

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street) 2645 EXECUTIVE PARK DRIVE STE 512

Check if different than previously reported. (ACC)

WESTON

FL

33331

2. **FEC IDENTIFICATION NUMBER** ▼

C C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

FL

20

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOE KAUFMAN

Signature of Treasurer JOE KAUFMAN

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

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))....	123186.73	409105.17
(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)).....	123186.73	409105.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	114271.54	293145.46
(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)).....	114271.54	293145.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	135778.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	68616.60	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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).....	38263.00	103316.85
(ii) Unitemized.....	84923.73	305788.32
(iii) TOTAL of contributions from individuals ▶	123186.73	409105.17
(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))..	123186.73	409105.17
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)..... ▶	123186.73	409105.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	114271.54	293145.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3800.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3800.00
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) ►	114271.54	296945.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	126863.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	123186.73
25. SUBTOTAL (add Line 23 and Line 24).....	250050.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	114271.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	135778.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
MISS MARIE ADAMS

Mailing Address 857 NOTRE DAME DR

City: WOODLAND State: CA Zip Code: 95695

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 210.00

Date of Receipt: 03 / 12 / 2014

Transaction ID : SA11AI.39091

Amount of Each Receipt this Period: 35.00

Contribution

B. Full Name (Last, First, Middle Initial)
ROSEMARY AGEE

Mailing Address 929 E BERYL AVE

City: PHOENIX State: AZ Zip Code: 85020

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 212.00

Date of Receipt: 02 / 06 / 2014

Transaction ID : SA11AI.39106

Amount of Each Receipt this Period: 53.00

Contribution

C. Full Name (Last, First, Middle Initial)
MRS KATHERINE H ALBURY

Mailing Address 6101 SW 79TH ST

City: SOUTH MIAMI State: FL Zip Code: 33143

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 03 / 2014

Transaction ID : SA11AI.39127

Amount of Each Receipt this Period: 500.00

Contribution

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

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

588.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS JANET ALLISON

Mailing Address 5825 SW 28TH ST

City TOPEKA State KS Zip Code 66614

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

Name of Employer TEACHER Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.39153

Amount of Each Receipt this Period
 100.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR LARRY ANDERSON

Mailing Address PO BOX 7726

City MARBLE FALLS State TX Zip Code 78657

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.39175

Amount of Each Receipt this Period
 100.00

Contribution

C. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City Tamarac State FL Zip Code 99999

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
204.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.39202

Amount of Each Receipt this Period
 5.00

Contribution

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

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

205.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.39204

Amount of Each Receipt this Period
5.00

Contribution

B. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
213.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.39201

Amount of Each Receipt this Period
4.00

Contribution

C. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
223.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.39203

Amount of Each Receipt this Period
10.00

Contribution

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

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

19.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 232.00

Date of Receipt: 01 / 22 / 2014

Transaction ID : SA11AI.39197

Amount of Each Receipt this Period: 9.00

Contribution

B. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 234.00

Date of Receipt: 01 / 24 / 2014

Transaction ID : SA11AI.39196

Amount of Each Receipt this Period: 2.00

Contribution

C. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 238.00

Date of Receipt: 01 / 27 / 2014

Transaction ID : SA11AI.39205

Amount of Each Receipt this Period: 4.00

Contribution

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

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

15.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 258.00

Date of Receipt: 01 / 30 / 2014

Transaction ID : SA11AI.39198

Amount of Each Receipt this Period: 20.00

Contribution

B. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 261.00

Date of Receipt: 01 / 30 / 2014

Transaction ID : SA11AI.39200

Amount of Each Receipt this Period: 3.00

Contribution

C. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 263.00

Date of Receipt: 01 / 31 / 2014

Transaction ID : SA11AI.39199

Amount of Each Receipt this Period: 2.00

Contribution

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

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
266.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.39211

Amount of Each Receipt this Period
 Contribution **3.00**

B. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
273.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.39207

Amount of Each Receipt this Period
 Contribution **7.00**

C. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
276.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.39208

Amount of Each Receipt this Period
 Contribution **3.00**

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

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

13.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JKC ANONYMOUS		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address City State Zip Code Tamarac FL 99999		Transaction ID : SA11AI.39206	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 20.00	
Name of Employer Occupation Retired Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 296.00	

Full Name (Last, First, Middle Initial) B. JKC ANONYMOUS		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address City State Zip Code Tamarac FL 99999		Transaction ID : SA11AI.39209	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer Occupation Retired Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 321.00	

Full Name (Last, First, Middle Initial) C. JKC ANONYMOUS		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address City State Zip Code Tamarac FL 99999		Transaction ID : SA11AI.39210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2.00	
Name of Employer Occupation Retired Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 323.00	

SUBTOTAL of Receipts This Page (optional).....	Contribution 47.00
TOTAL This Period (last page this line number only).....	Contribution

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 326.00

Date of Receipt: 03 / 05 / 2014

Transaction ID : SA11AI.39212

Amount of Each Receipt this Period: 3.00

Contribution

B. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 346.00

Date of Receipt: 03 / 06 / 2014

Transaction ID : SA11AI.39214

Amount of Each Receipt this Period: 20.00

Contribution

C. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City: Tamarac State: FL Zip Code: 99999

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 10 / 2014

Transaction ID : SA11AI.39215

Amount of Each Receipt this Period: 4.00

Contribution

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

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

27.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
353.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.39213

Amount of Each Receipt this Period
 Contribution **3.00**

B. Full Name (Last, First, Middle Initial)
JKC ANONYMOUS

Mailing Address

City State Zip Code
Tamarac FL 99999

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
355.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.39216

Amount of Each Receipt this Period
 Contribution **2.00**

C. Full Name (Last, First, Middle Initial)
JOHNNIE BAKER

Mailing Address **PO BOX 163**

City State Zip Code
WRIGHTSVILLE BEACH NC 28480

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.39260

Amount of Each Receipt this Period
 Contribution **50.00**

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

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

55.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHNNIE BAKER

Mailing Address **PO BOX 163**

City **WRIGHTSVILLE BEACH** State **NC** Zip Code **28480**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.39266

Amount of Each Receipt this Period
75.00

Contribution

B. Full Name (Last, First, Middle Initial)
MRS JEANNE BARNES

Mailing Address **165 CHRISTOPHER ST APT 6CC
APT 6CC**

City **NEW YORK** State **NY** Zip Code **10014**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.39291

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR RAY R BARRETT JR

Mailing Address **HC 34 BOX 3**

City **MIDKIFF** State **TX** Zip Code **79755**

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

Name of Employer **SELF** Occupation **FARMER RANCHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.39306

Amount of Each Receipt this Period
200.00

Contribution

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

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

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR RAY R BARRETT JR

Mailing Address **HC 34 BOX 3**

City **MIDKIFF** State **TX** Zip Code **79755**

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

Name of Employer **SELF** Occupation **FARMER RANCHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.39305

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
WARREN F BATEMAN

Mailing Address **PO BOX 1986**

City **MAGGIE VALLEY** State **NC** Zip Code **28751**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.39310

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
WARREN F BATEMAN

Mailing Address **PO BOX 1986**

City **MAGGIE VALLEY** State **NC** Zip Code **28751**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.39311

Amount of Each Receipt this Period
150.00

Contribution

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEAN BAUMGARTEN

Mailing Address 3530 PIEDMONT RD NE APT 8L
APT 8L

City ATLANTA State GA Zip Code 30305

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.39327

Amount of Each Receipt this Period
 Contribution 35.00

B. Full Name (Last, First, Middle Initial)
YVONNE BERRY

Mailing Address 1019 VAN SICLEN AVE APT 5J
APT 5J

City BROOKLYN State NY Zip Code 11207

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : SA11AI.39381

Amount of Each Receipt this Period
 Contribution 150.00

C. Full Name (Last, First, Middle Initial)
YVONNE BERRY

Mailing Address 1019 VAN SICLEN AVE APT 5J
APT 5J

City BROOKLYN State NY Zip Code 11207

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1425.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.39383

