

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JOE KAUFMAN 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))....	25020.00	143269.76
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25020.00	143269.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	222976.50	474859.69
(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)).....	222976.50	474859.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	50291.89	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	89862.53	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2018"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2018"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2018"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="22445.00"/>	<input type="text" value="125225.31"/>
(ii) Unitemized	<input type="text" value="2575.00"/>	<input type="text" value="18044.45"/>
(iii) Total of contributions from individuals	<input type="text" value="25020.00"/>	<input type="text" value="143269.76"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
25020.00	143269.76	1350.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
25020.00	143269.76	1350.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

Report Covering the Period: From: 10 / 18 / 2018 To: 11 / 26 / 2018

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
222976.50	474859.69	8567.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

222976.50	474859.69	8567.97
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

25020.00	143269.76	1350.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

222976.50	474859.69	8567.97
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	197956.50
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	25020.00
25. SUBTOTAL (add Line 23 and Line 24).....	222976.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	222976.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 52
(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)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLACK, VICTORIA, , ,

Mailing Address 15068 FM 766

City: GONZLALES State: TX Zip Code: 78629

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 26 / 2018

Transaction ID : SA11AI.63154

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Estrada, Anna Maria, , ,

Mailing Address 6000 Island Blvd.
Unit 1401

City: Aventura State: FL Zip Code: 33160

FEC ID number of contributing federal political committee: C

Name of Employer: Triangle financial services Occupation: Manager

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2300.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63067

Amount of Each Receipt this Period: 2300.00

Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Florida Congressional Committee

Mailing Address 6100 Hollywood Blvd.
Ste. 305

City: Hollywod State: FL Zip Code: 33024

FEC ID number of contributing federal political committee: C

Name of Employer: PAC Occupation: PAC

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63071

Amount of Each Receipt this Period: 2000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Folsom, Gleora, , ,
Mailing Address 7816 196TH ST SW APT D7

City: EDMONDS State: WA Zip Code: 98026

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 25 / 2018
Transaction ID : SA11AI.63101

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Forsythe, Gerald, , ,
Mailing Address 11125 Gulf Shore Dr. 512

City: Naples State: FL Zip Code: 34108

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 22 / 2018
Transaction ID : SA11AI.63091

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Forsythe, Gerald, , ,
Mailing Address 11125 Gulf Shore Dr. 512

City: Naples State: FL Zip Code: 34108

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 11 / 03 / 2018
Transaction ID : SA11AI.63063

Amount of Each Receipt this Period: 1000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 52
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARING, ANGELINE, , ,
Mailing Address 825 ALEXANDER RD W
City BELLVILLE State OH Zip Code 44813
FEC ID number of contributing federal political committee. C
Name of Employer retired Occupation retired
Receipt For: 18
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2018
Transaction ID : SA11AI.63114
Amount of Each Receipt this Period
75.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
HARRIS, STUART, , ,
Mailing Address 2851 SEMINOLE ST
City Coconut Grove State FL Zip Code 33133
FEC ID number of contributing federal political committee. C
Name of Employer SEAVIEW RESEARCH, INC Occupation PHYSICIAN
Receipt For: 18
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2018
Transaction ID : SA11AI.63099
Amount of Each Receipt this Period
250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
HILLMAN, Roberta, , ,
Mailing Address 504 W BLEEKER ST.
City ASPEN State CO Zip Code 81611
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Retired
Receipt For: 18
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018
Transaction ID : SA11AI.63074
Amount of Each Receipt this Period
2700.00
 Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3025.00
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 10 OF 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hillman, Tatnall, , ,

Mailing Address 504 W. Bleeker St.

City: Aspen State: CO Zip Code: 81611

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 8100.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63075

Amount of Each Receipt this Period: 2700.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Johnson, Ray, H., ,

Mailing Address 4607 Roxbury Rd

City: Corona Del Mar State: CA Zip Code: 92625

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 25 / 2018

Transaction ID : SA11AI.63095

Amount of Each Receipt this Period: 100.00

Memo Item Contribution

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

Mailing Address 1300 Corporate Center Way

City: Wellington State: FL Zip Code: 33414

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63073

Amount of Each Receipt this Period: 1000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 3800.00

