PAGE 1 / 23

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Co	ommittee	Off	ice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	IT ▼	Example: If typing, type over the lines.	12FE4M5	
MCGEE FOR CONG	RESS				1
ADDDEGG ()	C/O C EDWAI	RD MCGEE JR			
ADDRESS (number and street) ▼	2850 N ANDR	ES AVE			
Check if different than previously	ı FT LAUDERD)		ı ı Fl ı	311
reported. (ACC)		/ALC			
2. FEC IDENTIFICATION	NUMBER ▼	CITY 4	\	STATE ▲	ZIP CODE ▲
					STATE ▼ DISTRICT
C C00553388		IS THIS REPORT	NEW (N) OR	AMENDED (A)	
			. ,	. ,	
4. TYPE OF REPORT (C	Choose One)	(b) 40 D	NDE EL L'O		
(a) Quarterly Reports:		(b) 12-Day P	PRE -Election Report for t	ne:	
April 15 Quarterly	, Report (O1)	L	Primary (12P)	General (12G)	Runoff (12R)
April 13 Quarteris	y Neport (Q1)		Convention (12C)	Special (12S)	
July 15 Quarterly	Report (Q2)				
October 15 Quar	terly Report (Q3)	Election	on M M / D I	7 7 7 7	in the State of
January 31 Year-	End Report (YE)	(c) 30-Day P	POST-Election Report for	the	
_			7		
		L	General (30G)	Runoff (30R)	Special (30S)
Termination Repo	ort (TER)		n 11 08	2016 _	in the FL
		Election	on oo	2010	State of
					_
5. Covering Period	M / D D D 20	7 Y Y Y Y Y 2016	through	11 28 Y	y y y 2016
o. Covering Forted			anougn		
i certity that i have examined	this Report and to	o the best of my	knowledge and belief it	t is true, correct and co	тріете.
Type or Print Name of Treasu	McGee, And		v knowledge and belief it	is true, correct and co	ompiete.
Type or Print Name of Treasu	McGee, And rer	rea, Leigh, ,	v knowledge and belief it		
Type or Print Name of Treasu	McGee, And	rea, Leigh, ,	/ knowledge and belief it	Date	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type or Print Name of Treasu M Signature of Treasurer	McGee, And rer 	rea, Leigh, ,	[Electronically Filed]	Date 12	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type or Print Name of Treasu	McGee, And rer 	rea, Leigh, ,	[Electronically Filed]	Date 12	09 / 2016

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 23

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name MCGEE FOR CONGRESS

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
i.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	830.00	22467.19
	(b) Total Contribution Refunds (from Line 20(d))	0.00	686.90
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	830.00	21780.29
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	1579.10	20499.46
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.26	0.26
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1578.84	20499.20
	Cash on Hand at Close of Reporting Period (from Line 27)	1035.85	
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	133.78	

For further information contact:

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

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

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 23

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name MCGEE FOR CONGRESS 2016 28 2016 Report Covering the Period: From: 10 20 To: 11 I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 80 2016 09 2016 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 28 2016 Political Committees (last day of reporting period) Itemized (use Schedule A) 250.00 17044.00 0.00 (ii) Unitemized 580.00 5423.19 0.00 (iii) Total of contributions from individuals 830.00 22467.19 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 23

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		
	0.00	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than lo	ans) (add Lines 11(a)(iii), (b), (c) and (d))	
	830.00	22467.19	0.00
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	0.00	2613.32	0.00
	(b) All Other Loans		
	258.64	613.47	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))		
	258.64	3226.79	0.00
14.	OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)	
	0.26	0.26	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)	
	1088.90	25694.24	0.00

Report of Receipts and Disbursements

PAGE 5 / 23 FEC Form 3 (Revised 1/01) Write or Type Committee Name MCGEE FOR CONGRESS 10 20 2016 2016 Report Covering the Period: 11 28 To: From: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C** Total for * (date after general election) **Total this Period** Election Cycle Total as of * (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) 17. OPERATING EXPENDITURES 379.02 1579.10 20499.46 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 156.43 2479.54 0.00 (b) Of All Other Loans 0.00 613.47 613.47 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 3093.01 0.00 769.90 REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 686.90 (b) Political Party Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 23

