04/10/2017 19 : 15

PAGE 1 / 13

FEC FORM 3	AND [		ECEIPIS EMENTS Committee			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR F	PRINT V	Example: If typing	, type	12FE4M5	
ADDRESS (number an	d street)	WARD MCGEE JR				· · · · · · · · · · · · · · · · · · ·
Check if dif than previou reported. (A	usly   FT LAUD					33311 
2. FEC IDENTIFIC		CITY	<b>A</b>		STATE 🔺	ZIP CODE
C C0055338		3. IS THIS REPOF	~	OR	AMENDE (A)	ED STATE ▼ DISTRICT
(a) Quarterly Re	PORT (Choose One) eports: 6 Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day	PRE-Election Report Primary (12P) Convention (12	ļ,	General (12 Special (12	
Octobe	r 15 Quarterly Report (Q	3) Election	n on	D D /	Y Y Y Y	in the State of
January	31 Year-End Report (Y	<sup>E)</sup> (c) 30-Day	POST-Election Repo	ort for the:		
			General (30G)		Runoff (30F	R) Special (30S)
Termina	tion Report (TER)	Election	n on	D D /	Y Y Y Y	in the State of
5. Covering Period	M M / D 01	/ Y Y Y Y 2017	through	M M 03	/ D D / 31	Y Y Y Y 2017
I certify that I have e Type or Print Name of		nd to the best of n Andrea, Leigh, ,	ny knowledge and be	elief it is tr	rue, correct and	complete.
Signature of Treasure	McGee, Andrea, L Pr	eigh, ,	[Electronically Fi	<i>led]</i> [	Date	/ D D / Y Y Y Y 10 / 2017
NOTE: Submission of	false, erroneous, or inco	mplete information	may subject the perso	on signing t	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 PAGE 2 / 13 FEC Form 3 (Revised 05/2016) Write or Type Committee Name MCGEE FOR CONGRESS D D D D ž017 01 2017 03 31 01 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** 6. Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ..... 7. Net Operating Expenditures (a) Total Operating Expenditures 139.55 518.57 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 139.55 518.57 (subtract Line 7(b) from Line 7(a)) ..... 8. Cash on Hand at Close of 1034.85 Reporting Period (from Line 27)..... 9. 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 272.33 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
\\/rito	FEC Form 3 (Revised 05/2016)	
	or Type Committee Name	
MC	GEE FOR CONGRESS	
Report	: Covering the Period: From:	M M / D D / Y Y Y Y 01 01 2017
	I. RECEIPTS	COLUMN A Total This Period
		_
11. COI	NTRIBUTIONS (other than loans) FROM	— М:
11. COI (a)	NTRIBUTIONS (other than loans) FROM	м:
	Individuals/Persons Other Than	M:
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized	
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL of contributions	
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized	0.00
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL of contributions	

0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 138.55 138.55 0.00 0.00 138.55 138.55 0.00 0.00

0.00

138.55

PAGE 3 / 13

Y

2017

0.00

138.55

D D

31

COLUMN B Election Cycle-to-Date

03

15. OTHER RECEIPTS (Dividends, Interest, etc.)......
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)......

(such as PACs) .....

(add Lines 11(a)(iii), (b), (c), and (d)) ..

Candidate.....

(add Lines 13(a) and (b)).....

(b) All Other Loans.....

(Refunds, Rebates, etc.) .....

(d) The Candidate .....

AUTHORIZED COMMITTEES .....

TOTAL CONTRIBUTIONS (other than loans)

(a) Made or Guaranteed by the

12. TRANSFERS FROM OTHER

(c) TOTAL LOANS

14. OFFSETS TO OPERATING EXPENDITURES

(e)

13. LOANS:

Image# 201704109052061892

FEC Form 3 (Revised 05/2016)

## DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17. OPERATING EXPENDITURES	139.55	518.57	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
<ul><li>19. LOAN REPAYMENTS:</li><li>(a) Of Loans Made or Guaranteed by the Candidate</li></ul>	0.00	0.00	
<ul><li>(b) Of All Other Loans</li><li>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</li></ul>	0.00	0.00	
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees (such as PACs)</li></ul>	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
21. OTHER DISBURSEMENTS	0.00	7 7 0.00	
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	139.55	518.57	

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1035.85
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	138.55
25.	SUBTOTAL (add Line 23 and Line 24)	1174.40
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	139.55
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1034.85