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 11 OF 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KOLBER, VINCENT, , ,
Mailing Address 2245 N MAGNOLIA AVE
City CHICAGO State IL Zip Code 60614
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Retired
Receipt For: 18
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2018
Transaction ID : SA11AI.63110
Amount of Each Receipt this Period
500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Mellott, John, , ,
Mailing Address 4338 Redwood Ave
Apt B308
City Marina Del Rey State CA Zip Code 90292
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Retired
Receipt For: 18
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 735.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2018
Transaction ID : SA11AI.63111
Amount of Each Receipt this Period
490.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MENDEZ, CARLOS, , ,
Mailing Address 13450 w sunrise blvd
suite 310
City sunrise State FL Zip Code 33323
FEC ID number of contributing federal political committee. C
Name of Employer plexus consultants llc Occupation director/owner
Receipt For: 18
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2018
Transaction ID : SA11AI.63161
Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1490.00
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 12 OF 52
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
olemberg, roberto, , ,

Mailing Address 580 golden beach drive

City golden beach State FL Zip Code 33160

FEC ID number of contributing federal political committee. C

Name of Employer olem shoe corp Occupation businessman

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2018

Transaction ID : SA11AI.63167

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 6000 Island Blvd.
1401

City Aventura State FL Zip Code 33160

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63064

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

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

Mailing Address 6000 Island Blvd.
1401

City Aventura State FL Zip Code 33160

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63065

Amount of Each Receipt this Period
1700.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 52
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wills, Matthew, , ,

Mailing Address 101 Marland Rd S

City Colorado Springs State CO Zip Code 80906

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.63103

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4413 Chennault Beach Rd

City Mukilteo State WA Zip Code 98275

FEC ID number of contributing federal political committee. C

Name of Employer Electroimpact Occupation engineer

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2630.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63069

Amount of Each Receipt this Period
2630.00

Memo Item
Contribution

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).....▶	3130.00
TOTAL This Period (last page this line number only).....▶	22445.00

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 14 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BJ's Gas

Mailing Address 620 Riverside Dr

City Coral Springs State FL Zip Code 33071

Purpose of Disbursement gas

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 29.82

Transaction ID : SB17.63306

Memo Item

Full Name (Last, First, Middle Initial)

B. BJ's Gas

Mailing Address 620 Riverside Dr

City Coral Springs State FL Zip Code 33071

Purpose of Disbursement gas

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 27.46

Transaction ID : SB17.63276

Memo Item

Full Name (Last, First, Middle Initial)

C. Cinnante, Steven, , ,

Mailing Address 5187 NE 12th. Ave.

City Oakland Park State FL Zip Code 33334

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 1340.00

Transaction ID : SB17.63179

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1397.28

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 15 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cinnante, Steven, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 5187 NE 12th. Ave.		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 990.00	
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) ▼	Transaction ID : SB17.63196
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Cinnante, Steven, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2018
Mailing Address 5187 NE 12th. Ave.		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 405.00	
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) ▼	Transaction ID : SB17.63201
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Cinnante, Steven, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2018
Mailing Address 5187 NE 12th. Ave.		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 660.00	
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) ▼	Transaction ID : SB17.63277
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2055.00
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 16 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COLORTREE GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018
Mailing Address PO BOX 28960		FEC Identification Number C
City HENRICO	State VA	Zip Code 23228
Purpose of Disbursement Program:Printing		Amount of Each Disbursement this Period 15519.00
Candidate Name		Transaction ID : SB17.63188
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. COLORTREE GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address PO BOX 28960		FEC Identification Number C
City HENRICO	State VA	Zip Code 23228
Purpose of Disbursement Program:Printing		Amount of Each Disbursement this Period 26544.00
Candidate Name		Transaction ID : SB17.63212
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. COLORTREE GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2018
Mailing Address PO BOX 28960		FEC Identification Number C
City HENRICO	State VA	Zip Code 23228
Purpose of Disbursement Program:Printing		Amount of Each Disbursement this Period 18778.00
Candidate Name		Transaction ID : SB17.63258
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	60841.00
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 17 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COLORTREE GROUP			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018
Mailing Address PO BOX 28960			FEC Identification Number C
City HENRICO	State VA	Zip Code 23228	Amount of Each Disbursement this Period 37794.00
Purpose of Disbursement Program:Printing		Category/ Type	Transaction ID : SB17.63232
Candidate Name			<input type="checkbox"/> Memo Item
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) B. COLORTREE GROUP			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address PO BOX 28960			FEC Identification Number C
City HENRICO	State VA	Zip Code 23228	Amount of Each Disbursement this Period 12179.00
Purpose of Disbursement Program:Printing		Category/ Type	Transaction ID : SB17.63240
Candidate Name			<input type="checkbox"/> Memo Item
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. CONSOLIDATED MAILING SERVICES			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2018
Mailing Address 504 SHAW ROAD			FEC Identification Number C
City STERLING	State VA	Zip Code 20166	Amount of Each Disbursement this Period 12523.03
Purpose of Disbursement Program: Mailshop		Category/ Type	Transaction ID : SB17.63187
Candidate Name			<input type="checkbox"/> Memo Item
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).....▶	62496.03
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 18 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 10746.61

Transaction ID : SB17.63202

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 5761.53

Transaction ID : SB17.63234

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 10846.61

Transaction ID : SB17.63217

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 27354.75

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 19 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 12600.03

Transaction ID : SB17.63241

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 10950.61

Transaction ID : SB17.63293

Memo Item

Full Name (Last, First, Middle Initial)

C. Delivery Signs

Mailing Address 40 W Crystal Lake St

City Orlando State FL Zip Code 32806

Purpose of Disbursement Yard sign

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 905.25

Transaction ID : SB17.63198

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 24455.89

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 20 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. DonorBureau		M M / D D / Y Y Y Y 10 / 19 / 2018
Mailing Address 1900 N CULPEPER STREET		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22207
Purpose of Disbursement Program	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	5648.00
State: District:	Transaction ID : SB17.63218	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. DonorBureau		M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 1900 N CULPEPER STREET		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22207
Purpose of Disbursement Program	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	4110.96
State: District:	Transaction ID : SB17.63233	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. DonorBureau		M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 1900 N CULPEPER STREET		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22207
Purpose of Disbursement Program	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	5417.74
State: District:	Transaction ID : SB17.63186	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15176.70
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Drive Media Branding

Full Name (Last, First, Middle Initial)

Mailing Address 6903 Cypress Rd.
Unit C24

City Plantation State FL Zip Code 33317

Purpose of Disbursement Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 3750.00

Transaction ID : SB17.63266

Memo Item

B. Drive Media Branding

Full Name (Last, First, Middle Initial)

Mailing Address 6903 Cypress Rd.
Unit C24

City Plantation State FL Zip Code 33317

Purpose of Disbursement Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 700.00

Transaction ID : SB17.63288

Memo Item

C. Dunkin' Donuts

Full Name (Last, First, Middle Initial)

Mailing Address 2091 Griffin Rd

City Fort Lauderdale State FL Zip Code 33312

Purpose of Disbursement Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.75

Transaction ID : SB17.63180

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4454.75

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 22 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Dunkin' Donuts

Mailing Address 2091 Griffin Rd

City Fort Lauderdale State FL Zip Code 33312

Purpose of Disbursement Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.75

Transaction ID : SB17.63183

Memo Item

Full Name (Last, First, Middle Initial)

B. Dunkin' Donuts

Mailing Address 2091 Griffin Rd

City Fort Lauderdale State FL Zip Code 33312

Purpose of Disbursement Snack

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.10

Transaction ID : SB17.63192

Memo Item

Full Name (Last, First, Middle Initial)

C. Dunkin' Donuts

Mailing Address 2091 Griffin Rd

City Fort Lauderdale State FL Zip Code 33312

Purpose of Disbursement Snack

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.12

Transaction ID : SB17.63307

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 6.97

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 23 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dunkin' Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2018
Mailing Address 2091 Griffin Rd		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33312
Purpose of Disbursement Snack	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2.12	
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) ▼	Transaction ID : SB17.63310
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dunkin' Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018
Mailing Address 2091 Griffin Rd		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33312
Purpose of Disbursement Snack	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2.96	
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) ▼	Transaction ID : SB17.63219
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JOE'S OLD SCHOOL PIZZA		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018
Mailing Address 2711 N Hiatus Rd		FEC Identification Number C
City Hollywood	State FL	Zip Code 33026
Purpose of Disbursement Lunch	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 36.97	
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) ▼	Transaction ID : SB17.63236
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	42.05
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 24 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOE'S OLD SCHOOL PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2018
Mailing Address 2711 N Hiatus Rd		FEC Identification Number C
City Hollywood	State FL	Zip Code 33026
Purpose of Disbursement Lunch		Amount of Each Disbursement this Period 31.79
Candidate Name		Transaction ID : SB17.63278
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018
Mailing Address 2645 Executive Park Dr 512		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 1030.21
Candidate Name		Transaction ID : SB17.63205
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018
Mailing Address 2645 Executive Park Dr 512		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 791.02
Candidate Name		Transaction ID : SB17.63206
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1853.02
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 25 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018	
Mailing Address 2645 Executive Park Dr 512			FEC Identification Number C	
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 6500.00	
Purpose of Disbursement Reimburse loan		Category/ Type	Transaction ID : SB17.63209	
Candidate Name			<input type="checkbox"/> Memo Item	
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) B. Kaufman, Joe, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018	
Mailing Address 2645 Executive Park Dr 512			FEC Identification Number C	
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Reimburse loan		Category/ Type	Transaction ID : SB17.63264	
Candidate Name			<input type="checkbox"/> Memo Item	
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. Kaufman, Joe, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018	
Mailing Address 2645 Executive Park Dr 512			FEC Identification Number C	
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Reimburse loan		Category/ Type	Transaction ID : SB17.63231	
Candidate Name			<input type="checkbox"/> Memo Item	
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).....▶	9400.00
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 26 OF 52		
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018
Mailing Address 2645 Executive Park Dr 512		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 514.63
Candidate Name		Transaction ID : SB17.63238
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018
Mailing Address 2645 Executive Park Dr 512		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 97.38
Candidate Name		Transaction ID : SB17.63239
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018
Mailing Address 2645 Executive Park Dr 512		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 5700.00
Candidate Name		Transaction ID : SB17.63289
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6312.01
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 27 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018		
Mailing Address 2645 Executive Park Dr 512			FEC Identification Number C		
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 262.00		
Purpose of Disbursement Reimburse loan		Category/ Type	Transaction ID : SB17.63290		
Candidate Name			<input type="checkbox"/> Memo Item		
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) B. Kaufman, Joe, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018		
Mailing Address 2645 Executive Park Dr 512			FEC Identification Number C		
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Reimburse loan		Category/ Type	Transaction ID : SB17.63301		
Candidate Name			<input type="checkbox"/> Memo Item		
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. LCS Miling			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018		
Mailing Address 5055 NE 13th Ave			FEC Identification Number C		
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 1060.60		
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.63191		
Candidate Name			<input type="checkbox"/> Memo Item		
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).....▶	1422.60
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 28 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement			
A. OFFICE DEPOT		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>10 / 22 / 2018</td> </tr> </table>		M M / D D / Y Y Y Y	10 / 22 / 2018
M M / D D / Y Y Y Y					
10 / 22 / 2018					
Mailing Address 651 N University Dr		FEC Identification Number			
City CORAL SPRINGS	State FL	Zip Code 33071	C		
Purpose of Disbursement Printing		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name			89.83		
Office Sought:	Disbursement For:	Transaction ID : SB17.63189			
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item			
State: District:					

Full Name (Last, First, Middle Initial)		Date of Disbursement			
B. OFFICE DEPOT		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>11 / 05 / 2018</td> </tr> </table>		M M / D D / Y Y Y Y	11 / 05 / 2018
M M / D D / Y Y Y Y					
11 / 05 / 2018					
Mailing Address 651 N University Dr		FEC Identification Number			
City CORAL SPRINGS	State FL	Zip Code 33071	C		
Purpose of Disbursement Printing		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name			19.92		
Office Sought:	Disbursement For:	Transaction ID : SB17.63272			
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item			
State: District:					

