

# 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  
Kwasman for Congress

ADDRESS (number and street) PO Box 68739  
 Check if different than previously reported. (ACC) Oro Valley AZ 85737

2. **FEC IDENTIFICATION NUMBER** ▼ C00552992 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ AZ STATE ▲ AZ ZIP CODE ▲ STATE ▼ DISTRICT 01

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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 Bret Summers

Signature of Treasurer Bret Summers [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Kwasman for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	74549.00	74549.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74549.00	74549.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	51003.38	51003.38
(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)).....	51003.38	51003.38
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	88078.29	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	30896.40	

**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

**Kwasman for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66739.00	66739.00
(ii) Unitemized .....	5310.00	5310.00
(iii) TOTAL of contributions from individuals .....	72049.00	72049.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	74549.00	74549.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	74549.00	74549.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51003.38	51003.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	51003.38	51003.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	64532.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74549.00
25. SUBTOTAL (add Line 23 and Line 24).....	139081.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51003.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	88078.29

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN AMMON**

Mailing Address 301 W. MCLELLAN BLVD.

City PHOENIX State AZ Zip Code 85013-1130

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

Name of Employer VALLEY ANESTHESIOLOGY 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  
 04 / 10 / 2014

**Transaction ID : SA11.206**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER ARONOFF**

Mailing Address 7455 E QUIRET MOUNTAIN

City TUCSON State AZ Zip Code 85750-1318

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

Name of Employer SCOTIA GROUP LTD Occupation EXECUTIVE ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11.289**

Amount of Each Receipt this Period  
 1300.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KLAUS AXEN**

Mailing Address 1547 W DESERT HARBOR CIRCLE

City TUCSON State AZ Zip Code 85704-1855

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

Name of Employer INNOVATIVE SENIOR LIVING INC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11.258**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2550.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STUART BARDACH**

Mailing Address 14292 N. GIANT SAGUARO PL.

City State Zip Code  
ORO VALLEY AZ 85755-8582

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

Name of Employer Occupation  
SOTHEBY'S INTERNATIONAL REALTY REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.193**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RONALD BISHOP**

Mailing Address 4630 N. TORTOLITA RD.

City State Zip Code  
TUCSON AZ 85745-9357

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

Name of Employer Occupation  
SELF EMPLOYED AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11.182**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONALD BLOOM**

Mailing Address 9777 WILSHIRE BLVD. STE 711

City State Zip Code  
BEVERLY HILLS CA 90212-1907

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

Name of Employer Occupation  
CROWN ASSOCIATES REALTY, INC. INDUSTRIAL REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : SA11.175**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

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

4100.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CARLEEN BROPHY**

Mailing Address P.O. BOX 1185

City JACKSON State WY Zip Code 83001-1185

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : SA11.167**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CARLEEN BROPHY**

Mailing Address P.O. BOX 1185

City JACKSON State WY Zip Code 83001-1185

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : SA11.168**

Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROGER BULL**

Mailing Address 4362 E. HAYHURST

City TUCSON State AZ Zip Code 85712-1628

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

Name of Employer GOLDEN WEST Occupation PROGRAMMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11.287**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

5600.00

**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 63
	<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)  
**Kwasman for Congress**

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

Mailing Address 1150 N LAKE SHORE DR APT 22H  
APT 22H

City CHICAGO State IL Zip Code 60611-5235

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11.248**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TEENA DESPAIN**

Mailing Address 100 N. PRIMROSE POINT

City SEDONA State AZ Zip Code 86336-6888

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

Name of Employer SELF Occupation ARTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11.164**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TEENA DESPAIN**

Mailing Address 100 N. PRIMROSE POINT

City SEDONA State AZ Zip Code 86336-6888

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

Name of Employer SELF Occupation ARTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11.273**

Amount of Each Receipt this Period  
 2200.00  
 CONTRIBUTION

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

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

4300.00



**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 63
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>TEENA DESPAIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 100 N. PRIMROSE POINT		<b>Transaction ID : SA11.279</b>
City SEDONA	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 400.00
Name of Employer SELF	Occupation ARTIST	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>TEENA DESPAIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 100 N. PRIMROSE POINT		<b>Transaction ID : SA11.280</b>
City SEDONA	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 600.00
Name of Employer SELF	Occupation ARTIST	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>MARC FELGOISE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 7139 SHEAFF LANE		<b>Transaction ID : SA11.259</b>
City FT. WASHINGTON	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer INTERSECT ADVISERS	Occupation CONSULTING	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 10 OF 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SETH FRANK**

Mailing Address 510 E. 86TH ST.

City NEW YORK State NY Zip Code 10028-7504

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

Name of Employer NACR Occupation VP OF MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 20 / 2014

**Transaction ID : SA11.211**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER AND GAIL GALLO**

Mailing Address 4345 N CAMINO GACELA

City TUCSON State AZ Zip Code 85718-7034

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

Name of Employer SELF Occupation RETIRED AA PILOT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11.293**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DON M. GLEASON**

Mailing Address 6001 E SAN CRISTOBAL ST

City TUCSON State AZ Zip Code 85715-3039

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11.295**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

3350.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DON M. GLEASON**

Mailing Address 6001 E SAN CRISTOBAL ST

City State Zip Code  
TUCSON AZ 85715-3039

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  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : SA11.296**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RONALD GORDON**

Mailing Address 84 BILTMORE ESTATES

City State Zip Code  
PHOENIX AZ 85016-2820

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

Name of Employer Occupation  
VALLEY VASCULAR SURGEONS 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  
04 / 03 / 2014

**Transaction ID : SA11.162**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EGON HAGEMANN**

Mailing Address 20 SCENIC DR.

City State Zip Code  
SEDONA AZ 86336-6865

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  
05 / 03 / 2014

**Transaction ID : SA11.221**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

3100.00

**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 12 OF 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD HALE**

Mailing Address 11250 E STATE ROUTE 69

City DEWEY State AZ Zip Code 86327-4402

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  
**05 / 03 / 2014**

**Transaction ID : SA11.217**

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

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD HALE**

Mailing Address 11250 E STATE ROUTE 69

City DEWEY State AZ Zip Code 86327-4402

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  
**04 / 07 / 2014**

**Transaction ID : SA11.306**

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

**C.** Full Name (Last, First, Middle Initial)  
**NANCY HAWKINS**

Mailing Address 3251 E. JACKPOT LN.

City CASA GRANDE State AZ Zip Code 85194-8731

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

Name of Employer SELF Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **206.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11.247**

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

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

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

**230.00**

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARILYN HAYDEN**

Mailing Address 10306 E. CALLE DE LAS BRISAS

City State Zip Code  
SCOTTSDALE AZ 85255-3762

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  
04 / 02 / 2014

**Transaction ID : SA11.159**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH HORNAT**

Mailing Address 81 E. VINEYARD PL.

City State Zip Code  
ORO VALLEY AZ 85755-1734

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  
06 / 13 / 2014

**Transaction ID : SA11.232**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT HOTZ**

Mailing Address 5920 E. BERNEIL DR

City State Zip Code  
PARADISE VALLEY AZ 85253-1747

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : SA11.299**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1500.00

**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 63
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>LYNDA HUBAR</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2014
Mailing Address 1541 N. ESTATE DR.		<b>Transaction ID : SA11.186</b>
City TUCSON	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
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 2100.00	

Full Name (Last, First, Middle Initial) <b>RAYBOMND HURM</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2014
Mailing Address 7011 W. WILDNER		<b>Transaction ID : SA11.300</b>
City PHOENIX	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>DAROL JURN</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2014
Mailing Address 100 SEDONA VISTA DR.		<b>Transaction ID : SA11.219</b>
City SEDONA	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> 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 15 OF 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAROL JURN**

Mailing Address 100 SEDONA VISTA DR.

City SEDONA State AZ Zip Code 86336-6017

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  
 05 / 03 / 2014

**Transaction ID : SA11.220**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDREA KADAR**

Mailing Address 195 SIN SALIDA

City SEDONA State AZ Zip Code 86351-9265

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

Name of Employer NA Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : SA11.268**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DWIGHT KADAR**

Mailing Address 195 SIN SALIDA

City SEDONA State AZ Zip Code 86351-9265

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

Name of Employer NA Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : SA11.267**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

5450.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN KENNEDY**

Mailing Address 908 MARYHURST DRIVE

City CLAREMONT State CA Zip Code 91711-3319

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

Name of Employer THE CLAREMONT INSTITUTE Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11.265**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NEIL O. KLEINMAN**

Mailing Address 6009 N. PLACITA PAJARO

City TUCSON State AZ Zip Code 85718-3468

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

Name of Employer RETIRED Occupation RETIRED INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11.239**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JULIE KLINGENSTEIN**

Mailing Address 1823 23RD ST. NW

City WASHINGTON State DC Zip Code 20008-4030

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

Name of Employer SELF EMPLOYED Occupation PHILANTHROPIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11.235**

Amount of Each Receipt this Period  
 750.00

CONTRIBUTION

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

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

2250.00



**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARK KWASMAN**

Mailing Address 1047 BOXWOOD DR.