COLUMN A Total this Period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(c) Other Political Committees (such as PA	ACs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd Lines 20(a), (b) and (c))	
	0.00	686.90	0.00
21.	OTHER DISBURSEMENTS		
	0.00	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 1	8, 19(c), 20(d) and 21)	
	2349.00	24279.37	379.02
	III. NET CONTRIBUTIONS (OTHER	THAN LOANS)	
	(Note: Substitute in lieu of Line #6	6 of Summary Page for this report only; subtr	act Line 20(d) from Line 11(e))
	830.00	21780.29	0.00
			_
	IV. NET OPERATING EXPENDITUR	#7 of Summary Page for this report only; su	htract Line 14 from Line 17\
	(Note: Substitute III lieu of Line	#1 of Summary Page for this report only, su	bliact Line 14 Holli Line 17)
	1578.84	20499.20	379.02
	V. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REP	ORTING PERIOD	2295.95
24.	TOTAL RECIEPTS THIS PERIOD (from Lin	e 16)	1088.90
25.	SUBTOTAL (add Line 23 and Line 24)		3384.85
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	2349.00
27.	CASH ON HAND AT CLOSE OF REPORTI	NG PERIOD (subtract Line 26 from Line 25)	1035.85

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

F(OR	LINE	NU	MBER:	PAGE	/	OF	 23
(c	he	ck only	or or	ne)				
	X	11a		11b	11c	11	d	
		12		13a	13h	14		15

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) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Hennigar, Scott, , , Date of Receipt Mailing Address 2730 NE 26 St. 2016 25 City State Zip Code Transaction ID: SA11AI.4554 FL 33064 Lighthouse Point FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation Heritage Insurance Director Memo Item Receipt For: 2016 Election Cycle-to-Date Primary 🗶 General 250.00 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 Memo Item 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 Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3)

	FOR LINE NUMBER: PAGE 8 OF 23										23
Use separate schedule(s) for each category of the	(c	(check only one)									
			11a		11b		11c		11d		
Detailed Summary Page			12		13a	×	13b		14		15
by not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.											
aress of any political committee to solicit contributions from such committee.											

ITEMIZED RECEIPTS Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ac NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) McGee, Moka, , , Date of Receipt Mailing Address 2016 20 City State Zip Code Transaction ID: SA13B.4586 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 258.64 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date **X** General Primary 258.64 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 Memo Item 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 Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) -258.64 SUBTOTAL of Receipts This Page (optional).....

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

FEC Schedule A (Form 3) (Revised 05/2016)

SCHEDULE B (FEC Form 3)

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

PAGE 9 23 FOR LINE NUMBER: (check only one) **x** 17 18 19a

ITEMIZED DISBURSEMENTS 19b 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. Crown Wine and Spirits 2016 10 20 Mailing Address 1320 N. Federal Highway City State Zip Code **FEC Identification Number** FΙ Pompano Beach 33060 Purpose of Disbursement 003 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 258.64 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4590 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Heritage Trust Consulting Date of Disbursement Mailing Address 16861 NW 82nd Ave 2016 29 10 City State Zip Code **FEC Identification Number** FL 33016 Miami Purpose of Disbursement 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 337.05 Disbursement For: Office Sought: House 2016 Senate Primary ✗ General Transaction ID: SB17.4608 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) c. Sandview Date of Disbursement Mailing Address 10 25 2016 City State Zip Code **FEC Identification Number** Purpose of Disbursement Grass Roots Marketing 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 300.00 Office Sought: Disbursement For: 2016 House Senate Primary ✗ General Transaction ID: SB17.4571 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 895.69 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 10 23 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Sandview 2016 10 Mailing Address State City Zip Code FEC Identification Number Purpose of Disbursement C00553388 004 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type Disbursement For: 2016 305.00 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4607 Other (specify) President Memo Item FL State: District: Full Name (Last, First, Middle Initial) Scully, Alenandra, , , Date of Disbursement Mailing Address 80 2016 City State Zip Code **FEC Identification Number** Purpose of Disbursement Campaign Staff C00553388 001 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type 250.00 Office Sought: Disbursement For: 2016 House ✗ General Senate Primary Transaction ID: SB17.4605 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District:

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

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

555.00

PAGE 11 23 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS 17 **X** 19a 18 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. McGee, Andrea, Leigh, , 2016 03 Mailing Address 961 NE 27TH AVENUE City State Zip Code **FEC Identification Number** FΙ POMPANO BEACH 33062 Purpose of Disbursement H4FL22086 004 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 135.00 Senate Primary ✗ General Transaction ID: SB19A.4603 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, , Date of Disbursement Mailing Address 961 NE 27TH AVENUE 2016 03 City State Zip Code **FEC Identification Number** FL POMPANO BEACH 33062 Purpose of Disbursement H4FL22086 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 21.43 Disbursement For: Office Sought: 2016 House ✗ General Senate Primary Transaction ID: SB19A.4604 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 156.43