Full Name (Last, First, Middle Initial)		Date of Disbursement			
C. OFFICE DEPOT		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>11 / 05 / 2018</td> </tr> </table>		M M / D D / Y Y Y Y	11 / 05 / 2018
M M / D D / Y Y Y Y					
11 / 05 / 2018					
Mailing Address 651 N University Dr		FEC Identification Number			
City CORAL SPRINGS	State FL	Zip Code 33071	C		
Purpose of Disbursement Printing		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name			17.60		
Office Sought:	Disbursement For:	Transaction ID : SB17.63273			
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item			
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	127.35
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 29 OF 52			
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 4695 N University Dr		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33351
Purpose of Disbursement gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 25.58	
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) ▼	Transaction ID : SB17.63303
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018
Mailing Address 1900 W Oakland Park Blvd Ste 100		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33310
Purpose of Disbursement postage	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3344.00	
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) ▼	Transaction ID : SB17.63203
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2018
Mailing Address 4401 NW 76th Ave		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33351
Purpose of Disbursement gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 27.55	
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) ▼	Transaction ID : SB17.63311
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3397.13
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 30 OF 52	
	<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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018
Mailing Address 4401 NW 76th Ave		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33351
Purpose of Disbursement gas	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 31.46	
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) ▼	Transaction ID : SB17.63220
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2018
Mailing Address 4401 NW 76th Ave		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33351
Purpose of Disbursement gas	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 29.16	
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) ▼	Transaction ID : SB17.63279
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ynakey, Bob, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 6660 SW 8 St.		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33023
Purpose of Disbursement Expenses	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 400.00	
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) ▼	Transaction ID : SB17.63197
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	460.62
TOTAL This Period (last page this line number only).....▶	221253.15

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/9.63372**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
BASE CONNECT, INC.		<input type="checkbox"/> Primary
Mailing Address 1155 - 15TH ST, NW SUITE 410		<input checked="" type="checkbox"/> General
City WASHINGTON		<input type="checkbox"/> Other (specify) ▼
State DC	ZIP Code 20005	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20235.44	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20235.44
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 29 / 2014	M M / D D / Y Y Y Y	% (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).....▶	20235.44
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/9.63375**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
CENTURY DATA SYSTEMS CORP		<input type="checkbox"/> Primary
Mailing Address 1155 - 15TH STREET, NW		<input checked="" type="checkbox"/> General
City WASHINGTON		<input type="checkbox"/> Other (specify) ▼
State DC	ZIP Code 20005	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6552.89	0.00	6552.89

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 29 / 2014	M M / D D / Y Y Y Y	% (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).....▶	6552.89
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/9.63377**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2014
DIRECT MAIL PROCESSORS, INC.			<input type="checkbox"/> Primary
Mailing Address 1150 CONRAD COURT			<input checked="" type="checkbox"/> General
City HAGERSTOWN		State MD	ZIP Code 21740
			<input type="checkbox"/> Other (specify) ▼
			<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
102.55	0.00	102.55

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2014			<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).....▶	102.55
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/9.63373**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2014
INTEGRAM				<input type="checkbox"/> Primary
Mailing Address 22695 Commerce Center Court				<input checked="" type="checkbox"/> General
City Dulles			State VA	ZIP Code 20166
				<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Personal Funds of the Candidate				

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10210.45	0.00	10210.45

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 29 / 2014	M M / D D / Y Y Y Y	% (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).....▶	10210.45
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/9.63376**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2014
LEGACY LISTS, INC. - BROKERAGE			<input type="checkbox"/> Primary
Mailing Address 1155 - 15TH STREET, NW SUITE 410			<input checked="" type="checkbox"/> General
City		State	ZIP Code
WASHINGTON	DC	20005	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6327.81	0.00	6327.81

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2014			<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).....▶	6327.81
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/9.63374**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2014
LEGACY LISTS, INC. - MANAGEMENT				<input type="checkbox"/> Primary
Mailing Address 1155 15th St NW				<input checked="" type="checkbox"/> General
City Washington			State FL	ZIP Code 20005
				<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Personal Funds of the Candidate				

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6769.75	0.00	6769.75

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 29 / 2014	M M / D D / Y Y Y Y	% (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).....▶	6769.75
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/9.63378**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2014
SIMPKINS ESCROW LLC			<input type="checkbox"/> Primary
Mailing Address 29243 St Just Dr			<input checked="" type="checkbox"/> General
City UNIONVILLE		State VA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 22567		<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
93.00	0.00	93.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 29 / 2014	M M / D D / Y Y Y Y	% (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).....▶	93.00
TOTALS This Period (last page in this line only).....▶	50291.89