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     13       (check only one)     11a     11b     11c     11d       12     X     13a     13b     14     15			
				ee to solicit contributions from such committee.		
Α.	Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, , Mailing Address 961 NE 27TH AVENUE			Date of Receipt		
	City POMPANO BEACH	State FL	Zip Code 33062	03         30         2017           Transaction ID : SA13A.4623		
	FEC ID number of contributing federal political committee.	С н4	FL22086	Amount of Each Receipt this Period		
	Name of Employer         Finn Real Estate         Receipt For:       2018         ▼       Primary       General         Other (specify)       ▼	Occupation Real Estate Election C				
в.	Mailing Address			Date of Receipt		
	City FEC ID number of contributing federal political committee.	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer          Receipt For:         Primary       General         Other (specify) ▼	Occupation Election C	ycle-to-Date	Memo Item		
C.	Mailing Address	State	- Zin Code	Date of Receipt		
	City FEC ID number of contributing federal political committee.	C	Zip Code	Amount of Each Receipt this Period		
	Name of Employer          Receipt For:         Primary       General         Other (specify)	Occupation Election C	n ycle-to-Date	Memo Item		
s	UBTOTAL of Receipts This Page (optional)			138.55		
Т	OTAL This Period (last page this line number	only)		138.55		

-				PAGE 6 OF 13	
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4411	
LOAN SOURCE Full Name (Last, First, Mid McGee, Andrea, Leigh, ,	ddle Initial)		☐ Memo Item	Election: 2016 Primary	
Mailing Address 961 NE 27TH AVENUE				Other (specify)	
City POMPANO BEACH	State FL	ZIP Code 33062		Personal Funds of the Candidat	
Original Amount of Loan	Cumulative Pa	yment To Da	ate Bala	Ince Outstanding at Close of This Peric	
25.86	,		0.00	25.86	
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter		
M04M / D07D / Y Ž016 Y	M M / D D	/ ¥ 12)	31/Ĭ6 <sup>¥</sup> 0.	00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	to Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Dccupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		١	Name of Employer		
Mailing Address		(	Dccupation		
City State	City State ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		١	Name of Employer		
Mailing Address		C	Dccupation		
City State	ZIP Code	0	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		C	Dccupation		
City State	ZIP Code	0	Amount Guaranteed Dutstanding:	y y	
UBTOTALS This Period This Page (optional).			H	25.86	

ge# 201704105052001055					
CHEDULE C (FEC Form 3) OANS			Use separate schedu for each category of Detailed Summary Pa	the (check only one) X 13a	
ME OF COMMITTEE (In Fu				Transa	action ID : SC/10.4406
LOAN SOURCE Full Nam McGee, Andrea, Le		ddle Initial)		Memo Iten	Election: 2016 Primary X 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 Pa	ayment To D	Date Ba	Iance Outstanding at Close of This Perio
<u> </u>	19.12	7		0.00	19.12
TERMS Date Incurre	ed	[	Date Due	Interest Ra (If none, ente	
<sup>M</sup> 04 <sup>M</sup> / <sup>D</sup> 08 <sup>D</sup> / Y	Ž016 <sup>Y</sup>	M M / D C	y 12	//31//16 <sup>Y</sup>	0.00 % (apr) Yes X No
List All Endorsers or Gua		o Loan Source			
1. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, I	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, I	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
4. Full Name (Last, First, I	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 1 g 1 1 x 1
JBTOTALS This Period This					19.12

age# 201104100002001000			,		
CHEDULE C (FEC Form 3) OANS				Use separate schedul for each category of t Detailed Summary Pa	the (check only one) X 13a
ME OF COMMITTEE (In Full)	SS			Transa	ction ID : SC/10.4407
LOAN SOURCE Full Name ( McGee, Andrea, Leigh		ddle Initial)		🗌 Memo Item	Primary
Mailing Address 961 NE 27TH AVENUE					Cher (specify) ▼
City POMPANO BEACH		State FL	ZIP Code 33062		Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa		ate Bala	ance Outstanding at Close of This Perio
	17.70	9		0.00	17.70
TERMS Date Incurred		C	Date Due	Interest Rat (If none, ente	r 0)
<sup>M</sup> 04 <sup>M</sup> / <sup>D</sup> 08 <sup>D</sup> / Y	2016 <sup>Y</sup>	M M / D D	ý <sup>v</sup> 12/	31/16 <sup>¥</sup> 0	.00 % (apr) Yes 🗶 No
List All Endorsers or Guarar	ntors (if any) t	o Loan Source			
1. Full Name (Last, First, Mic	ddle Initial)		1	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	
2. Full Name (Last, First, Mid	dle Initial)		1	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	· · · · · · · · · · · · · · · · · · ·
3. Full Name (Last, First, Mid	dle Initial)		١	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	
4. Full Name (Last, First, Mid	dle Initial)		٦	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y 1 1 y 1 1 x 1
UBTOTALS This Period This P OTALS This Period (last page i					, , , 17.70

