mailing Address 1113 S 14th Ave 06 2014 10 City State Zip Code Amount of Each Disbursement this Period Lake Worth FL 33460 650.00 Purpose of Disbursement salary 001 Transaction ID : SB17.4165 Candidate Name Category/ McCline for Congress Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: FL District: 20 6683.07

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

		B (FEC Form S SBURSEMENT	-	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 23 OF 35 (check only one) X 17
						person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMM McCline for	. ,				
Α.	John Trace					Date of Disbursement 06 18 2014
	Mailing Address City Lake Worth	1113 5 14th Ave	State FL	Zip Code 33460		Amount of Each Disbursement this Period
	Purpose of Disbu Salary Candidate Name				001 Category/	0.00 Transaction ID : SB17.4167
	McCline for Office Sought:	House Senate President District: 20	Disbursement For Primary Other (s	General	Type	
В.	Otato.	First, Middle Initial)				Date of Disbursement
	Mailing Address					M M / D D / Y Y Y
	City		State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbu Candidate Name				Category/	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	Type	
_	State: Full Name (Last,	District: First, Middle Initial)				
C.		, 				Date of Disbursement
	Mailing Address					
	Purpose of Disbu	ursement	State Zi	p Code		Amount of Each Disbursement this Period
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State:	District:				
						0.00

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 24 OF 35 (check only one) 17 18 19a 19b 20a 20b 20c X 21			
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a						
\rangle	McCline for Congress						
۹.	Full Name (Last, First, Middle Initial) American Cancer Society			Date of Disbursement			
	Mailing Address 141 NW 20th St			05 09 2014			
	CityStateBoca RatonFL	Zip Code 33431		Amount of Each Disbursement this Period			
	Purpose of Disbursement donation		012	350.00 Transaction ID : SB21.4147			
	Candidate Name McCline for Congress Office Sought: House Senate President State: FL District: Disbursement For Primary Other (s	General	Category/ Type				
3.	Full Name (Last, First, Middle Initial) Dan Tilson Productions Mailing Address 17320 Lake Park Rd			Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y			
	City State Boca Raton FL	Zip Code 33487		Amount of Each Disbursement this Period			
	Purpose of Disbursement Consultation fee Candidate Name		001 Category/	5000.00 Transaction ID : SB21.4150			
	McCline for Congress Office Sought: House Senate President President State: FL District: 20 Disbursement For Primary Other (s	General	Type				
Э.	Full Name (Last, First, Middle Initial) Terry Scott			Date of Disbursement			
	Mailing Address 624 NW 2nd Way			06 17 2014			
	•	p Code 3441		Amount of Each Disbursement this Period 500.00			
	Marketing Candidate Name McCline for Congress		001 Category/ Type	Transaction ID : SB21.4246			
	Office Sought: House Disbursement For	General					
s	UBTOTAL of Disbursements This Page (optional)			5850.00			
	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3)	Use separate school for each category		FOR LINE NUMBER: PAGE 25 OF 35 (check only one)		
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Any information copied from such Reports and State or for commercial purposes, other than using the na			person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
McCline for Congress					
Full Name (Last, First, Middle Initial) A. John Tracey			Date of Disbursement		
Mailing Address 1113 S 14th Ave			05 27 2014		
City	State Zip Code		Amount of Each Disbursement this Period		
Lake Worth Purpose of Disbursement	FL 33460		650.00		
Salary		001	Transaction ID : SB21.4151		
Candidate Name McCline for Congress		Category/	Transaction B : 622 miles		
	ment For: 2014	Туре			
Senate	Primary General				
President State: FL District: 20	Other (specify)				
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
City	State Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement					
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate	ment For: Primary General				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
C .			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y		
City State	e Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement					
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate	ment For: Primary General				
President	Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional).			650.00		
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Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) ullet129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D ^M 04 ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) ullet129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2900.00 0.00 2900.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 ^M 04^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4114 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) \blacktriangledown 129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 9000.00 0.00 9000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D24^D ^M 04^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4108 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) ullet129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5900.00 0.00 5900.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 ^M 05^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4109 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) ullet129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 08 ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4110 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) ullet129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4500.00 0.00 4500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 09 ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4111 NAME OF COMMITTEE (In Full) McCline for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary McCline Jameel General Mailing Address Other (specify) ullet129 SE 7th Ave City State ZIP Code FL 33483 Delray Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 05^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City 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)..... 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.

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AME OF COMMITTEE (In Full) McCline for Congress			Transaction ID : SC/10.4122
LOAN SOURCE Full Name	(Last, First, Midd	e Initial)	Election: 2014
McCline Jameel			Primary General
Mailing Address 129 SE 7th Ave			Other (specify) ▼
City	S	tate ZIP Co	ode
Delray Beach		FL 33483	
Original Amount of Loan		Cumulative Payment To	Date Balance Outstanding at Close of This Period
	500.00	7	0.00 500.00
Date Incurred	1 Ž014 ^Y М	Date Due	Interest Rate Secured: young young on the secure of the s
List All Endorsers or Guar	antors (if any) to	Loan Source	Yes No
1. Full Name (Last, First, N			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	ddle 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).		
	y to LINE 3, Sche	dule 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:

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LC	DANS		Detailed Summary Pag	
	AME OF COMMITTEE (In Full) AcCline for Congress		Transac	etion ID : SC/10.4115
	LOAN SOURCE Full Name (Last, First, M McCline Jameel Mailing Address	fiddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General Other (specify)
	129 SE 7th Ave			
	City Delray Beach	State ZIP Co FL 33483	ode	
	Original Amount of Loan 4400.00	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
	Date Incurred Mo6 / Do9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Date Due	Interest Rate	
	List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
	2. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
	3. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
	SUBTOTALS This Period This Page (optional	•	——	4400.00
1 (Carry outstanding balance only to LINE 3. So	chedule D for this line If	no Schedule D. carry forw	vard to appropriate line of Summary

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

35

DANS			Detailed Summary Page	
AME OF COMMITTEE (In Full) McCline for Congress			Transac	ction ID : SC/10.4121
LOAN SOURCE Full Name (Las McCline Jameel	t, First, Middl	e Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 129 SE 7th Ave				Other (specify)
City	S	tate ZIP Co	ode	
Delray Beach		FL 33483	1	
Original Amount of Loan		Cumulative Payment To	o Date Bala	ance Outstanding at Close of This Period
60	00.00		0.00	6000.00
Date Incurred M 06 / D26 / Y 2014	4 Y	Date Due	Interest Rate	% (apr)
List All Endorsers or Guarantor	s (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page	(optional)		······ •	6000.00
TOTALS This Period (last page in the	nis line only).			41300.00
Carry outstanding balance only to	LINE 3. Sche	dule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary.