

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	5461.16	21362.19
(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)).....	5461.16	20675.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1635.81	17125.49
(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)).....	1635.81	17125.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3840.01	
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).....	290.21	

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)

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).....	3772.00	16794.00
(ii) Unitemized.....	1689.16	4568.19
(iii) TOTAL of contributions from individuals ▶	5461.16	21362.19
(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))..	5461.16	21362.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50.00	2613.32
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50.00	2613.32
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)..... ▶	5511.16	23975.51

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:		
(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:		
(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 SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING 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 (from Line 22).....	2049.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	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
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anderson, Peter, , ,
 Mailing Address 1749 NE 44th St.
 City: Oakland Park State: FL Zip Code: 33334
 FEC ID number of contributing federal political committee: C
 Name of Employer: Self Occupation: Marketing
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 204.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.4498
 Amount of Each Receipt this Period: 22.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Brady, Jane, , ,
 Mailing Address 1431 S. Ocean Blvd. #99
 City: Lauderdale-by-the-Sea State: FL Zip Code: 33062
 FEC ID number of contributing federal political committee: C
 Name of Employer: NA Occupation: NA
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 18 / 2016
Transaction ID : SA11AI.4377
 Amount of Each Receipt this Period: 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Flavin, Patricia, , ,
 Mailing Address 3100 NE 59 St.
 City: Fort Lauderdale State: FL Zip Code: 33308
 FEC ID number of contributing federal political committee: C
 Name of Employer: NA Occupation: NA
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 19 / 2016
Transaction ID : SA11AI.4482
 Amount of Each Receipt this Period: 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 6 OF 33
(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)
Gerardo-ross, Vince, , ,
 Mailing Address 451 SE 14th Ave
 City Pompano Beach State FL Zip Code 33060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rapid Auto Loans Occupation Self
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2016
Transaction ID : SA11AI.4532
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Hophan, Jeffrey, , ,
 Mailing Address 4 NW 35 Ct
 City Oakland Park State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Air Florida Heating & Cooling Occupation HVAC Contractor
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2016
Transaction ID : SA11AI.4371
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Lewis, Dan, , ,
 Mailing Address 460 N Victoria Park Road
 City Fort Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jnac Communications Occupation CEO
 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
 08 / 17 / 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) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 33	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCGEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
McCarthy, Justin, , ,

Mailing Address 6250 NE 19th

City Fort Lauderdale	State FL	Zip Code 33308
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Comm Vehicle Mgr
------------------------	--------------------------------

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
09 / 19 / 2016

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Morrall, Matthew, E., ,

Mailing Address 2850 N. Andrews Ave.

City Fort Lauderdale	State FL	Zip Code 33311
-------------------------	-------------	-------------------

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

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

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
09 / 19 / 2016

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Assistance Committee PAC

Mailing Address 204 West Spear St.
#3525

City Carson City	State NV	Zip Code 89703
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

**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
(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)
Panzarella, Albert, , ,

Mailing Address 4700 Powerline Rd.

City Fort Lauderdale State FL Zip Code 33309

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

Name of Employer Johnson Environmental Services Occupation President

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
 08 / 24 / 2016

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 4581 Weston Road #314

City Weston State FL Zip Code 33331

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

Name of Employer Panzarella Waste & Recycling Occupation President

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
 08 / 24 / 2016

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 2825 NE 37 Court

City Fort Lauderdale State FL Zip Code 33308

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

Name of Employer Self Occupation Lawyer

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
 09 / 16 / 2016

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	3772.00

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

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

FOR LINE NUMBER: PAGE 9 OF 33
(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)
McGee, Andrea, Leigh, ,
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 ▼
1926.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016

Transaction ID : SA13A.4521

Amount of Each Receipt this Period
50.00

Memo Item

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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	50.00

**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 10 OF 33			
	<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. Heritage Trust Consulting			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016		
Mailing Address 16861 NW 82nd Ave			FEC Identification Number C		
City Miami	State FL	Zip Code 33016	Amount of Each Disbursement this Period 1386.10		
Purpose of Disbursement Banners		Category/ Type 004	Transaction ID : SB17.4503		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
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).....▶	1386.10
TOTAL This Period (last page this line number only).....▶	1386.10

**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 11 OF 33	
	<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. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C C00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 40.00
Candidate Name MCGEE FOR CONGRESS	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4419
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 22	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C C00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 76.85
Candidate Name MCGEE FOR CONGRESS	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4420
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 22	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C C00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 5.00
Candidate Name MCGEE FOR CONGRESS	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4421
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 22	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	121.85
TOTAL This Period (last page this line number only).....▶	

**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 12 OF 33	
	<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. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C C00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 2.12
Candidate Name MCGEE FOR CONGRESS	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4422
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 22	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C C00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 47.00
Candidate Name MCGEE FOR CONGRESS	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4423
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 22	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C C00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 52.53
Candidate Name MCGEE FOR CONGRESS	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4424
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 22	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	101.65
TOTAL This Period (last page this line number only).....▶	

**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 13 OF 33	
	<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. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C 00553388
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	<input type="checkbox"/> 009	Amount of Each Disbursement this Period 39.75
Candidate Name MCGEE FOR CONGRESS	Category/ Type	Transaction ID : SB19A.4425
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C H4FL22086
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	<input type="checkbox"/> 004	Amount of Each Disbursement this Period 13.13
Candidate Name	Category/ Type	Transaction ID : SB19A.4522
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 22		

Full Name (Last, First, Middle Initial) c. McGee, Andrea, Leigh, ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016
Mailing Address 961 NE 27TH AVENUE		FEC Identification Number C H4FL22086
City POMPANO BEACH	State FL	Zip Code 33062
Purpose of Disbursement	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	Transaction ID : SB19A.4523
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 22		

SUBTOTAL of Disbursements This Page (optional).....▶	102.88
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 33	
	<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. McGee, Andrea, Leigh, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016	
Mailing Address 961 NE 27TH AVENUE			FEC Identification Number C H4FL22086	
City POMPANO BEACH	State FL	Zip Code 33062	Amount of Each Disbursement this Period 19.99	
Purpose of Disbursement		Category/ Type 004	Transaction ID : SB19A.4524	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 22				

Full Name (Last, First, Middle Initial) B. McGee, Andrea, Leigh, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016	
Mailing Address 961 NE 27TH AVENUE			FEC Identification Number C H4FL22086	
City POMPANO BEACH	State FL	Zip Code 33062	Amount of Each Disbursement this Period 67.09	
Purpose of Disbursement		Category/ Type 004	Transaction ID : SB19A.4525	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 22				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
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).....▶	87.08
TOTAL This Period (last page this line number only).....▶	413.46

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4411**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.86	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.86
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TERMS	Date Incurred M 04 / D 07 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4406**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 19.12	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 19.12
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TERMS	Date Incurred M 04 / D 08 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4407**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 17.70	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 17.70
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TERMS	Date Incurred M 04 / D 08 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4409**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 23.10	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 23.10
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TERMS	Date Incurred M 04 / D 09 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4410**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 18.84	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18.84
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TERMS	Date Incurred M 04 / D 09 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4408**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 19.69	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 19.69
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TERMS	Date Incurred M 04 / D 10 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS	Transaction ID : SC/10.4330
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LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McGee, Andrea, Leigh, ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE		
City POMPANO BEACH	State FL	ZIP Code 33062
		<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	5.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 09 / Y 2016	M M / D D / Y 12/31/16	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:
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) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4337**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 47.00	Cumulative Payment To Date 47.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 05 / D 18 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4328**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 76.85	Cumulative Payment To Date 76.85	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 03 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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/10.4331**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2.12	Cumulative Payment To Date 2.12	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 03 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4326**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40.00	Cumulative Payment To Date 40.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 12 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4336**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 52.53	Cumulative Payment To Date 52.53	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 12 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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/10.4339
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McGee, Andrea, Leigh, ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE		<input type="checkbox"/> Personal Funds of the Candidate
City POMPANO BEACH	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
39.75	39.75	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 22 / Y 2016	M M / D D / Y 12/31/16	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:
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/10.4413**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30.90	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30.90
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TERMS	Date Incurred M 07 / D 01 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4514**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 67.09	Cumulative Payment To Date 67.09	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 07 / D 04 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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/10.4510**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 13.13	Cumulative Payment To Date 13.13	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 07 / D 11 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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/10.4512**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 19.99	Cumulative Payment To Date 19.99	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 07 / D 20 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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/10.4412**
MCGEE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 135.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 135.00
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TERMS	Date Incurred M 08 / D 03 / Y 2016	Date Due M M / D D / Y 12/31/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MCGEE FOR CONGRESS** Transaction ID : **SC/10.4521**

LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE			
City POMPANO BEACH	State FL	ZIP Code 33062	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50.00	Cumulative Payment To Date 50.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 08 / D 11 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	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.