Amount of Each Receipt this Period
 Contribution 175.00

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

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

360.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS RUTH BORUN

Mailing Address **344 S CLIFFWOOD AVE**

City **LOS ANGELES** State **CA** Zip Code **90049**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11AI.39462

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
MS RUTH BORUN

Mailing Address **344 S CLIFFWOOD AVE**

City **LOS ANGELES** State **CA** Zip Code **90049**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.39463

Amount of Each Receipt this Period
150.00

Contribution

C. Full Name (Last, First, Middle Initial)
MS RUTH BORUN

Mailing Address **344 S CLIFFWOOD AVE**

City **LOS ANGELES** State **CA** Zip Code **90049**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.39464

Amount of Each Receipt this Period
100.00

Contribution

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS RUTH BORUN

Mailing Address **344 S CLIFFWOOD AVE**

City **LOS ANGELES** State **CA** Zip Code **90049**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.39465

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
JON F BOUCHER

Mailing Address **77-6481 KALI IKI ST**

City **KAILUA KONA** State **HI** Zip Code **96740**

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

Name of Employer **Kona Rainbow Sport Fishing** Occupation **retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.39466

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR HAROLD G BROWN

Mailing Address **1336 WALNUT ST**

City **KINGMAN** State **KS** Zip Code **67068**

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

Name of Employer **WHEAT FARMING COMPANIES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.39540

Amount of Each Receipt this Period
100.00

Contribution

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS RICHIE ANNE BROWN

Mailing Address 6722 NAGLE AVE

City VAN NUYS State CA Zip Code 91401

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **244.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.39541

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
MS ELIZABETH E BRUNETTE

Mailing Address 911 N BRYN DR

City GROSSE POINTE WOODS State MI Zip Code 48236

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11AI.39552

Amount of Each Receipt this Period
20.00

Contribution

C. Full Name (Last, First, Middle Initial)
MS ELIZABETH BRYDEN

Mailing Address 1 W 67TH ST APT 611
APT 611

City NEW YORK State NY Zip Code 10023

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **310.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.39560

Amount of Each Receipt this Period
205.00

Contribution

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

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

275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS ELIZABETH BRYDEN

Mailing Address 1 W 67TH ST APT 611
APT 611

City NEW YORK State NY Zip Code 10023

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11AI.39559

Amount of Each Receipt this Period
 105.00
 Contribution

B. Full Name (Last, First, Middle Initial)
MS ELIZABETH BRYDEN

Mailing Address 1 W 67TH ST APT 611
APT 611

City NEW YORK State NY Zip Code 10023

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
520.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.39561

Amount of Each Receipt this Period
 105.00
 Contribution

C. Full Name (Last, First, Middle Initial)
JOSEPH BUTTIGIEG

Mailing Address 15811 COLLINS AVE APT 1001

City NORTH MIAMI BEACH State FL Zip Code 33160

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.39617

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

460.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT CAMPBELL		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 11390		Transaction ID : SA11AI.39651
City MIDLAND	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOBART RANCH	Occupation DIRECTOR	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. MS SUE M CANNON		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 13 / 2014
Mailing Address 6420 W LAKERIDGE RD		Transaction ID : SA11AI.39660
City LAKEWOOD	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer RETIRED	Occupation RETIRED	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. ANNE CARPENTER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2014
Mailing Address 12494 N ROYAL LN		Transaction ID : SA11AI.39696
City THIENSVILLE	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR MILTON CARUS

Mailing Address 2222 AIRPORT RD

City PERU State IL Zip Code 61354

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

Name of Employer Carus Chemical Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.39709

Amount of Each Receipt this Period
 Contribution **100.00**

B. Full Name (Last, First, Middle Initial)
MR MILTON CARUS

Mailing Address 2222 AIRPORT RD

City PERU State IL Zip Code 61354

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

Name of Employer Carus Chemical Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.39710

Amount of Each Receipt this Period
 Contribution **50.00**

C. Full Name (Last, First, Middle Initial)
R V CASTEEL

Mailing Address 62511 LOCUST RD

City SOUTH BEND State IN Zip Code 46614

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11AI.39728

Amount of Each Receipt this Period
 Contribution **250.00**

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GIUSEPPE CECCHI

Mailing Address 1700 N MOORE ST

City ARLINGTON State VA Zip Code 22209

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

Name of Employer IDI GROUP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.39742

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
MR ARTHUR B CHOATE

Mailing Address 1390 S DIXIE HWY

City CORAL GABLES State FL Zip Code 33146

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

Name of Employer Artmarina Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11AI.39768

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
MR ARTHUR B CHOATE

Mailing Address 1390 S DIXIE HWY

City CORAL GABLES State FL Zip Code 33146

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

Name of Employer Artmarina Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.39770

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 112			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS DOROTHY CLAPP

Mailing Address 2225 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.39781

Amount of Each Receipt this Period
 Contribution 50.00

B. Full Name (Last, First, Middle Initial)
ELEANOR COBB

Mailing Address 131 S VISTA ST

City LOS ANGELES State CA Zip Code 90036

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.39813

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
ALBERT J CORDONNIER

Mailing Address 16700 S AIR DEPOT BLVD

City NORMAN State OK Zip Code 73071

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.39874

Amount of Each Receipt this Period
 Contribution 75.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) BETTY R. CRAWFORD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 13 / 2014
Mailing Address 601 ASPEN TRL		Transaction ID : SA11AI.39912
City MUSCATINE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 200.00
Name of Employer RETIRED	Occupation RETIRED	Contribution 600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) BETTY R. CRAWFORD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2014
Mailing Address 601 ASPEN TRL		Transaction ID : SA11AI.39914
City MUSCATINE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00
Name of Employer RETIRED	Occupation RETIRED	Contribution 700.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) MRS MARJORIE L CRUMP		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2014
Mailing Address 28 TWISTED OAK CIR		Transaction ID : SA11AI.39933
City TRUMBULL	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer RETIRED	Occupation RETIRED	Contribution 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOWARD CURTIS

Mailing Address 580 SHAWNEE RD

City POMONA State KS Zip Code 66076

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.39947

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
MR PAUL DECLEVA

Mailing Address 325 N SAINT PAUL ST STE 1625
STE 1625

City DALLAS State TX Zip Code 75201

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

Name of Employer DP CONSULTANTS Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.40002

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
ROBERT DEMPSEY

Mailing Address 1461 LANDINGS CIR

City SARASOTA State FL Zip Code 34231

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11AI.40015

Amount of Each Receipt this Period
 Contribution 100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GLADYS E. DOANE

Mailing Address **3 BROADVIEW**

City **KIRKSVILLE** State **MO** Zip Code **63501**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1130.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.40073

Amount of Each Receipt this Period
30.00

Contribution

B. Full Name (Last, First, Middle Initial)
JANE W PELHAM DOYLE

Mailing Address **3172 HORSLEY MILL RD**

City **CARROLLTON** State **GA** Zip Code **30116**

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

Name of Employer **AT&T** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2235.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.40104

Amount of Each Receipt this Period
840.00

Contribution

C. Full Name (Last, First, Middle Initial)
MICHAEL DYCKMAN

Mailing Address **4 MAJESTIC CT**

City **DIX HILLS** State **NY** Zip Code **11746**

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

Name of Employer **SELF** Occupation **ATTY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
420.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.40139

Amount of Each Receipt this Period
70.00

Contribution

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

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

940.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL DYCKMAN

Mailing Address 4 MAJESTIC CT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Occupation
SELF ATTY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
520.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.40140

Amount of Each Receipt this Period
Contribution 100.00

B. Full Name (Last, First, Middle Initial)
MARJORIE EDDY

Mailing Address 1 MCKNIGHT PLACE #285

City State Zip Code
SAINT LOUIS MO 63124

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

Name of Employer Occupation
homemaker HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
345.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11AI.40161

Amount of Each Receipt this Period
Contribution 50.00

C. Full Name (Last, First, Middle Initial)
MARJORIE EDDY

Mailing Address 1 MCKNIGHT PLACE #285

City State Zip Code
SAINT LOUIS MO 63124

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

Name of Employer Occupation
homemaker HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
395.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.40162

Amount of Each Receipt this Period
Contribution 50.00

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS WILMA EDWARDS

Mailing Address **PO BOX 2948**

City **DEL MAR** State **CA** Zip Code **92014**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11AI.40176

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
JANE G FLYNN

Mailing Address **1840 TICE CREEK DR APT 2105**
APT 2105

City **WALNUT CREEK** State **CA** Zip Code **94595**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.40311

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR DALE FORTIK

Mailing Address **3009 RAY AVE**

City **CALDWELL** State **ID** Zip Code **83605**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.40324

Amount of Each Receipt this Period
50.00

Contribution

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TOM FREDERICKSEN

Mailing Address 13463 MARGO ST

City OMAHA State NE Zip Code 68138

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11AI.40344

Amount of Each Receipt this Period
 Contribution 50.00

B. Full Name (Last, First, Middle Initial)
TOM FREDERICKSEN

Mailing Address 13463 MARGO ST

City OMAHA State NE Zip Code 68138

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.40345

Amount of Each Receipt this Period
 Contribution 50.00

C. Full Name (Last, First, Middle Initial)
TOM FREDERICKSEN

Mailing Address 13463 MARGO ST

City OMAHA State NE Zip Code 68138

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
295.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.40346

Amount of Each Receipt this Period
 Contribution 35.00

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

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

135.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT FUREK

Mailing Address 1370 CUTLER CT

City MARCO ISLAND State FL Zip Code 34145

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11Al.40365

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
VIRGINIA L GAYLORD

Mailing Address 430 N VINEDO AVE

City PASADENA State CA Zip Code 91107

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Al.40402

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
MSGT LOUIS GEFFERT USAF RET

Mailing Address 6674 PENTZ RD

City PARADISE State CA Zip Code 95969

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11Al.40406

Amount of Each Receipt this Period
100.00

Contribution

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS SONJA GERQUEST

Mailing Address 5101 ASHLAR VLG

City WALLINGFORD State CT Zip Code 06492

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11Al.40427

Amount of Each Receipt this Period
 Contribution **150.00**

B. Full Name (Last, First, Middle Initial)
BENJAMIN K GIBBS

Mailing Address 8 SPRINGMOOR DR

City RALEIGH State NC Zip Code 27615

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **485.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.40435

Amount of Each Receipt this Period
 Contribution **200.00**

C. Full Name (Last, First, Middle Initial)
MS LISE GOGA

Mailing Address 95-1089 PAEMOKU PL

City MILILANI State HI Zip Code 96789

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11Al.40465

Amount of Each Receipt this Period
 Contribution **200.00**

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS LISE GOGA

Mailing Address 95-1089 PAEMOKU PL

City MILILANI State HI Zip Code 96789

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
435.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.40464

Amount of Each Receipt this Period
 Contribution 35.00

B. Full Name (Last, First, Middle Initial)
MURRAY GOODMAN

Mailing Address 911 N OCEAN BLVD

City PALM BEACH State FL Zip Code 33480

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

Name of Employer THE GOODMAN CO Occupation DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.40476

Amount of Each Receipt this Period
 Contribution 200.00

C. Full Name (Last, First, Middle Initial)
CHARLES GORDER SR

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.40483

Amount of Each Receipt this Period
 Contribution 50.00

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

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

285.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Russell Jay Greenberg

Mailing Address 15 Michaels Way

City Weston State CT Zip Code 06883

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

Name of Employer Altus Capital Partners.Inc Occupation Investment management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **238.75**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.40529

Amount of Each Receipt this Period
238.75

Contribution

B. Full Name (Last, First, Middle Initial)
BARBARA GRIMLADI

Mailing Address PO BOX 6040

City MIRAMAR BEACH State FL Zip Code 32550

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

Name of Employer SELF Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11AI.40549

Amount of Each Receipt this Period
150.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR WALDO ALBERT HALE

Mailing Address 98 MAPLE ST

City CANISTEO State NY Zip Code 14823

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.40592

Amount of Each Receipt this Period
100.00

Contribution

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

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

488.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARTIN HARRIS

Mailing Address 41 GRANBURG CIR

City State Zip Code
SAN ANTONIO TX 78218

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.40645

Amount of Each Receipt this Period

Contribution

B. Full Name (Last, First, Middle Initial)
MR GERMANO J HASSLOCHER

Mailing Address 219 LABURNUM DR

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF RESTAURANTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.40678

Amount of Each Receipt this Period

Contribution

C. Full Name (Last, First, Middle Initial)
MR GERMANO J HASSLOCHER

Mailing Address 219 LABURNUM DR

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF RESTAURANTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.40679

Amount of Each Receipt this Period

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANA HELLYER

Mailing Address **PO BOX 1043**

City **BAKER** State **MT** Zip Code **59313**

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

Name of Employer **SELF** Occupation **SHEEP RANCHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.40731

Amount of Each Receipt this Period
47.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR TATNALL LEA HILLMAN

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 **SELF** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.40769

Amount of Each Receipt this Period
2600.00

Contribution

C. Full Name (Last, First, Middle Initial)
MS JEAN HOWARD

Mailing Address **1307 QUAKER DR**

City **MCKINNEY** State **TX** Zip Code **75069**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
241.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.40830

Amount of Each Receipt this Period
35.00

Contribution

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

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

2682.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIRGINIA HOWARD

Mailing Address **3707 WOODLAND RIDGE BLVD**

City **BATON ROUGE** State **LA** Zip Code **70816**

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

Name of Employer **SELF** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.40824

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
THOMAS E. HUMPHREYS

Mailing Address **4006 SW 21ST ST**

City **GAINESVILLE** State **FL** Zip Code **32608**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.40865

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
DR ANTHONY IVANKOVIC MD

Mailing Address **1150 MICHIGAN AVE**

City **WILMETTE** State **IL** Zip Code **60091**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11AI.40894

Amount of Each Receipt this Period
250.00

Contribution

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR LOREN JAHN

Mailing Address 13149 N COUNTRY CLUB CT

City PALOS HEIGHTS State IL Zip Code 60463

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.40910

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
MR LOREN JAHN

Mailing Address 13149 N COUNTRY CLUB CT

City PALOS HEIGHTS State IL Zip Code 60463

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.40911

Amount of Each Receipt this Period
 Contribution 150.00

C. Full Name (Last, First, Middle Initial)
Paul Michael Karppinen

Mailing Address 2378 Rice Pond Road

City Charleston State SC Zip Code 29414

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.41027

Amount of Each Receipt this Period
 Contribution 100.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS NANCY E KAYS

Mailing Address 2231 N INDIAN HILL BLVD

City State Zip Code
CLAREMONT CA 91711

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

Name of Employer Occupation
RET CONTRACTOR RET CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.41046

Amount of Each Receipt this Period
45.00

Contribution

B. Full Name (Last, First, Middle Initial)
LINDA KENDALL

Mailing Address 2151 LAGUNA ST

City State Zip Code
SAN FRANCISCO CA 94115

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.41073

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
LINDA KENDALL

Mailing Address 50 CLUB HOUSE RD

City State Zip Code
KEY LARGO FL 33037

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : SA11AI.41076

Amount of Each Receipt this Period
1000.00

Contribution

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

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

2045.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR LEONARD M KIRK

Mailing Address **6 HUNTER DR**

City **BEL AIR** State **MD** Zip Code **21014**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.41122

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR ROBERT KITTREDGE

Mailing Address **622 N DARTMOUTH RD**

City **SPOKANE VALLEY** State **WA** Zip Code **99206**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.41133

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
CONCETTA KLIMKO

Mailing Address **4006 WESLEY TER**

City **SCHILLER PARK** State **IL** Zip Code **60176**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **295.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.41140

Amount of Each Receipt this Period
35.00

Contribution

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

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

335.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY G KOEHL

Mailing Address 1307 MANOR LAKE CT

City Richmond State TX Zip Code 77406

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

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 02 / 2014

Transaction ID : SA11AI.41164

Amount of Each Receipt this Period
60.00

Contribution

B. Full Name (Last, First, Middle Initial)
MARY G KOEHL

Mailing Address 1307 MANOR LAKE CT

City Richmond State TX Zip Code 77406

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

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **410.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11AI.41165

Amount of Each Receipt this Period
60.00

Contribution

C. Full Name (Last, First, Middle Initial)
MARY G KOEHL

Mailing Address 1307 MANOR LAKE CT

City Richmond State TX Zip Code 77406

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

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **485.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.41166

Amount of Each Receipt this Period
75.00

Contribution

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

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

195.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR PETER G KOERTEN		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 13517 AURORA DR APT 103 APT 103		Transaction ID : SA11AI.41170
City SAN LEANDRO State CA Zip Code 94577	Amount of Each Receipt this Period 95.50 Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer SF Real Estate Occupation Short Sales	Amount of Each Receipt this Period 230.50 Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.50	

Full Name (Last, First, Middle Initial) B. MR PETER G KOERTEN		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 13517 AURORA DR APT 103 APT 103		Transaction ID : SA11AI.41171
City SAN LEANDRO State CA Zip Code 94577	Amount of Each Receipt this Period 100.00 Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer SF Real Estate Occupation Short Sales	Amount of Each Receipt this Period 330.50 Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 330.50	

Full Name (Last, First, Middle Initial) C. MRS MARY KOLODZIEJ		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 104 WHISKWOOD LN		Transaction ID : SA11AI.41180
City MINOA State NY Zip Code 13116	Amount of Each Receipt this Period 100.00 Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED	Amount of Each Receipt this Period 450.00 Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	295.50
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR GARY KOSAK		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 2095 SW 166TH AVE		Transaction ID : SA11AI.41192	
City MIRAMAR	State FL	Zip Code 33027	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00	
Name of Employer AIRBUS AMERICAS	Occupation FLIGHT INSTRUCTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 300.00		

Full Name (Last, First, Middle Initial) B. ANN KREBES		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 1921 JAMES AVE		Transaction ID : SA11AI.41209	
City SAINT PAUL	State MN	Zip Code 55105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00	
Name of Employer RE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 600.00		

Full Name (Last, First, Middle Initial) C. PETER KUKK		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 1 VINCENT RD APT 4A APT 4A		Transaction ID : SA11AI.41224	
City BRONXVILLE	State NY	Zip Code 10708	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 500.00		

SUBTOTAL of Receipts This Page (optional).....	Contribution 300.00
TOTAL This Period (last page this line number only).....	Contribution

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEAN LAIRD

Mailing Address 688 FACEVILLE ATTAPULGUS RD

City ATTAPULGUS State GA Zip Code 39815

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.41248

Amount of Each Receipt this Period
25.00

Contribution

B. Full Name (Last, First, Middle Initial)
JEAN LAIRD

Mailing Address 688 FACEVILLE ATTAPULGUS RD

City ATTAPULGUS State GA Zip Code 39815

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.41249

Amount of Each Receipt this Period
25.00

Contribution

C. Full Name (Last, First, Middle Initial)
DAN W LAKENMACHER

Mailing Address 10312 HIGHWAY 36 N

City BRENHAM State TX Zip Code 77833

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **213.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.41258

Amount of Each Receipt this Period
35.00

Contribution

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

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

85.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAN W LAKENMACHER

Mailing Address 10312 HIGHWAY 36 N

City BRENHAM State TX Zip Code 77833

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **238.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.41257

Amount of Each Receipt this Period
 Contribution **25.00**

B. Full Name (Last, First, Middle Initial)
JEAN M LAMB

Mailing Address 2814 S ILLINOIS AVE

City CALDWELL State ID Zip Code 83605

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.41264

Amount of Each Receipt this Period
 Contribution **30.00**

C. Full Name (Last, First, Middle Initial)
MR ELDON LATHAM

Mailing Address 1212 SUNNYSIDE DR

City EUGENE State OR Zip Code 97404

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **305.00**

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11AI.41289

Amount of Each Receipt this Period
 Contribution **40.00**

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

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

95.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) MR ELDON LATHAM		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1212 SUNNYSIDE DR		Transaction ID : SA11AI.41290
City EUGENE	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer RETIRED	Occupation RETIRED	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 345.00	

Full Name (Last, First, Middle Initial) EDGAR LAWSON		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3539 HIGHWAY T		Transaction ID : SA11AI.41305
City LABADIE	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MONSANTO	Occupation PATENT AGENT	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MRS JANE M LEARY		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 108 MOORINGS PARK DR APT 306 APT 306		Transaction ID : SA11AI.41316
City NAPLES	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 236.00	

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RACHMIL LEKACH

Mailing Address 296 OCEAN BLVD.

City State Zip Code
GOLDEN BEACH FL 33160

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.41332

Amount of Each Receipt this Period
1500.00
Contribution

B. Full Name (Last, First, Middle Initial)
MRS MARIE K LESETH

Mailing Address 1401 CELEBRATION AVE
APT 206

City State Zip Code
KISSIMMEE FL 34747

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11AI.41340

Amount of Each Receipt this Period
100.00
Contribution

C. Full Name (Last, First, Middle Initial)
MRS MARIE K LESETH

Mailing Address 1401 CELEBRATION AVE
APT 206

City State Zip Code
KISSIMMEE FL 34747

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
435.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.41341

Amount of Each Receipt this Period
100.00
Contribution

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 48 OF 112
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS MARIE K LESETH

Mailing Address 1401 CELEBRATION AVE
APT 206

City State Zip Code
KISSIMMEE FL 34747

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
535.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.41342

Amount of Each Receipt this Period
 100.00
 Contribution

B. Full Name (Last, First, Middle Initial)
MS ANITA LEVITAN

Mailing Address 146 BANYAN ISLE DR

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.41351

Amount of Each Receipt this Period
 75.00
 Contribution

C. Full Name (Last, First, Middle Initial)
MS ANITA LEVITAN

Mailing Address 146 BANYAN ISLE DR

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.41352

Amount of Each Receipt this Period
 50.00
 Contribution

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

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

225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAROLD G LIPPERT

Mailing Address **PO BOX 965**
1012 20TH STREET

City **FORT BENTON** State **MT** Zip Code **59442**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.41383

Amount of Each Receipt this Period
175.00

Contribution

B. Full Name (Last, First, Middle Initial)
LORRAINE LOVELACE

Mailing Address **4974 RIO VERDE DR**

City **SAN JOSE** State **CA** Zip Code **95118**

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

Name of Employer **SOCIAL SERVICES** Occupation **PROVIDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.41416

Amount of Each Receipt this Period
200.00

Contribution

C. Full Name (Last, First, Middle Initial)
LORRAINE LOVELACE

Mailing Address **4974 RIO VERDE DR**

City **SAN JOSE** State **CA** Zip Code **95118**

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

Name of Employer **SOCIAL SERVICES** Occupation **PROVIDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.41417

Amount of Each Receipt this Period
200.00

Contribution

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

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS J MACCARI

Mailing Address 1224 HETFIELD AVE

City State Zip Code
SCOTCH PLAINS NJ 07076

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.41452

Amount of Each Receipt this Period
 100.00
 Contribution

B. Full Name (Last, First, Middle Initial)
THOMAS J MACCARI

Mailing Address 1224 HETFIELD AVE

City State Zip Code
SCOTCH PLAINS NJ 07076

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.41453

Amount of Each Receipt this Period
 100.00
 Contribution

C. Full Name (Last, First, Middle Initial)
MR RICHARD R MACE

Mailing Address 39 ROUND TOP LN

City State Zip Code
GETTYSBURG PA 17325

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.41454

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELIZABETH MACINTYRE

Mailing Address 2860 COLBY DR

City State Zip Code
BOULDER CO 80305

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

Name of Employer Occupation
SELF DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.41455

Amount of Each Receipt this Period
 Contribution 80.00

B. Full Name (Last, First, Middle Initial)
MR JOHN MAIMONE

Mailing Address 19913 WINDY HILL DR

City State Zip Code
EUSTIS FL 32736

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.41465

Amount of Each Receipt this Period
 Contribution 25.00

C. Full Name (Last, First, Middle Initial)
MR JOHN MAIMONE

Mailing Address 19913 WINDY HILL DR

City State Zip Code
EUSTIS FL 32736

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.41464

Amount of Each Receipt this Period
 Contribution 20.00

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

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

125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES MARTIN

Mailing Address 220 COLUMBIA ST

City JOHNSTOWN State PA Zip Code 15905

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.41543

Amount of Each Receipt this Period
 100.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR ROBERT T MARTIN

Mailing Address 9 DIAMOND DR

City KEY WEST State FL Zip Code 33040

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

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.41542

Amount of Each Receipt this Period
 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR WILLIAM MARTZ

Mailing Address 356 DALE RD

City BETHEL PARK State PA Zip Code 15102

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

Name of Employer SOLUTIA INC. Occupation CHEMICAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.41559

Amount of Each Receipt this Period
 250.00

Contribution

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALVIN E MCQUINN

Mailing Address 1551 GULF SHORE BLVD S

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
SELF INVESTMENT MGR & TRADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11AI.41685

Amount of Each Receipt this Period
 Contribution **1000.00**

B. Full Name (Last, First, Middle Initial)
MRS MARY L MELTZER

Mailing Address 14 EDGECOMB RD

City State Zip Code
BINGHAMTON NY 13905

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.41710

Amount of Each Receipt this Period
 Contribution **300.00**

C. Full Name (Last, First, Middle Initial)
MRS MARY L MELTZER

Mailing Address 14 EDGECOMB RD

City State Zip Code
BINGHAMTON NY 13905

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : SA11AI.41711

Amount of Each Receipt this Period
 Contribution **300.00**

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEROME G MERKEL

Mailing Address 410 DEERPATH DR

City State Zip Code
WINTHROP HARBOR IL 60096

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.41723

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
MRS JEANETTE Y MIHALY

Mailing Address 612 KINZIE ISLAND CT

City State Zip Code
SANIBEL FL 33957

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

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.41747

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
MS SHIRLEY A MILLER

Mailing Address 620 NW KAY DR

City State Zip Code
LEES SUMMIT MO 64063

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11AI.41781

Amount of Each Receipt this Period
20.00

Contribution

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

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

370.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS SHIRLEY A MILLER

Mailing Address 620 NW KAY DR

City State Zip Code
LEES SUMMIT MO 64063

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.41782

Amount of Each Receipt this Period
20.00
Contribution

B. Full Name (Last, First, Middle Initial)
MR ROGER MILLS

Mailing Address 3501 WHITE SETTLEMENT RD

City State Zip Code
WILLOW PARK TX 76087

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
201.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.41786

Amount of Each Receipt this Period
50.00
Contribution

C. Full Name (Last, First, Middle Initial)
MR ROGER MILLS

Mailing Address 3501 WHITE SETTLEMENT RD

City State Zip Code
WILLOW PARK TX 76087

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
236.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11AI.41785

Amount of Each Receipt this Period
35.00
Contribution

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

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

105.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR ROGER MILLS

Mailing Address 3501 WHITE SETTLEMENT RD

City State Zip Code
WILLOW PARK TX 76087

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
286.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.41788

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR KENNETH MOLEN

Mailing Address 275 E 4640 N

City State Zip Code
PROVO UT 84604

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

Name of Employer Occupation
DENTIST DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
251.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.41811

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
DANIEL MONACO

Mailing Address 533 ALLEGHENY AVE

City State Zip Code
OAKMONT PA 15139

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

Name of Employer Occupation
SELF RESTORATION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.41816

Amount of Each Receipt this Period
50.00

Contribution

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL MONACO

Mailing Address 533 ALLEGHENY AVE

City OAKMONT State PA Zip Code 15139

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

Name of Employer SELF Occupation RESTORATION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11Al.41817

Amount of Each Receipt this Period
 Contribution **50.00**

B. Full Name (Last, First, Middle Initial)
MR CLAIR J MURPHY

Mailing Address 1626 RUTH ST N

City SAINT PAUL State MN Zip Code 55119

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11Al.41887

Amount of Each Receipt this Period
 Contribution **35.00**

C. Full Name (Last, First, Middle Initial)
MRS B M MURRAY

Mailing Address 9 LENBAR CIR

City NEW CITY State NY Zip Code 10956

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11Al.41888

Amount of Each Receipt this Period
 Contribution **50.00**

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

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

135.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIRLEY B NAUSS

Mailing Address 4555 NE 66TH AVE APT 179
APT 179

City VANCOUVER State WA Zip Code 98661

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.41919

Amount of Each Receipt this Period
 Contribution 30.00

B. Full Name (Last, First, Middle Initial)
MR HENRY S NIZKO

Mailing Address 657 DORAL LN

City MELBOURNE State FL Zip Code 32940

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
315.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.41959

Amount of Each Receipt this Period
 Contribution 140.00

C. Full Name (Last, First, Middle Initial)
BARBARA L NUNES

Mailing Address 444 HUME LN

City BAKERSFIELD State CA Zip Code 93309

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.41971

Amount of Each Receipt this Period
 Contribution 100.00

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

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

270.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NICHOLAS PEAY JR

Mailing Address 2965 FAIRMOUNT BLVD

City State Zip Code
CLEVELAND HEIGHTS OH 44118

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

Name of Employer Occupation
INVESTOR INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.42080

Amount of Each Receipt this Period
250.00
Contribution

B. Full Name (Last, First, Middle Initial)
WILLIAM PESCOLIDIO

Mailing Address 3491 CREEKVIEW DR

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.42107

Amount of Each Receipt this Period
250.00
Contribution

C. Full Name (Last, First, Middle Initial)
HOWARD W PETTENGILL JR

Mailing Address 2015 CANTERBURY DR

City State Zip Code
INDIALANTIC FL 32903

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

Name of Employer Occupation
RADIOLOGY ASSOC OF BROWAR RADIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11AI.42121

Amount of Each Receipt this Period
200.00
Contribution

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOWARD W PETTENGILL JR

Mailing Address 2015 CANTERBURY DR

City: INDIALANTIC State: FL Zip Code: 32903

FEC ID number of contributing federal political committee: C

Name of Employer: RADIOLOGY ASSOC OF BROWAR Occupation: RADIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.42120

Amount of Each Receipt this Period: 100.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR HAROLD PEWITT

Mailing Address 909 COTTONWOOD ST

City: WOODLAND State: CA Zip Code: 95695

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 270.00

Date of Receipt: 01 / 13 / 2014

Transaction ID : SA11AI.42123

Amount of Each Receipt this Period: 45.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR HAROLD PEWITT

Mailing Address 909 COTTONWOOD ST

City: WOODLAND State: CA Zip Code: 95695

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 310.00

Date of Receipt: 02 / 07 / 2014

Transaction ID : SA11AI.42124

Amount of Each Receipt this Period: 40.00

Contribution

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

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

185.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR HAROLD PEWITT

Mailing Address 909 COTTONWOOD ST

City: WOODLAND State: CA Zip Code: 95695

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 10 / 2014

Transaction ID : SA11AI.42125

Amount of Each Receipt this Period: 40.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR RONALD PIERCE

Mailing Address 33751 BLESSINGTON LN

City: SAN JUAN CAPISTRANO State: CA Zip Code: 92675

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 10 / 2014

Transaction ID : SA11AI.42138

Amount of Each Receipt this Period: 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
LINDA PIERCE-HEANEY

Mailing Address 48412 N BLACK CYN HWY
PMB 373

City: NEW RIVER State: AZ Zip Code: 85087

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 205.00

Date of Receipt: 02 / 06 / 2014

Transaction ID : SA11AI.42142

Amount of Each Receipt this Period: 35.00

Contribution

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

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

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) LINDA PIERCE-HEANEY		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 48412 N BLACK CYN HWY PMB 373		Transaction ID : SA11AI.42143	
City NEW RIVER	State AZ	Zip Code 85087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 230.00		

Full Name (Last, First, Middle Initial) LINDA PIERCE-HEANEY		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 48412 N BLACK CYN HWY PMB 373		Transaction ID : SA11AI.42144	
City NEW RIVER	State AZ	Zip Code 85087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 255.00		

Full Name (Last, First, Middle Initial) JACK A PINES		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 3860 N 39TH AVE		Transaction ID : SA11AI.42149	
City HOLLYWOOD	State FL	Zip Code 33021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00	
Name of Employer SELF	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 300.00		

SUBTOTAL of Receipts This Page (optional).....	Contribution 150.00
TOTAL This Period (last page this line number only).....	Contribution

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES E PORTER

Mailing Address 4710 S FLORES ST

City State Zip Code
SAN ANTONIO TX 78214

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.42176

Amount of Each Receipt this Period
 Contribution 200.00

B. Full Name (Last, First, Middle Initial)
ROBERT RICHARDSON

Mailing Address 4300 TIMBERCREST LN

City State Zip Code
WACO TX 76705

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.42324

Amount of Each Receipt this Period
 Contribution 100.00

C. Full Name (Last, First, Middle Initial)
MS ERNA RODULAVIC

Mailing Address 2027 EASTERN AVE NE

City State Zip Code
CEDAR RAPIDS IA 52402

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
212.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.42398

Amount of Each Receipt this Period
 Contribution 53.00

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

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

353.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS ERNA RODULAVIC

Mailing Address **2027 EASTERN AVE NE**

City **CEDAR RAPIDS** State **IA** Zip Code **52402**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **265.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.42399

Amount of Each Receipt this Period
53.00

Contribution

B. Full Name (Last, First, Middle Initial)
MRS NANCY ROLFS

Mailing Address **4201 LAKESIDE AVE N**

City **BROOKLYN CENTER** State **MN** Zip Code **55429**

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

Name of Employer **homemaker** Occupation **homemaker**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.42419

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
J ROSAMILIA

Mailing Address **600 JEFFERSON AVE APT 7**

City **AVON BY THE SEA** State **NJ** Zip Code **07717**

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

Name of Employer **SECURITY GUARD** Occupation **SECURITY GUARD**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.42432

Amount of Each Receipt this Period
100.00

Contribution

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

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

203.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS NANCY ROTH

Mailing Address 8545 CARMEL VALLEY RD

City State Zip Code
CARMEL CA 93923

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.42448

Amount of Each Receipt this Period
 Contribution **150.00**

B. Full Name (Last, First, Middle Initial)
JACK SANDHAUS

Mailing Address 3744 OCEANIC AVE

City State Zip Code
BROOKLYN NY 11224

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.42507

Amount of Each Receipt this Period
 Contribution **50.00**

C. Full Name (Last, First, Middle Initial)
PEGGY SAUER

Mailing Address 3100 EDWARD ST NE

City State Zip Code
MINNEAPOLIS MN 55418

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
510.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.42521

Amount of Each Receipt this Period
 Contribution **10.00**

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

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

210.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALTER SCHOONMAKER

Mailing Address 64 POE ST

City HARTSDALE State NY Zip Code 10530

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.42558

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
MS EVA F SCOTT

Mailing Address 15830 GOODES BRIDGE RD

City AMELIA COURT HOUSE State VA Zip Code 23002

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

Name of Employer SELF Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **245.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 08 / 2014

Transaction ID : SA11AI.42589

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
MS EVA F SCOTT

Mailing Address 15830 GOODES BRIDGE RD

City AMELIA COURT HOUSE State VA Zip Code 23002

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

Name of Employer SELF Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **295.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.42590

Amount of Each Receipt this Period
50.00

Contribution

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS EVA F SCOTT

Mailing Address 15830 GOODES BRIDGE RD

City State Zip Code
AMELIA COURT HOUSE VA 23002

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

Name of Employer Occupation
SELF SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
345.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.42594

Amount of Each Receipt this Period
 Contribution **50.00**

B. Full Name (Last, First, Middle Initial)
HOWARD A. SEIDER

Mailing Address 5904 RIVERVIEW LN

City State Zip Code
BRADENTON FL 34209

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.42614

Amount of Each Receipt this Period
 Contribution **50.00**

C. Full Name (Last, First, Middle Initial)
LYNN SIMMONS

Mailing Address 5869 COUNTY HIGHWAY 27

City State Zip Code
SPRINGVILLE AL 35146

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

Name of Employer Occupation
Estes Equipment Co. Shareholder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.42674

Amount of Each Receipt this Period
 Contribution **50.00**

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS BEVERLY J SMITH

Mailing Address 39840 TANDIKA TRL S

City PALM DESERT State CA Zip Code 92211

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11AI.42756

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
MRS BEVERLY J SMITH

Mailing Address 39840 TANDIKA TRL S

City PALM DESERT State CA Zip Code 92211

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.42755

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
DAVID L Sockler

Mailing Address 8534 SAWYER BROWN RD

City NASHVILLE State TN Zip Code 37221

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

Name of Employer RETIRED Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **222.75**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.42776

Amount of Each Receipt this Period
47.75

Contribution

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

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

147.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MADELEINE SOUDEE

Mailing Address 2325 20TH ST NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
Georgetown University Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11AI.42779

Amount of Each Receipt this Period
30.00

Contribution

B. Full Name (Last, First, Middle Initial)
MADELEINE SOUDEE

Mailing Address 2325 20TH ST NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
Georgetown University Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11AI.42780

Amount of Each Receipt this Period
40.00

Contribution

C. Full Name (Last, First, Middle Initial)
MADELEINE SOUDEE

Mailing Address 2325 20TH ST NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
Georgetown University Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
320.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.42781

Amount of Each Receipt this Period
20.00

Contribution

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

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

90.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES STEVEN

Mailing Address **742 S ERIE ST**

City **WICHITA** State **KS** Zip Code **67211**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.42861

Amount of Each Receipt this Period
75.00

Contribution

B. Full Name (Last, First, Middle Initial)
MR DAVID STUMBAUGH

Mailing Address **7623 HAYFIELD RD**

City **ALEXANDRIA** State **VA** Zip Code **22315**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **245.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.42907

Amount of Each Receipt this Period
70.00

Contribution

C. Full Name (Last, First, Middle Initial)
MR DAVID STUMBAUGH

Mailing Address **7623 HAYFIELD RD**

City **ALEXANDRIA** State **VA** Zip Code **22315**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.42908

Amount of Each Receipt this Period
70.00

Contribution

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

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

215.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR DAVID STUMBAUGH

Mailing Address 7623 HAYFIELD RD

City State Zip Code
ALEXANDRIA VA 22315

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
385.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.42909

Amount of Each Receipt this Period
 Contribution **70.00**

B. Full Name (Last, First, Middle Initial)
ALICE SUMIDA

Mailing Address 2309 SW 1ST AVE APT 1545

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.42932

Amount of Each Receipt this Period
 Contribution **1000.00**

C. Full Name (Last, First, Middle Initial)
MR GEORGE SUTER

Mailing Address 16541 HERON COACH WAY
APT 507

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.42946

Amount of Each Receipt this Period
 Contribution **1000.00**

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

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

2070.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS JEANNETTE L THERRIAULT

Mailing Address 2473 OLD RICHARDSON HWY

City NORTH POLE State AK Zip Code 99705

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

Name of Employer OFC WORK Occupation OFC WORK

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **281.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.43013

Amount of Each Receipt this Period
53.00

Contribution

B. Full Name (Last, First, Middle Initial)
MICHAEL E THOMAS

Mailing Address 1040 HASTINGS CT

City GREENSBORO State GA Zip Code 30642

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.43028

Amount of Each Receipt this Period
75.00

Contribution

C. Full Name (Last, First, Middle Initial)
MRS PRISCILLA THOMAS

Mailing Address 2507 EAGLERIDGE LN

City CORDOVA State TN Zip Code 38016

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.43021

Amount of Each Receipt this Period
100.00

Contribution

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

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

228.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MRS PRISCILLA THOMAS		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 2507 EAGLERIDGE LN		Transaction ID : SA11AI.43027	
City CORDOVA	State TN	Zip Code 38016	Amount of Each Receipt this Period Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) B. ROY THOMPSON		Date of Receipt M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address 4208 N 27TH ST		Transaction ID : SA11AI.43032	
City TACOMA	State WA	Zip Code 98407	Amount of Each Receipt this Period Contribution 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 292.00		

