

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2016 JUL 21 AM 11:08 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FE4M5 MAIL CENTER

McClintock for Congress

ADDRESS (number and street)

129 SE 7th AVE

(Check if address is changed)

Delray Beach

CITY

FL STATE

33483-1521

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mcclintockforcongress@gmail.com

Optional Second E-Mail Address

trine@mcclintockforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://mcclintockforcongress.com/

2. DATE 06/05/2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer

Trine Andersen

Signature of Treasurer

[Handwritten Signature]

Date

06/05/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate JAMEEL MCCLINE

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 20

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. _____ FEC ID number **C**
- 2. _____ FEC ID number **C**
- 3. _____ FEC ID number **C**
- 4. _____ FEC ID number **C**

11030001 11030001 11030001

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Trine Andersen

Mailing Address

999 NW 5th Ave

Empty grid lines for address

Boca Raton FL 33432

Title or Position

CITY

STATE

ZIP CODE

Assistant

Telephone number 561-900-1607

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Trine Andersen

Mailing Address

999 NW 5th Ave

Empty grid lines for address

Boca Raton FL 33432

Title or Position

CITY

STATE

ZIP CODE

Assistant

Telephone number 561-900-1607

17001177-20004

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

FEDERAL ELECTION COMMISSION

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. (Handwritten: TD Bank)]

Mailing Address

[Grid for Mailing Address (Handwritten: 969 SE 5th Ave)]

[Grid for Mailing Address]

[Grid for Mailing Address (Handwritten: Delray Beach FL 33483)]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

McCLINE FOR CONGRESS

McCline
for Congress

260 SW Natura Ave. 2nd Floor
Deerfield Beach, FL 33441



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POSTAL CENTER

Federal Election Commission
999 E. Street NW
Washington D.C. 20463

VOTE 26th

Jameel McCline ★ Congress 2014
Democratic Party

www.mcclineforcongress.com

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Join 'The Fight For A Better Way.
f s in p

Federal Election Commission
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

A

PREPARER
(8/2013)

7/21/14

DATE PREPARED

FEDERAL ELECTION COMMISSION