City: **MUNSTER** State: **IN** Zip Code: **46321-2842**

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: **5200.00**

Date of Receipt: **06 / 04 / 2014**

**Transaction ID : SA11.187**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARK KWASMAN**

Mailing Address 1047 BOXWOOD DR.

City: **MUNSTER** State: **IN** Zip Code: **46321-2842**

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: **5200.00**

Date of Receipt: **06 / 04 / 2014**

**Transaction ID : SA11.188**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN KWASMAN**

Mailing Address 1047 BOXWOOD DR.

City: **MUNSTER** State: **IN** Zip Code: **46321-2842**

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: **5200.00**

Date of Receipt: **06 / 04 / 2014**

**Transaction ID : SA11.189**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

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

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

**7800.00**

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN KWASMAN**

Mailing Address 1047 BOXWOOD DR.

City MUNSTER State IN Zip Code 46321-2842

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11.190**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEN LANGHEIER**

Mailing Address 6060 E 2ND ST.

City TUCSON State AZ Zip Code 85711-1602

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

Name of Employer SELF Occupation MEDICAL SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.276**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TAYLOR LAWRENCE**

Mailing Address 527 W TORTOLITA MOUNTAIN CIR

City ORO VALLEY State AZ Zip Code 85755-5941

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

Name of Employer RAYTHEON Occupation PRESIDENT

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  
 06 / 07 / 2014

**Transaction ID : SA11.275**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4100.00

**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 63
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. HOWARD LEBER</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 6851 E CALLE CERCA		<b>Transaction ID : SA11.283</b>	
City TUCSON	State AZ	Zip Code 85715-4803	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer BROADWAY CARPET	Occupation OWNER		
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) <b>B. JOSHUA LEWIS</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 10437 N. 113TH PL.		<b>Transaction ID : SA11.207</b>	
City SCOTTSDALE	State AZ	Zip Code 85259-4937	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
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) <b>C. ROY MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 1529 W. VIRGINIA AVE.		<b>Transaction ID : SA11.205</b>	
City PHOENIX	State AZ	Zip Code 85007-1005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
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 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> 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 20 OF 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOANNE MOUDY**

Mailing Address 616 E. YEARLING RD.

City State Zip Code  
PHOENIX AZ 85085-1817

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

Name of Employer Occupation  
SELF EMPLOYED COLUMNIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2014

**Transaction ID : SA11.208**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NANCY NEWMAN**

Mailing Address P.O. BOX 36719

City State Zip Code  
TUCSON AZ 85740-6719

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  
06 / 13 / 2014

**Transaction ID : SA11.201**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NANCY NEWMAN**

Mailing Address 720 W GOLF VIEW DR

City State Zip Code  
TUCSON AZ 85737-9704

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

Name of Employer Occupation  
DR PAUL SPAETH DDS DENTAL HYGIENIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2014

**Transaction ID : SA11.308**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

1400.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOAN E. OESTERLE**

Mailing Address 1642 E ENTRADA TERCERA

City TUCSON State AZ Zip Code 85718-5827

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

Name of Employer NONE Occupation NONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : SA11.307**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADAM PEARCE**

Mailing Address 5508 W. RED RACER DR.

City TUCSON State AZ Zip Code 85742-8358

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

Name of Employer THE LEGEND GROUP Occupation CERTIFIED FINANCIAL PLANNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.194**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ADAM PEARCE**

Mailing Address 5508 W. RED RACER DR.

City TUCSON State AZ Zip Code 85742-8358

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

Name of Employer THE LEGEND GROUP Occupation CERTIFIED FINANCIAL PLANNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11.234**

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 22 OF 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WARREN PETERSEN**

Mailing Address 2085 E. AVENIDA DEL VALLE CT.

City	State	Zip Code
GILBERT	AZ	85298-6133

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

Name of Employer	Occupation
VIP HOMES	VP SALES

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  
 06 / 11 / 2014

**Transaction ID : SA11.264**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

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

Mailing Address 1575 S. RIO VERDE LN.

City	State	Zip Code
CAMP VERDE	AZ	86322-7049

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  
 05 / 04 / 2014

**Transaction ID : SA11.223**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN PONAS**

Mailing Address 6526 E. GELDING DR.

City	State	Zip Code
SCOTTSDALE	AZ	85254-3365

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

Name of Employer	Occupation
AFFILIATED UROLOGISTS	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 Y Y  
 04 / 02 / 2014

**Transaction ID : SA11.160**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

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

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

\_\_\_\_\_ 750.00

\_\_\_\_\_

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN REITAN**

Mailing Address 11814 N. 60TH ST.

City State Zip Code  
SCOTTSDALE AZ 85254-4934

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

Name of Employer Occupation  
AZ PERIO DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.161**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JACOB ROCKER**

Mailing Address 4915 N BONITA RIDGE AVE

City State Zip Code  
TUCSON AZ 85750-6258

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

Name of Employer Occupation  
3D REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11.260**

Amount of Each Receipt this Period  
1200.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JACOB ROCKER**

Mailing Address 4915 N BONITA RIDGE AVE

City State Zip Code  
TUCSON AZ 85750-6258

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

Name of Employer Occupation  
3D REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2014

**Transaction ID : SA11.269**

Amount of Each Receipt this Period  
1200.00  
CONTRIBUTION

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

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

2650.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN SCHAFFER**

Mailing Address 14520 N. BLAZING CANYON DR.

City	State	Zip Code
ORO VALLEY	AZ	85755-8574

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

Name of Employer	Occupation
SELF-EMPLOYED	BUSINESSMAN

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  
 06 / 06 / 2014

**Transaction ID : SA11.192**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL SCHROEDER**

Mailing Address 100 N . PRIMROSE POINT

City	State	Zip Code
SEDONA	AZ	86336-6888

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

Name of Employer	Occupation
SELF	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3195.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11.270**

Amount of Each Receipt this Period  
 2597.00  
 CONTRIBUTION

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

Mailing Address 100 N . PRIMROSE POINT

City	State	Zip Code
SEDONA	AZ	86336-6888

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

Name of Employer	Occupation
SELF	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3195.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11.271**

Amount of Each Receipt this Period  
 3.00  
 CONTRIBUTION

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

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

2850.00



**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 63
	<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)  
**Kwasman for Congress**

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

Mailing Address 100 N . PRIMROSE POINT

City SEDONA State AZ Zip Code 86336-6888

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  
3195.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11.272**

Amount of Each Receipt this Period  
 595.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT C. SCHWARTZ**

Mailing Address 65293 E. ROCKY MESA DR.

City TUCSON State AZ Zip Code 85739-1694

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  
 04 / 10 / 2014

**Transaction ID : SA11.203**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MEL SEMBLER**

Mailing Address 5858 CENTRAL AVE.

City ST. PETERSBURG State FL Zip Code 33707-1708

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

Name of Employer SELF EMPLOYED Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11.158**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1845.00

**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 26 OF 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA SHIELDS**

Mailing Address 982 W. MOUNTAIN STONE DR.

City GREEN VALLEY	State AZ	Zip Code 85614-5990
----------------------	-------------	------------------------

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

Name of Employer GOLDEN WEST MEDICAL CENTER	Occupation NURSE PRACTICIONER
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11.185**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HAZEL STALOFF**

Mailing Address 175 ADAMS ST.

City BROOKLYN	State NY	Zip Code 11201-1850
------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11.237**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN STEINBRUNNER**

Mailing Address 1085 PARKSIDE DR

City LAKEWOOD	State OH	Zip Code 44107-1341
------------------	-------------	------------------------

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

Name of Employer NA	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  
 06 / 06 / 2014

**Transaction ID : SA11.277**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3100.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCIS SURDAKOWSKI**

Mailing Address 14619 N. 14TH DR.

City PHOENIX State AZ Zip Code 85023-5194

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

Name of Employer CVC HEART 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  
 04 / 10 / 2014

**Transaction ID : SA11.204**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN THOMPSON**

Mailing Address 36601 DESERT SUN DR

City TUCSON State AZ Zip Code 85739-3091

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

Name of Employer NA 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  
 06 / 27 / 2014

**Transaction ID : SA11.243**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BHAVIN VYAS**

Mailing Address 34932 N. 30TH AVE

City PHOENIX State AZ Zip Code 85086-3237

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11.301**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1500.00

**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 63
	<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)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ALAN WEINSTEIN**

Mailing Address 1545 E. CANYON SPRING COURT

City State Zip Code  
TUCSON AZ 85718-7883

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  
05 / 26 / 2014

**Transaction ID : SA11.284**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOUGLAS WOLF**

Mailing Address 31363 NORTH CLARIDGE CIRCLE

City State Zip Code  
SAN TAN VALLEY AZ 85143-4198

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

Name of Employer Occupation  
PINAL COUNTY ASSESSOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
292.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

**Transaction ID : SA11.263**

Amount of Each Receipt this Period  
14.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HANLEY**

Mailing Address 110 E. WING DR.

