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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Cor	nmittee	0	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		example: If typing, typover the lines.	pe 12FE4M5	
MCGEE FOR CONG	RESS				1
	0/0 0 = 5,000				
ADDRESS (number and street)	C/O C EDWAR	RD MCGEE JR			
▼ Check if different	2850 N ANDR	ES AVE			
than previously reported. (ACC)	FT LAUDERD	ALE		FL33	3311
2. FEC IDENTIFICATION	NIIMRER V	CITY ▲		STATE ▲	ZIP CODE ▲
C C00553388	NOMBEN V	3. IS THIS REPORT	NEW (N) OF	AMENDEI (A)	STATE ▼ DISTRICT FL 22
4. TYPE OF REPORT (Choose One)	(b) 12 Day PP	E -Election Report for	that	
(a) Quarterly Reports:		(b) 12-Day PR			П
April 15 Quarterl	y Report (Q1)		Primary (12P)	General (120	G) Runoff (12R)
July 15 Quarterly	, Report (Ω2)	Ш	Convention (12C)	Special (12S	5)
-	terly Report (Q3)	Election or	M M / D	D / Y Y Y Y	in the State of
January 31 Year-	End Report (YE)	(c) 30-Day PO	ST-Election Report fo	or the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Repo	ort (TER)	Election of	m m / D	D / Y Y Y Y	in the State of
5. Covering Period	08 / D 11	2016	through	M M / D D / 30	Y Y Y Y 2016
<i>I certify that I have examined</i> Type or Print Name of Treasu	McGee, Andı	•	knowledge and belief	it is true, correct and c	complete.
	AcGee, Andrea, Leigh,	,	[Electronically Filed]	Date Date	/ D D / Y Y Y Y Y Y 2016
NOTE: Submission of false, erro	oneous, or incomple	ete information may	subject the person si	igning this Report to the	penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name MCGEE FOR CONGRESS

2016 08 2016 09 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 5461.16 21362.19 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 686.90 (from Line 20(d)) (c) Net Contributions (other than loans) 5461.16 20675.29 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 1635.81 17125.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1635.81 17125.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 3840.01 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 290.21 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 05/2016)

ipts

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23975.51

Write or Type Committee Name

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4).....

MCGEE FOR CONGRESS

80 2016 09 30 2016 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 3772.00 16794.00 (i) Itemized (use Schedule A)..... 4568.19 1689.16 (ii) Unitemized (iii) TOTAL of contributions 5461.16 21362.19 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..... (d) TOTAL CONTRIBUTIONS (other than loans) 5461.16 21362.19 (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 50.00 2613.32 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 50.00 2613.32 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	1635.81	17125.49		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19	LOAN REPAYMENTS:				
10.	(a) Of Loans Made or Guaranteed by the Candidate	413.46	2323.11		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	413.46	2323.11		
20	REFUNDS OF CONTRIBUTIONS TO:				
_0.	(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)	2049.27	20135.50		
	III. CASH SU	UMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	378.12		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	5511.16		
25.	SUBTOTAL (add Line 23 and Line 24)		5889.28		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	2049.27		
27.	CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD	3840.01		

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	. ;	33	
(c	(check only one)											
	X	11a		11b		11c		11	d			
		12		13a		13b		14	. [15	

Any information copied from such Reports and sor for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS					
Full Name (Last, First, Middle Initial) Anderson, Peter, , , Mailing Address 1749 NE 44th St.		Date of Receipt			
City	State Zip Code FL 33334	09 30 2016 Transaction ID : SA11AI.4498			
Oakland Park FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer Self Receipt For: 2016	Occupation Marketing Election Cycle-to-Date	22.00 Memo Item			
Primary General Other (specify) ▼	204.00				
Full Name (Last, First, Middle Initial) Brady, Jane, , , Mailing Address 1431 S. Ocean Blvd. #99		Date of Receipt 08 18 2016			
City Lauderdale-by-the-Sea	State Zip Code FL 33062	Transaction ID : SA11AI.4377			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer NA Receipt For: 2016 Primary General	Occupation NA Election Cycle-to-Date	Memo Item			
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Flavin, Patricia, , , Mailing Address 3100 NE 59 St.		Date of Receipt			
City Fort Lauderdale	State Zip Code FL 33308	09 19 2016 Transaction ID : SA11AI.4482			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer NA	Occupation NA	250.00			
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 250.00	Memo Item			
SUBTOTAL of Receipts This Page (optional)	>	772.00			
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		b	OF	 33	
(c	(check only one)										
	×	11a		11b		11c		11	d		
		12		13a		13h		14		15	

Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		
Full Name (Last, First, Middle Initial) Gerardo-ross, Vince, , , Mailing Address 451 SE 14th Ave City Pompano Beach FEC ID number of contributing federal political committee. Name of Employer Rapid Auto Loans Receipt For: 2016 Primary General Other (specify)	State Zip Code State 33060 C Occupation Self Election Cycle-to-Date 500.00	Date of Receipt M M M / D D / 2016 Transaction ID: SA11AI.4532 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Hophan, Jeffrey, , , Mailing Address 4 NW 35 Ct City Oakland Park FEC ID number of contributing federal political committee. Name of Employer Air Florida Heating & Cooling Receipt For: 2016 Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code 33309 C Occupation HVAC Contractor Election Cycle-to-Date 500.00	Date of Receipt M M M / D D / 2016 Transaction ID : SA11AI.4371 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Lewis, Dan, , , Mailing Address 460 N Victoria Park Road City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer Jnac Communications Receipt For: 2016 Primary Other (specify)	State Zip Code FL 33301 C Occupation CEO Election Cycle-to-Date 250.00	Date of Receipt M M M / 2016 Transaction ID: SA11AI.4375 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	1250.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	:	/	OF	. ;	33	
(c	(check only one)											
	X	11a		11b		11c		11	d			
		12		13a		13b		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) McCarthy, Justin, , , Date of Receipt Mailing Address 6250 NE 19th 2016 19 City State Zip Code Transaction ID: SA11AI.4484 FL 33308 Fort Lauderdale FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation Comm Vehcile Mgr NA Memo Item Receipt For: 2016 Election Cycle-to-Date Primary 🗶 General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Morrall, Matthew, E., , Date of Receipt Mailing Address 2850 N. Andrews Ave. 2016 09 19 City State Zip Code Transaction ID: SA11AI.4476 Fort Lauderdale FL 33311 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Self Attorney Memo Item Receipt For: 2016 Election Cycle-to-Date Primary ✗ General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) National Assistance Committee PAC Date of Receipt Mailing Address 204 West Spear St. 2016 #3525 City State Zip Code Transaction ID: SA11AI.4488 NV Carson City 89703 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:						PAGE		8	OF	;	33
(0	(check only one)										
	X	11a		11b		11c		11	d		
		12		13a		13h		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)

MCGEE FOR CONGRESS

MCGEE FOR CONGRESS					
Full Name (Last, First, Middle Initial) Panzarella, Albert, , , Mailing Address 4700 Powerline Rd.		Date of Receipt			
	08 24 2016				
City Fort Lauderdale	State Zip Code FL 33309	Transaction ID : SA11AI.4452			
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period				
Name of Employer Johnson Environmental Services Receipt For: 2016 Primary General Other (specify) ▼	Occupation President Election Cycle-to-Date 250.00	Memo Item			
Full Name (Last, First, Middle Initial) Panzarella, Albert, , , Mailing Address 4581 Weston Road #314		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Weston	State Zip Code FL 33331	Transaction ID : SA11AI.4454			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer Panzarella Waste & Recycleing	Occupation President	250.00			
Receipt For: 2016 Primary General Other (specify) ▼	Election Cycle-to-Date 250.00	Memo Item			
Full Name (Last, First, Middle Initial) Zaden, Richard, , , Mailing Address 2825 NE 37 Court	·	Date of Receipt			
City Fort Lauderdale	State Zip Code FL 33308	09 16 2016 Transaction ID : SA11AI.4535			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer Self	Occupation Lawyer	250.00			
Receipt For: 2016 Primary General Other (specify) ▼	Election Cycle-to-Date 250.00	Memo Item			
SUBTOTAL of Receipts This Page (optional))	750.00			
TOTAL This Period (last page this line numb	per only)	3772.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

PAGE 9 OF FOR LINE NUMBER: 33 (check only one) Use separate schedule(s) for each category of the 11a 11b 11d 11c **Detailed Summary Page** 12 13b 14

x | 13a 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) McGee, Andrea, Leigh, , Date of Receipt Mailing Address 961 NE 27TH AVENUE 2016 City State Zip Code Transaction ID: SA13A.4521 FL 33062 POMPANO BEACH FEC ID number of contributing Amount of Each Receipt this Period C H4FL22086 federal political committee. 50.00 Name of Employer Occupation Finn Real Estate Real Estate Agent Memo Item Receipt For: 2016 Election Cycle-to-Date Primary 🗶 General 1926.42 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) 50.00 SUBTOTAL of Receipts This Page (optional)..... 50.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 10 FOR LINE NUMBER: (check only one) **x** 17 18 19a

33 Use separate schedule(s) for each category of the ITEMIZED DISBURSEMENTS 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 Heritage Trust Consulting 2016 Mailing Address 16861 NW 82nd Ave State City Zip Code **FEC Identification Number** FΙ Miami 33016 Purpose of Disbursement Banners C 004 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 1386.10 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4503 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General 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)..... 1386.10 TOTAL This Period (last page this line number only)..... 1386.10

PAGE 11 33 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 Mailing Address 961 NE 27TH AVENUE 16 City State Zip Code FEC Identification Number FΙ POMPANO BEACH 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type Office Sought: Disbursement For: 2016 House 40.00 Senate Primary ✗ General Transaction ID: SB19A.4419 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 16 City State Zip Code **FEC Identification Number** FL POMPANO BEACH 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type Office Sought: 76.85 Disbursement For: House 2016 Senate Primary ✗ General Transaction ID: SB19A.4420 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) C. McGee, Andrea, Leigh, , Date of Disbursement Mailing Address 961 NE 27TH AVENUE 2016 City State Zip Code **FEC Identification Number** POMPANO BEACH FL 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type 5.00 Office Sought: House Disbursement For: 2016 ✗ General Senate Primary Transaction ID: SB19A.4421 President Other (specify) Memo Item State: FL District: 22

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

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

PAGE 12 33 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 Mailing Address 961 NE 27TH AVENUE 16 City State Zip Code FEC Identification Number FΙ POMPANO BEACH 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type Office Sought: Disbursement For: 2016 House 2.12 Senate Primary ✗ General Transaction ID: SB19A.4422 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 16 City State Zip Code **FEC Identification Number** FL POMPANO BEACH 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type Office Sought: 47.00 Disbursement For: House 2016 Senate Primary ✗ General Transaction ID: SB19A.4423 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) C. McGee, Andrea, Leigh, , Date of Disbursement Mailing Address 961 NE 27TH AVENUE 2016 City State Zip Code **FEC Identification Number** POMPANO BEACH FL 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type 52.53 Office Sought: House Disbursement For: 2016 ✗ General Senate Primary Transaction ID: SB19A.4424 President Other (specify) Memo Item State: FL District: 22

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

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

ITEMIZED DISBURSEMENTS

PAGE 13 OF 33 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the 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 Mailing Address 961 NE 27TH AVENUE 16 City State Zip Code **FEC Identification Number** FΙ POMPANO BEACH 33062 Purpose of Disbursement C00553388 009 Candidate Name Amount of Each Disbursement this Period Category/ MCGEE FOR CONGRESS Type Disbursement For: 2016 Office Sought: House 39.75 Senate Primary ✗ General Transaction ID: SB19A.4425 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 19 2016 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 13.13 Disbursement For: Office Sought: 2016 House Senate Primary ✗ General Transaction ID: SB19A.4522 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) c. McGee, Andrea, Leigh, , Date of Disbursement Mailing Address 961 NE 27TH AVENUE 2016 City State Zip Code **FEC Identification Number** POMPANO BEACH FL 33062 Purpose of Disbursement H4FL22086 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2016 50.00 House ✗ General Senate Primary Transaction ID: SB19A.4523 President Other (specify) Memo Item State: FL District: 22

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

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

PAGE 14 33 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 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 19.99 Senate Primary ✗ General Transaction ID: SB19A.4524 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 19 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 67.09 Disbursement For: Office Sought: 2016 House ✗ General Senate Primary Transaction ID: SB19A.4525 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)..... 87.08

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

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

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

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OF

13b 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

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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.

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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.

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NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction ID : SC/10.4409				
LOAN SOURCE Full Name (Last, First McGee, Andrea, Leigh, ,	t, Middle 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				
23.10		0.00 23.10				
TERMS Date Incurred	D:	ate Due Interest Rate Secured: (If none, enter 0)				
M04M / D09D / Y Ž016 Y		/ Y 12/31/16 Y 0.00 % (apr) Yes ▼ No				
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initial		Name of Employer				
Mailing Address		Occupation				
City	te ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	te ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	te ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	te ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (option	onal)	23.10				
TOTALS This Period (last page in this line	only)					
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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.