Full Name (Last, First, Middle Initial) C. ROY THOMPSON		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 4208 N 27TH ST		Transaction ID : SA11AI.43034	
City TACOMA	State WA	Zip Code 98407	Amount of Each Receipt this Period Contribution 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 372.00		

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROY THOMPSON

Mailing Address 4208 N 27TH ST

City TACOMA State WA Zip Code 98407

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
452.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.43038

Amount of Each Receipt this Period
80.00

Contribution

B. Full Name (Last, First, Middle Initial)
ROY THOMPSON

Mailing Address 4208 N 27TH ST

City TACOMA State WA Zip Code 98407

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
532.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.43039

Amount of Each Receipt this Period
80.00

Contribution

C. Full Name (Last, First, Middle Initial)
MARGARET THOMS

Mailing Address 6191 RED FOX RUN

City TRAVERSE CITY State MI Zip Code 49686

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.43041

Amount of Each Receipt this Period
80.00

Contribution

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

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

240.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR EDMUND B THORNTON

Mailing Address **PO BOX 1**

City **OTTAWA** State **IL** Zip Code **61350**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.43049

Amount of Each Receipt this Period
250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
MR RAYMOND G TOBIN

Mailing Address **PO BOX 710218**

City **SAN DIEGO** State **CA** Zip Code **92171**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11AI.43063

Amount of Each Receipt this Period
350.00
 Contribution

C. Full Name (Last, First, Middle Initial)
MARY TOPPER

Mailing Address **1003 HAMPTON WAY**

City **TRENT WOODS** State **NC** Zip Code **28562**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 08 / 2014

Transaction ID : SA11AI.43072

Amount of Each Receipt this Period
70.00
 Contribution

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

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

670.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY TOPPER

Mailing Address 1003 HAMPTON WAY

City State Zip Code
TRENT WOODS NC 28562

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 30 2014

Transaction ID : SA11AI.43073

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
MARY TOPPER

Mailing Address 1003 HAMPTON WAY

City State Zip Code
TRENT WOODS NC 28562

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 13 2014

Transaction ID : SA11AI.43074

Amount of Each Receipt this Period
40.00

Contribution

C. Full Name (Last, First, Middle Initial)
MRS ELIZABETH TOULON

Mailing Address PO BOX 666

City State Zip Code
KOLOA HI 96756

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 03 2014

Transaction ID : SA11AI.43081

Amount of Each Receipt this Period
100.00

Contribution

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

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

190.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS ELIZABETH TOULON

Mailing Address **PO BOX 666**

City **KOLOA** State **HI** Zip Code **96756**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11AI.43082

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
MERLE WAIT

Mailing Address **PO BOX 545**

City **PROTECTION** State **KS** Zip Code **67127**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.43199

Amount of Each Receipt this Period
200.00

Contribution

C. Full Name (Last, First, Middle Initial)
RODGER WASSERMAN

Mailing Address **450 ALTON RD
APT 1407**

City **MIAMI BEACH** State **FL** Zip Code **33139**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.43232

Amount of Each Receipt this Period
500.00

Contribution

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS ANNIE WEEKS

Mailing Address **3411 ROCK LN**

City **IRONDALE** State **AL** Zip Code **35210**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **336.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11Al.43243

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
MRS ANNIE WEEKS

Mailing Address **3411 ROCK LN**

City **IRONDALE** State **AL** Zip Code **35210**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **386.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Al.43245

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
JACK E WEEKS

Mailing Address **606 E 2ND ST**

City **WOODWARD** State **IA** Zip Code **50276**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Al.43244

Amount of Each Receipt this Period
100.00

Contribution

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS ELIZABETH WOOLDRIDGE

Mailing Address 6409 VIENNA PL

City BAKERSFIELD State CA Zip Code 93306

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Al.43373

Amount of Each Receipt this Period
20.00

Contribution

B. Full Name (Last, First, Middle Initial)
ROBERT D YOUNG

Mailing Address 2849 CAPISTRANO WAY

City NAPLES State FL Zip Code 34105

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11Al.43401

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
ROBERT D YOUNG

Mailing Address 2849 CAPISTRANO WAY

City NAPLES State FL Zip Code 34105

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Al.43406

Amount of Each Receipt this Period
100.00

Contribution

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

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

220.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA ZINK

Mailing Address **PO BOX 1676**

City **VISTA** State **CA** Zip Code **92085**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11Al.43423

Amount of Each Receipt this Period
75.00

Contribution

B. Full Name (Last, First, Middle Initial)
BETH Zipper

Mailing Address **234 Alexander Palm Rd**

City **Boca Raton** State **FL** Zip Code **33432**

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

Name of Employer **Prospira Paincare** Occupation **physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2483.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11Al.43426

Amount of Each Receipt this Period
2483.00

Contribution

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

Mailing Address **234 Alexander Palm Road**

City **Boca Raton** State **FL** Zip Code **33432**

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

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2483.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11Al.43424

Amount of Each Receipt this Period
2483.00

Contribution

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

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

5041.00

38263.00

**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 81 OF 112			
	<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. BASE CONNECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 307.03 Transaction ID : SB17.43560
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Direct Mail Program:Creative Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BASE CONNECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 1002.32 Transaction ID : SB17.43561
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Direct Mail Program:Creative Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BASE CONNECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 651.47 Transaction ID : SB17.43562
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Direct Mail Program:Creative Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1960.82
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 82 OF 112			
	<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. CAPITOL CAGING CORPORATION			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 504 SHAW ROAD SUITE 217			Amount of Each Disbursement this Period 741.03 Transaction ID : SB17.43563
City STERLING	State VA	Zip Code 20166	
Purpose of Disbursement Indirect Program Expenses:Caging & Escrow		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. CAPITOL CAGING CORPORATION			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 504 SHAW ROAD SUITE 217			Amount of Each Disbursement this Period 388.16 Transaction ID : SB17.43564
City STERLING	State VA	Zip Code 20166	
Purpose of Disbursement Indirect Program Expenses:Caging & Escrow		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. CENTURY DATA MAILING SERVICE			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1155 15th St NW STE 410			Amount of Each Disbursement this Period 26940.34 Transaction ID : SB17.43565
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement Direct Mail Program:Postage		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	28069.53
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 83 OF 112			
	<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. CENTURY DATA MAILING SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 3759.35 Transaction ID : SB17.43566
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Program:Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CENTURY DATA MAILING SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 12874.78 Transaction ID : SB17.43567
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Program:Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CENTURY DATA MAILING SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 6862.62 Transaction ID : SB17.43568
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Program:Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23496.75
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 84 OF 112	
	<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. CENTURY DATA MAILING SERVICE

Mailing Address 1155 15th St NW
STE 410

City Washington State DC Zip Code 20005

Purpose of Disbursement Direct Mail Program:Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2014

Amount of Each Disbursement this Period: 11218.83

Transaction ID : SB17.43569

Full Name (Last, First, Middle Initial)
B. CENTURY DATA MAILING SERVICE

Mailing Address 1155 15th St NW
STE 410

City Washington State DC Zip Code 20005

Purpose of Disbursement Direct Mail Program:Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 02 / 25 / 2014

Amount of Each Disbursement this Period: 7808.01

Transaction ID : SB17.43570

Full Name (Last, First, Middle Initial)
C. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Direct Mail Program:Data Processing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 24 / 2014