				<b>B12333434345151111111111111</b>	
CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
AME OF COMMITTEE (In Full) ICGEE FOR CONGRESS			Transac	ction ID : SC/10.4409	
LOAN SOURCE Full Name (Last, First, Mid McGee, Andrea, Leigh, ,	ddle Initial)		Memo Item	Election: 2016 Primary	
Mailing Address 961 NE 27TH AVENUE				Other (specify)	
City POMPANO BEACH	State FL	ZIP Code 33062	9	Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To D		ance Outstanding at Close of This Period	
23.10 TERMS Date Incurred		ate Due	0.00 Interest Rate	23.10	
M04 <sup>M</sup> / D09 <sup>D</sup> / Y Ž016 Y	M M / D D	_	(If none, enter		
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
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: 7		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	ZIP Code		Amount Guaranteed Outstanding:	y y y y y	
<b>CUBTOTALS</b> This Period This Page (optional).				23.10	

•					
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) × 13a	
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4410	
LOAN SOURCE Full Name (Last, First, Mid McGee, Andrea, Leigh, ,	ddle Initial)		☐ Memo Item	Election: 2016 Primary X General	
Mailing Address 961 NE 27TH AVENUE				Other (specify)	
City POMPANO BEACH	State FL	ZIP Code 33062		Personal Funds of the Candidat	
Original Amount of Loan	Cumulative Pa	yment To D	ate Bala	nce Outstanding at Close of This Peric	
18.84	9		0.00	18.84	
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter		
M04M / D09D / Y Ž016 Y	M M / D D	/ <sup>Y</sup> 12	/31/Ĭ6 <sup>¥</sup> 0.0		
List All Endorsers or Guarantors (if any) t	o Loan Source		Jama of Employer		
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Dccupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Dccupation		
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 Dutstanding:	9 1 9 1 7 1	
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only				18.84	

lge# 201704105052001055					
CHEDULE C (FEC Form 3) OANS				Use separate schedu for each category of Detailed Summary Pa	the (check only one) X 13a
ME OF COMMITTEE (In F				Transa	action ID : SC/10.4408
LOAN SOURCE Full Na McGee, Andrea, Lo		ddle Initial)		Memo Iten	n Election: 2016 Primary X General
Mailing Address 961 NE 27TH AVENUE					Other (specify)
City POMPANO BEACH		State FL	ZIP Code 33062	9	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	ayment To D	Date Ba	lance Outstanding at Close of This Perio
	19.69			0.00	19.69
TERMS Date Incur	red	[	Date Due	Interest Ra (If none, ent	
<sup>M</sup> 04 <sup>M</sup> / <sup>D</sup> 10 <sup>D</sup> /	Y Ž016 Y	M M / D D	y 12	ý31/16 <sup>×</sup>	0.00 % (apr) Yes X No
List All Endorsers or Gu		o Loan Source		Name of Employer	
1. Full Name (Last, First	, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
JBTOTALS This Period Th					19.69

-				
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4413
LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,			Memo Item Election: 2016 Primary X General	
Mailing Address 961 NE 27TH AVENUE				Other (specify)
City POMPANO BEACH	State FL	ZIP Code 33062	•	Personal Funds of the Candidat
Original Amount of Loan	Cumulative Payment To Date		ate Bala	nce Outstanding at Close of This Peric
30.90	9	5	21.43	9.47
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter	
M07M / D01D / Y Ž016 Y	M M / D D	Ý 12	/31/16 <sup>¥</sup> 0.	
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 Dutstanding:	g
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code Amount Guaranteed Outstanding:		Guaranteed	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code	(	Amount Guaranteed Dutstanding:	y y
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)			
Mailing Address			Occupation	
City State	ZIP Code	(	Amount Guaranteed Dutstanding:	y y
UBTOTALS This Period This Page (optional).				9.47

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) × 13a
AME OF COMMITTEE (In Full) ICGEE FOR CONGRESS			Transac	tion ID : SC/10.4623
LOAN SOURCE Full Name (Last, First, Middle Initial) McGee, Andrea, Leigh, ,			🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 961 NE 27TH AVENUE				Other (specify)
City POMPANO BEACH	State FL	ZIP Code 33062	e	Personal Funds of the Candidat
Original Amount of Loan 138.55	Cumulative Pa	ayment To D	Date Bala 0.00	nce Outstanding at Close of This Perio 138.55
TERMS     Date Incurred       M03 <sup>M</sup> /       D30 <sup>D</sup> /       Y     Ž017	M M / D I		Interest Rate (If none, enter 31/2108 <sup>v</sup> 0.0	0)
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
UBTOTALS This Period This Page (optional	)		····· C	138.55
OTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, S				272.33