

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
MCGEE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1800.00	4850.00
(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)).....	1800.00	4163.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2115.22	3011.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2115.22	3011.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1151.40	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MCGEE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	4000.00
(ii) Unitemized.....	300.00	850.00
(iii) TOTAL of contributions from individuals ▶	1800.00	4850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1800.00	4850.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	398.57	1223.32
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	398.57	1223.32
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2198.57	6073.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2115.22	3011.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	464.06	1223.32
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	464.06	1223.32
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	686.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	686.90
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2579.28	4921.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1532.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2198.57
25. SUBTOTAL (add Line 23 and Line 24).....	3730.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2579.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1151.40

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

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

FOR LINE NUMBER: PAGE 5 OF 10
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Murray Fisher

Mailing Address 700 SE 14th St. Unit L

City State Zip Code
Fort Lauderdale FL 33316

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

Name of Employer Occupation
Fisher Bray Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 7690 NW 29th St.

City State Zip Code
Margate FL 33063

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

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 7836 NW 172nd St.

City State Zip Code
Miami FL 33015

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

Name of Employer Occupation
Elleven Day Media Producer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

1500.00

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrea Leigh McGee

Mailing Address **961 NE 27TH AVENUE**

City **POMPANO BEACH** State **FL** Zip Code **33062**

FEC ID number of contributing federal political committee. **C H4FL22086**

Name of Employer **Finn Real Estate** Occupation **Real Estate Agent**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
536.42

Date of Receipt
 / /
03 / 31 / 2016

Transaction ID : SA13A.4191

Amount of Each Receipt this Period
 398.57

Memo Item
Supplies

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

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

398.57

398.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Broward Republican Executive Committee		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address 150 S. Andrews Avenue Suite 370		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4185
City Pompano Beach State FL Zip Code 33069	Purpose of Disbursement Lincoln Day Dinner Category/Type 003	
Candidate Name MCGEE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. Andrea Leigh McGee		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 398.57 <input type="checkbox"/> Memo Item Transaction ID : SB17.4190
City POMPANO BEACH State FL Zip Code 33062	Purpose of Disbursement Supplies Reimbursement Category/Type 001	
Candidate Name MCGEE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) c. Republican Jewish Coalition		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 50 F Street N.W. Suite 1000		Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4188
City Washington State DC Zip Code 20001	Purpose of Disbursement Young Leadership Council Dues & Spring Meeting Category/Type 001	
Candidate Name MCGEE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

SUBTOTAL of Disbursements This Page (optional).....	1948.57
TOTAL This Period (last page this line number only).....	1948.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 10	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrea Leigh McGee		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 65.49 <input type="checkbox"/> Memo Item
City POMPANO BEACH State FL Zip Code 33062	Purpose of Disbursement Website Expense <input type="checkbox"/> 001 Category/Type	
Candidate Name MCGEE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB19A.4161
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. Andrea Leigh McGee		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 398.57 <input type="checkbox"/> Memo Item
City POMPANO BEACH State FL Zip Code 33062	Purpose of Disbursement Reimbursement for Supplies <input type="checkbox"/> 001 Category/Type	
Candidate Name MCGEE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB19A.4192
State: FL District: 22		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	<input type="checkbox"/>	Transaction ID :
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	464.06
TOTAL This Period (last page this line number only).....	464.06

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4160

MCGEE FOR CONGRESS

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

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

65.49

Cumulative Payment To Date

65.49

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 12 / D 31 / Y 2015 Y

Date Due

M / D / Y 12/31/15 Y

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4191**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Andrea Leigh McGee Primary
 Mailing Address 961 NE 27TH AVENUE General
 Other (specify) ▼

City State ZIP Code
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
398.57	398.57	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2016	M / D / Y 3/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/> 0.00
TOTALS This Period (last page in this line only).....	<input type="text"/> 0.00

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