

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	222.85	1328.85
(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)).....	222.85	1328.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	- 25830.78	
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	222.85	1328.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	222.85	1328.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 25607.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	- 25607.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	222.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 25830.78

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 5 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Whispering Woods		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2022
Mailing Address 7401 Wiles Rd		FEC Identification Number C C00501205
City Coral Springs	State FL	Zip Code 33067
Purpose of Disbursement rent	Category/ Type	Amount of Each Disbursement this Period 104.92
Candidate Name JOE KAUFMAN FOR CONGRESS	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.63418
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 20	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	104.92
TOTAL This Period (last page this line number only).....▶	104.92

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) BASE CONNECT, INC.			<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1155 - 15TH ST, NW SUITE 410				
City WASHINGTON	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
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="20235.44"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/9.63375**

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

Original Amount of Loan 6552.89	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6552.89
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/9.63377**

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

Original Amount of Loan 102.55	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 102.55
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/9.63373**

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

Original Amount of Loan 10210.45	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10210.45
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/9.63376**

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

Original Amount of Loan 6327.81	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6327.81
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/9.63374**

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

Original Amount of Loan 6769.75	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6769.75
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/9.63378**

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

Original Amount of Loan 93.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 93.00
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TERMS	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.48978**

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

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS	Date Incurred M 04 / D 24 / Y 2014	Date Due M M / D D / Upon demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.48979**

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

Original Amount of Loan 11000.00	Cumulative Payment To Date 9500.00	Balance Outstanding at Close of This Period 1500.00
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TERMS	Date Incurred M 04 / D 30 / Y 2014	Date Due M M / D D / Upon demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 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) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3248.21	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3248.21
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TERMS	Date Incurred M 07 / D 01 / Y 2011	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.9126**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , <input type="checkbox"/> Memo Item		Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		
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
5000.00	3800.00	1200.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 ^M / D 31 ^D / Y 2011 Y	M M / D D / 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) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
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 M 06 / D 20 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	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) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
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 M 07 / D 05 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22543**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , <input type="checkbox"/> Memo Item		Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		
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
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 13 / Y 2012	M M / D D / 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) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
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 M 07 / D 16 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.26611**

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

Original Amount of Loan 3200.00	Cumulative Payment To Date 823.50	Balance Outstanding at Close of This Period 2376.50
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TERMS	Date Incurred M 08 / D 15 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50920**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , <input type="checkbox"/> Memo Item		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		
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
6000.00	0.00	6000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 20 / Y 2014 Y	M M / D D / 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) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50921**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
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 M 08 / D 20 / Y 2014 Y	Date Due M M / D D / Upon Demand Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	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 Kaufman, Joseph, , ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8708 NW 82 ST.		
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:
	M 03 ^M / D 05 ^D / Y 2015 Y	M M / D D / Y on demand Y	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: <input style="width: 150px;" type="text"/>	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>	

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="5745.93"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text" value="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

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 <input type="text" value="20235.44"/>	Transaction ID : SD10.33907	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="6552.89"/>	Transaction ID : SD10.33908	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="102.55"/>	Transaction ID : SD10.33909	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="102.55"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="26890.88"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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 10210.45	Transaction ID : SD10.33910	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 6327.81	Transaction ID : SD10.33911	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 6769.75	Transaction ID : SD10.33912	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6769.75

1) SUBTOTALS This Period This Page (optional)	▶	23308.01
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

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