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	y of the	FOR LINE NUMBER: (check only one) 17
					person for the purpose of soliciting contributions the to solicit contributions from such committee.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		, ,		
۸.	Full Name (Last, First, Middle Initial) McGee, Lauren, , , Mailing Address 560 SE 23rd Ave				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	#1 City	State	Zip Code		FEC Identification Number
	Pompano Beach Purpose of Disbursement	FL	33065	004	С
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disb Senate President	ursement For Primary Other (s			228.18 Transaction ID : SB19B.4579 Memo Item
	State: District: Full Name (Last, First, Middle Initial)				Monte nem
3.	McGee, Moka, , ,				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Purpose of Disbursement	State	Zip Code		FEC Identification Number
	Candidate Name			003 Category/	Amount of Each Disbursement this Period
	Office County Dish	ursement For	. 2040	Type	258.64
		Primary	General pecify) ▼		Transaction ID : SB19B.4587 Memo Item
	Full Name (Last, First, Middle Initial)				
Э.	McGee, Monica, , ,				Date of Disbursement
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement Sign Frame Reimbursement			004	C C
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburce Senate President State: District:	ursement For Primary Other (s	✗ General	71	126.65 Transaction ID : SB19B.4583 Memo Item
	Otato. District.				

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

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

613.47

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

FOR LINE NUMBER: (check only one)

PAGE

13 OF

X 13a 13b

23

Transaction ID: SC/10.4411 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25.86 0.00 25.86 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 25.86 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

PAGE 14 FOR LINE NUMBER:

23

OF

X 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4406 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 19.12 0.00 19.12 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 19.12 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

PAGE 15 OF FOR LINE NUMBER: **X** 13a (check only one)

23

Detailed Summary Page 13b Transaction ID: SC/10.4407 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 17.70 0.00 17.70 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 17.70 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

16 OF

×	13a
	13b

23

Transaction ID: SC/10.4409 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 23.10 0.00 23.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 23.10 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 17
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

23

Transaction ID: SC/10.4410 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 18.84 0.00 18.84 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 04M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 18.84 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 18
FOR LINE NUMBER: (check only one)

13a

OF

23

		130
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction ID : SC/10.4408
LOAN SOURCE Full Name (Last, First, Mid McGee, Andrea, Leigh, ,	ddle Initial)	Memo Item Election: 2016 Primary General
Mailing Address 961 NE 27TH AVENUE		Other (specify) ▼
City POMPANO BEACH	State FL	ZIP Code 33062 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	/ment To Date Balance Outstanding at Close of This Period
19.69		0.00
TERMS Date Incurred	C	late Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D10 ^D / Y Ž016 Y	M M / D D	/
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	211 0000	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	L	Name of Employer
Mailing Address		Occupation
011	710.0.1	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		19.69
TOTALS This Period (last page in this line only	/)	7 7 7
Carry outstanding balance only to LINE 3, Sc	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE

19 OF

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23

Transaction ID: SC/10.4413 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 30.90 21.43 9.47 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D01D M 07M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 9.47 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)

Use separate schedule(s)

PAGE 20 OF 23

FOR LINE NUMBER: for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4412 MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Andrea, Leigh, , General X Mailing Address 961 NE 27TH AVENUE Other (specify) State ZIP Code City Personal Funds of the Candidate FL 33062 POMPANO BEACH Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 135.00 135.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D03D M80^M ž016 Y 12/31/16 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code

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Outstanding:

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

PAGE 21 C FOR LINE NUMBER: (check only one) 23

13a

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X 13b Transaction ID: SC/10.4578 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Lauren, , , General X Mailing Address 560 SE 23rd Ave Other (specify) #1 City State ZIP Code Personal Funds of the Candidate FL 33065 Pompano Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 228.18 228.18 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D M 10M ž016 ^Y 12/1/2016 ^Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 22
FOR LINE NUMBER: (check only one)

	13a
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OF

23

Transaction ID: SC/10.4586 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Moka, , , General X Mailing Address Other (specify) City State ZIP Code Personal Funds of the Candidate Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 258.64 258.64 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D20^D ž016 ^Y 12/1/2016 ^Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 23
FOR LINE NUMBER: (check only one)

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OF

23

Transaction ID: SC/10.4582 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary McGee, Monica, , , General X Mailing Address Other (specify) City State ZIP Code Personal Funds of the Candidate Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 126.65 126.65 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D04D ž016 ^Y 12/1/2016 ^Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) 133.78 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.