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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	AND DIS	SBURSE Authorized Co				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		Example: If typin over the lines.	g, type	12FE4M5	
MCGEE FOR CC						1
ADDD500 (RD MCGEE JR				
ADDRESS (number and st	2850 N ANDR	RES AVE				
Check if differe than previously reported. (ACC)	FT LAUDER	DALE			FL L	33311
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY A			STATE A	ZIP CODE
C C00553388		3. IS THIS REPORT	× NEW	OR	AMENE (A)	STATE ▼ DISTRICT DED FL 22 L 1
X July 15 Qua October 15 January 31	,	Election	OST-Election Report General (300	12C) Deport for the:	General (** Special (1** Y Y Y Y Runoff (30** Y Y Y Y	in the State of Special (30S)
5. Covering Period	M M / D D D 01	2015	through	M M 06	/ D D /	Y Y Y Y 2015
certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of T	reasurer Andrea McG	ee				
Signature of Treasurer	Andrea McGee		[Electronically I	Filed] D	ate 07	17 2015
NOTE: Submission of fals	e, erroneous, or incompl	ete information m	ay subject the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MCGEE FOR CONGRESS

06 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 16987.83 (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 16987.83 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 45.00 14522.83 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 45.00 14522.83 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -826.23 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 7268.77 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 12/2003)

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Write or Type Committee Name

MCGEE FOR CONGRESS

	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)	0.00	11272.83
	(ii) Unitemized	0.00	5415.00
	(iii) TOTAL of contributions from individuals	0.00	16687.83
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	300.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	16987.83
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS:		
((a) Made or Guaranteed by the Candidate	0.00	8287.19
((b) All Other Loans	0.00	196.31
((c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	8483.50
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	25471.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	45.00	14522.83
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	1018.42
	(b) Of All Other Loans	0.00	196.31
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	1214.73
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(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	0.00
21.	OTHER DISBURSEMENTS	0.00	10440.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	45.00	26177.56
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	-781.23
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		-781.23
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	45.00
17	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	-826.23

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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LOANS		Detailed Summary Page	13b
NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS		Transaction	on ID : SC/10.4371
LOAN SOURCE Full Name (Last, First, Min Andrea McGee	ddle Initial)		Election: 2014 Primary General
Mailing Address 961 NE 27th Ave			Other (specify) ▼
City Pompano Beach	State ZIP Cod FL 33062	de	
Original Amount of Loan 6.36	Cumulative Payment To	Date Balance	ce Outstanding at Close of This Period
Date Incurred M 07	Date Due	Interest Rate 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	g
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).		······	6.36
TOTALS This Period (last page in this line onl	y)		. , . ,
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If I	no Schedule D. carry forwa	rd to appropriate line of Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4387 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 60.42 0.00 60.42 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 07^M ž014 0.00 11/5/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 60.42 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

FOR LINE NUMBER: (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.4388 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 65.56 0.00 65.56 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M 02 ž014 11/5/2014 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 65.56 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

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Detailed Summary Page Transaction ID: SC/10.4385 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2015 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 68.10 0.00 68.10 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 07^M ž014 0.00 11/5/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 68.10 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4390 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3898.95 0.00 3898.95 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 ^M 07^M ž014 0.00 11/5/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3898.95 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

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Detailed Summary Page Transaction ID: SC/10.4386 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12.71 0.00 12.71 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ž014 11/5/2014 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12.71 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

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DANO			Detailed Summary Page	ge (onesit only she)
AME OF COMMITTEE (In Full) MCGEE FOR CONGRES	SS		Transac	ction ID : SC/10.4389
LOAN SOURCE Full Name (L Andrea McGee	ast, First, Mido	dle Initial)		Election: 2014 Primary General
Mailing Address 961 NE 27th Ave				Other (specify)
City		State ZIP Cod	le	1
Pompano Beach		FL 33062		
Original Amount of Loan	45.03	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
TERMS Date Incurred M 08 / D 06 / Y Ž	014 Y	Date Due	Interest Rate /5/2014	
List All Endorsers or Guarant		Loan Source	Name of Frankrian	
1. Full Name (Last, First, Mide	die Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
UBTOTALS This Period This Pa	ge (optional)		·····	45.03
OTALS This Period (last page in	this line only)		·····	, ,
Carry outstanding balance only t	o LINE 3. Sche	edule D, for this line. If r	no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4431 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 56.17 0.00 56.17 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M08^M ž014 12/1/15 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 56.17 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

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Detailed Summary Page Transaction ID: SC/10.4433 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1398.14 0.00 1398.14 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M08^M ž014 12/1/16 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1398.14 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

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Detailed Summary Page Transaction ID: SC/10.4432 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 318.00 0.00 318.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M ^D22 ž014 12/1/16 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 318.00 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4434 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 159.00 0.00 159.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ž014 12/1/16 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 159.00 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.

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

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Transaction ID: SC/10.4435 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Andrea McGee General Mailing Address Other (specify) 961 NE 27th Ave. State ZIP Code City FL 33062 Pompano Beach Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 979.44 0.00 979.44 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ž014 12/1/15 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 979.44 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

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OF

Detailed Summary Page 13b Transaction ID: SC/10.4206 NAME OF COMMITTEE (In Full) MCGEE FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREA LEIGH Leigh MCGEE General Mailing Address Other (specify) \blacktriangledown 961 NE 27TH AVENUE State ZIP Code City FL 33062 POMPANO BEACH Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 200.89 0.00 200.89 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 04 ž014 0.00 11/4/14 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200.89 TOTALS This Period (last page in this line only) 7268.77 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.