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13b Transaction ID: SC/10.4408 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 19.69 0.00 19.69 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D 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)..... 19.69 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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Transaction ID: SC/10.4330 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 Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown 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 5.00 5.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 05M 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)..... 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.

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Transaction ID: SC/10.4337 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 Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown 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 47.00 47.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 05M 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)..... 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.

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Transaction ID: SC/10.4328 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 Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown 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 76.85 76.85 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D03D M 06M 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)..... 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.

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Transaction ID: SC/10.4331 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 Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown 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 2.12 2.12 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D03D M 06M 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)..... 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.

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	OF COMMITTEE (In Full) GEE FOR CONGRESS				Tran	saction ID : SC/10.4326			
	DAN SOURCE Full Name (Last, CGee, Andrea, Leigh, ,	First, Mid	ddle Initial)		☐ Memo Ite	m Election: 2016 x Primary General			
Ma 96	ailing Address 31 NE 27TH AVENUE	Other (specify)							
Ci	ty DMPANO BEACH	de	Personal Funds of the Candidate						
	Original Amount of Loan		FL Cumulative Pay	33062 yment To		Balance Outstanding at Close of This Period			
		0.00	7		40.00	0.00			
TE	ERMS Date Incurred		С	ate Due	Interest F (If none, e				
	^M 06 ^M / ^D 12 ^D / ^Y Ž016	Y	M M / D D	/ Y .	12/31/16 ^Y	0.00 % (apr) Yes X No			
Li	st All Endorsers or Guarantors	(if any) t	o Loan Source						
1.	Full Name (Last, First, Middle	Initial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
2.	Full Name (Last, First, Middle II	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
3.	Full Name (Last, First, Middle II	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
4.	Full Name (Last, First, Middle II	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
0::=	TOTAL 0 TI - D TI - 5	/ .: r	<u> </u>						
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Transaction ID: SC/10.4336 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 Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown 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 52.53 52.53 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D M 06M 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)..... 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.

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Transaction ID: SC/10.4339 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 Mailing Address 961 NE 27TH AVENUE Other (specify) \blacktriangledown 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 39.75 39.75 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D22^D M 06M 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)..... 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.

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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 0.00 30.90 **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)..... 30.90 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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Transaction ID: SC/10.4514 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 67.09 67.09 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D M 07M ž016 Y12/31/2016 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.

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Transaction ID: SC/10.4510 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 13.13 13.13 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D11 ^D 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)..... 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.

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	ME OF COMMITTEE (In Full) CGEE FOR CONGRESS	Transaction ID: SC/10.4512							
LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016									
	, interest of the second of th					Item E	Primary		
	McGee, Andrea, Leigh, ,				General				
F	Mailing Address						Other (specify)		
	961 NE 27TH AVENUE						Other (openity)		
	City		State	tate ZIP Code					
	POMPANO BEACH	FL	33062			Personal Funds of the Candidate			
	Original Amount of Loan Cumulative Payment To				Date	Balance	e Outstanding at Close of T	nis Period	
	The state of the s								
	19.99				19.99				
	TERMS Date Incurred Date Du				(If none, enter 0)				
	M07M / D20D / Y 2016 Y M M / D D / Y				2/31/2016 ^Y 0.00				
List All Endorsers or Guarantors (if any) to Loan Source									
Ī	1. Full Name (Last, First, Middle Initial)				Name of Employer				
t	Mailing Address				Occupation				
				Amount					
F	City	State	ZIP Code		Guaranteed			7	
	City	State	ZIF Code		Outstanding:	7		_	
ļ	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer				
					Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed				
	S.i.y	Otato			Outstanding:	7		_	
	3. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address					Occupation				
					Amount				
Ī	City	State	ZIP Code		Guaranteed				
	•				Outstanding:	,			
Ī	Mailing Address				Name of Employer				
Ī					Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
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Transaction ID: SC/10.4412 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 135.00 0.00 135.00 **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 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)..... 135.00 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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Transaction ID: SC/10.4521 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 50.00 50.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D11 ^D ^M80^M ž016 Y12/31/2016 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)..... 290.21 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.