Amount of Each Disbursement this Period: 1127.93

Transaction ID : SB17.43571

SUBTOTAL of Disbursements This Page (optional)..... 20154.77

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 85 OF 112			
	<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. CENTURY DATA SYSTEMS CORP			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014		
Mailing Address 1155 - 15TH STREET, NW			Amount of Each Disbursement this Period 2202.93		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SB17.43572		
Purpose of Disbursement Direct Mail Program:Data Processing		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. CENTURY DATA SYSTEMS CORP			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014		
Mailing Address 1155 - 15TH STREET, NW			Amount of Each Disbursement this Period 2984.98		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SB17.43573		
Purpose of Disbursement Direct Mail Program:Printing & Mailshop		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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 01 / 02 / 2014		
Mailing Address 504 SHAW ROAD SUITE 206			Amount of Each Disbursement this Period 7194.99		
City STERLING	State VA	Zip Code 20166	Transaction ID : SB17.43574		
Purpose of Disbursement Direct Mail Program:Printing & Mailshop		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	12382.90
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 86 OF 112	
	<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		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Amount of Each Disbursement this Period 751.92 Transaction ID : SB17.43575
City STERLING State VA Zip Code 20166	Purpose of Disbursement Direct Mail Program:Printing & Mailshop	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CONSOLIDATED MAILING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Amount of Each Disbursement this Period 6948.24 Transaction ID : SB17.43576
City STERLING State VA Zip Code 20166	Purpose of Disbursement Direct Mail Program:Printing & Mailshop	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. DonorBureau		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 352.46 Transaction ID : SB17.43577
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement Direct Mail Program:Printing & Mailshop	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8052.62
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 87 OF 112		
	<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. edonation		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.43542
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement EVENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EMILY KAUFMAN CARD		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address EMILY KAUFMAN CARD		Amount of Each Disbursement this Period 172.00 Transaction ID : SB17.43557
City	State Zip Code	
Purpose of Disbursement EXPIDIA.COM/ TRAVEL WASH DC	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXPIDIA.COM		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address EXPIDIA.COM		Amount of Each Disbursement this Period 348.05 Transaction ID : SB17.43479
City	State Zip Code	
Purpose of Disbursement Travel Wash DC	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	820.05
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 88 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 98.46
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 44.25
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 158.49
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	301.20
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 89 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.43581
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Miscellaneous		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.43582
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.43583
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Miscellaneous		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	47.95
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 90 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 15.21 Transaction ID : SB17.43584
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 131.75 Transaction ID : SB17.43585
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.43586
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	161.96
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 91 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.43587
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Miscellaneous		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 54.25 Transaction ID : SB17.43588
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.43589
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Miscellaneous		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	189.25
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 92 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 230.47 Transaction ID : SB17.43590
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.43591
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Miscellaneous	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.43592
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Miscellaneous	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	260.47
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 93 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.43593
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 73.85 Transaction ID : SB17.43594
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 154.11 Transaction ID : SB17.43595
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	235.91
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 94 OF 112			
	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 232.09
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Transaction ID : SB17.43596
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 57.75
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Transaction ID : SB17.43597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 7.95
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Transaction ID : SB17.43598
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	297.79
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 95 OF 112	
	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 97.48 Transaction ID : SB17.43599
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 61.04 Transaction ID : SB17.43551
City State Zip Code	Purpose of Disbursement GAS	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INTEGRAM		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period 2838.91 Transaction ID : SB17.43600
City State Zip Code Dulles VA 20166	Purpose of Disbursement Direct Mail Program:Printing & Mailshop	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2997.43
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 96 OF 112			
	<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 Kaufman		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address JOE KAUFMAN WRITER AND RESEARCH		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.43457
City	State Zip Code	
Purpose of Disbursement reimburst loan	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Joe Kaufman		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address JOE KAUFMAN WRITER AND RESEARCH		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.43463
City	State Zip Code	
Purpose of Disbursement reimburst loan	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Joe Kaufman		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address JOE KAUFMAN WRITER AND RESEARCH		Amount of Each Disbursement this Period 894.47 Transaction ID : SB17.43539
City	State Zip Code	
Purpose of Disbursement reimburst loan	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1894.47
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 97 OF 112	
	<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 Kaufman		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address JOE KAUFMAN WRITER AND RESEARCH		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.43540
City	State Zip Code	
Purpose of Disbursement reimburs loan	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOE KAUFMAN UNITED CARD		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address UNITED CARD		Amount of Each Disbursement this Period 314.00 Transaction ID : SB17.43553
City	State Zip Code	
Purpose of Disbursement Travel Wash DC	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LAKESIDE EXECUTIVE SUITE		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 2645 Executive Park Dr., STE 512		Amount of Each Disbursement this Period 101.76 Transaction ID : SB17.43434
City	State Zip Code	
Purpose of Disbursement Office Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	525.76
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 98 OF 112	
	<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. LAKESIDE EXECUTIVE SUITE		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 2645 Executive Park Dr., STE 512		Amount of Each Disbursement this Period 101.76 Transaction ID : SB17.43458
City Weston State FL Zip Code 33331	Purpose of Disbursement Office Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LAKESIDE EXECUTIVE SUITE		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2645 Executive Park Dr., STE 512		Amount of Each Disbursement this Period 101.76 Transaction ID : SB17.43507
City Weston State FL Zip Code 33331	Purpose of Disbursement Office Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LEGACY LISTS, INC. - BROKERAGE		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 3236.79 Transaction ID : SB17.43601
City Washington State FL Zip Code 20005	Purpose of Disbursement Direct Mail Program:List Rental Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3440.31
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 99 OF 112			
	<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. LEGACY LISTS, INC. - BROKERAGE		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1155 15th St NW STE 410		Amount of Each Disbursement this Period 1360.00 Transaction ID : SB17.43602
City Washington State FL Zip Code 20005	Purpose of Disbursement Direct Mail Program:List Rental Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LEGACY LISTS, INC. - MANAGEMENT		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 2504.67 Transaction ID : SB17.43603
City Washington State FL Zip Code 20005	Purpose of Disbursement Direct Mail Program:List Rental Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 276.00 Transaction ID : SB17.43445
City Oakland Park State FL Zip Code 33334	Purpose of Disbursement MAIL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4140.67
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 100 OF 112	
	<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. Republican Party of Palm Beach County		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 1555 Palm Beach Lakes Blvd. Suite 210		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.43468
City West Palm Beach	State FL Zip Code 33401	
Purpose of Disbursement EVENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Residence Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 192 Waterfront St		Amount of Each Disbursement this Period 438.48 Transaction ID : SB17.43512
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement HOTEL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Residence Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 192 Waterfront St		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.43513
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement HOTEL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	944.23
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 101 OF 112	
	<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. SIMPKINS ESCROW LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 934.61 Transaction ID : SB17.43604
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Indirect Program Expenses:Caging & Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. T-MOBILE.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address T-MOBILE.COM		Amount of Each Disbursement this Period 159.06 Transaction ID : SB17.43510
City	State	
Zip Code	Purpose of Disbursement CELLPHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 190.00 Transaction ID : SB17.43436
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement MAIL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	934.61
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 102 OF 112			
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.43477
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement MAIL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.43480
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement MAIL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	112309.45

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE
STE 512

City

State

ZIP Code

WESTON

FL

33331

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

Secured:

M 07

D 01

Y 2011 Y

M M

D D

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9126**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) JOE KAUFMAN	[PERSONAL FUNDS]	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	State	ZIP Code
WESTON	FL	33331

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	Secured:
M 12 / D 31 / Y 2011	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: <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).....	1200.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" 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) **Transaction ID : SC/10.20680**
JOE KAUFMAN FOR CONGRESS

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

City	State	ZIP Code
WESTON	FL	33331

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	Secured:
M 06 / D 20 / Y 2012 Y	M / 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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22542

JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

07 / 05 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22543

JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M 07 / D 13 / Y 2012 Y

Date Due

M / D / Y Upon Demand Y Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22544

JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M 07 / D 16 / Y 2012 Y

Date Due

M / D / Y Upon Demand Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26611

JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

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

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)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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)..... ▶

18324.71

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 110 OF 112
	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	Zip Code DC 20005

Outstanding Balance Beginning This Period	Transaction ID : SD10.33907	
<input type="text" value="20235.44"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<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	Zip Code DC 20005

Outstanding Balance Beginning This Period	Transaction ID : SD10.33908	
<input type="text" value="6552.89"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<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	Transaction ID : SD10.33909	
<input type="text" value="102.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<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" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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 State Zip Code
Dulles VA 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 State Zip Code
WASHINGTON DC 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 State Zip Code
Washington FL 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)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

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 State

Zip Code

UNIONVILLE

VA

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

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).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

50291.89