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/10.48978**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2014
JOE KAUFMAN FOR CONGRESS			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
2645 EXECUTIVE PARK DRIVE STE 512			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WESTON	FL	33331	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 24 / 2014	M M / D D / Y Y Y Y Upon demand	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).....▶	2000.00
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/10.48979**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2014
JOE KAUFMAN FOR CONGRESS			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
2645 EXECUTIVE PARK DRIVE STE 512			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WESTON	FL	33331	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	9500.00	1500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 30 / 2014	M M / D D / Y Y Y Y Upon demand	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).....▶	1500.00
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/10.5512**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		<input type="checkbox"/> General
City State ZIP Code WESTON FL 33331		<input type="checkbox"/> Other (specify) ▼
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3248.21	0.00	3248.21

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 01 / 2011	M M / D D / Y Y Y Y Upon Demand	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).....▶	3248.21
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/10.9126**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		<input type="checkbox"/> General
City State ZIP Code		<input type="checkbox"/> Other (specify) ▼
WESTON FL 33331		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	3800.00	1200.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2011	M M / D D / Y Y Y Y Upon Demand	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).....▶	1200.00
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/10.20680**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 20 / 2012	Upon Demand	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).....▶	5000.00
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/10.22542**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 05 / 2012	M M / D D / Y Y Y Y Upon Demand	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).....▶	500.00
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/10.22543**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 13 / 2012	Upon Demand	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).....▶	5000.00
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/10.22544**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 16 / 2012	M M / D D / Y Y Y Y Upon Demand	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).....▶	1000.00
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/10.26611**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2012
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3200.00	823.50	2376.50

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 15 / 2012	M M / D D / Y Y Y Y Upon Demand	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).....▶	2376.50
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/10.50920**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 20 / 2014	M M / D D / Y Y Y Y Upon Demand	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).....▶	6000.00
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/10.50921**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
KAUFMAN, JOE, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City WESTON	State FL	ZIP Code 33331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 20 / 2014	M M / D D / Y Y Y Y Upon Demand	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).....▶	6000.00
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/10.58526**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2016
Kaufman, Joseph, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8708 NW 82 ST.		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Tamarac	State FL	ZIP Code 33321
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5745.93	0.00	5745.93

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 05 / 2015	on demand	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).....▶	5745.93
TOTALS This Period (last page in this line only).....▶	39570.64

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC.			Nature of Debt (Purpose): Direct Mail Creative Fees
Mailing Address 1155 15th St NW STE 410			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period 20235.44	Transaction ID : SD10.33907	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20235.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA SYSTEMS CORP			Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 1155 - 15TH STREET, NW			
City WASHINGTON	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period 6552.89	Transaction ID : SD10.33908	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6552.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECT MAIL PROCESSORS, INC.			Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 2976 Penwick Lane			
City Dunkirk	State MD	Zip Code 20754	

Outstanding Balance Beginning This Period 102.55	Transaction ID : SD10.33909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 102.55

1) SUBTOTALS This Period This Page (optional)	▶	26890.88
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM			Nature of Debt (Purpose): Direct Mail Program Printing & Mailshop
Mailing Address 22695 Commerce Center Court			
City Dulles	State VA	Zip Code 20166	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="10210.45"/>	Transaction ID : SD10.33910
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="10210.45"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC. - BROKERAGE			Nature of Debt (Purpose): Direct Mail List Rental
Mailing Address 1155 - 15TH STREET, NW SUITE 410			
City WASHINGTON	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="6327.81"/>	Transaction ID : SD10.33911
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="6327.81"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC. - MANAGEMENT			Nature of Debt (Purpose): Direct Mail List Management
Mailing Address 1155 15th St NW			
City Washington	State FL	Zip Code 20005	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="6769.75"/>	Transaction ID : SD10.33912
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="6769.75"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="23308.01"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIMPKINS ESCROW LLC			Nature of Debt (Purpose): Indirect Prog Exp Caging & Escrow
Mailing Address 29243 St Just Dr			
City UNIONVILLE	State VA	Zip Code 22567	

Outstanding Balance Beginning This Period		Transaction ID : SD10.33913	
93.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	93.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	93.00
2) TOTALS This Period (last page this line number only)	50291.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	39570.64
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	89862.53