City State Zip Code  
SEDONA AZ 86336-9700

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.216**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

764.00

66739.00

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

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

FOR LINE NUMBER: PAGE 29 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kwasman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RUSHMORE PAC**

Mailing Address 3700 S. WESTPORT AVE. STE. 211

City State Zip Code  
SIOUX FALLS SD 57106-6360

FEC ID number of contributing federal political committee. **C** C00496406

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11.156**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

2500.00

**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 30 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. NAVAJO COUNTY REPUBLICAN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014	
Mailing Address PO BOX 1661			Amount of Each Disbursement this Period 50.00	
City SNOWFLAKE	State AZ	Zip Code 85937	Transaction ID : SB17.I29	
Purpose of Disbursement FOOD/BEVERAGE		007 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:				

Full Name (Last, First, Middle Initial) <b>B. SARAH BEATTE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 1102 N. 84TH PL.			Amount of Each Disbursement this Period 1000.00	
City SCOTTSDALE	State AZ	Zip Code 85257	Transaction ID : SB17.I39	
Purpose of Disbursement FINANCE CONSULTING		001 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:				

Full Name (Last, First, Middle Initial) <b>C. BARNEY BRENNER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 4960 N. WILD LIFE DR.			Amount of Each Disbursement this Period 150.00	
City TUCSON	State AZ	Zip Code 85745	Transaction ID : SB17.I27	
Purpose of Disbursement OFFICE SUPPLIES		006 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)		SIGN POUNDERS	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> 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 31 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. BARNEY BRENNER</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 4960 N. WILD LIFE DR.			Amount of Each Disbursement this Period 75.00
City TUCSON	State AZ	Zip Code 85745	Transaction ID : SB17.I49
Purpose of Disbursement EQUIPMENT PURCHASE		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SIGN POUNDERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. LUKE GLEESON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2822 N. SANTA MARTA PL.			Amount of Each Disbursement this Period 800.00
City TUCSON	State AZ	Zip Code 85715	Transaction ID : SB17.I42
Purpose of Disbursement PERSONNEL SVC		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. LUKE GLEESON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2822 N. SANTA MARTA PL.			Amount of Each Disbursement this Period 800.00
City TUCSON	State AZ	Zip Code 85715	Transaction ID : SB17.I46
Purpose of Disbursement PERSONNEL SVC		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1675.00
<b>TOTAL</b> 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 32 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. VINCE LYNCH</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 62927 E. HARMONY DR.			Amount of Each Disbursement this Period 50.00
City TUCSON	State AZ	Zip Code 85739	
Purpose of Disbursement FOOD/BEVERAGE		Candidate Name	Transaction ID : SB17.I38
Category/Type 007			
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)		GOOD FRIDAY BREAKFAST EVENT
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GERALD SEPPALA</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1161 E. WAYZATA BLVD. BOX 210			Amount of Each Disbursement this Period 3000.00
City WAYZATA	State MN	Zip Code 55391	
Purpose of Disbursement FINANCE CONSULTING		Candidate Name	Transaction ID : SB17.I36
Category/Type 001			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GERALD SEPPALA</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1161 E. WAYZATA BLVD. BOX 210			Amount of Each Disbursement this Period 3000.00
City WAYZATA	State MN	Zip Code 55391	
Purpose of Disbursement FINANCE CONSULTING		Candidate Name	Transaction ID : SB17.I40
Category/Type 001			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6050.00
<b>TOTAL</b> 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 33 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. GERALD SEPPALA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1161 E. WAYZATA BLVD. BOX 210		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.I45</b>
City WAYZATA State MN Zip Code 55391	Purpose of Disbursement FINANCE CONSULTING Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. LYNNE ST. ANGELO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 13052 N. WOOSMAN WAY		Amount of Each Disbursement this Period 365.85 <b>Transaction ID : SB17.I76</b>
City ORO VALLEY State AZ Zip Code 85755	Purpose of Disbursement CREDIT CARD PAYMENT Category/Type 006	
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)	<b>[MEMO ITEM]</b> REIMBURSED EXPENSES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALPHAGRAPHS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 7306 N. ORACLE RD		Amount of Each Disbursement this Period 0.21 <b>Transaction ID : SB17.I81</b>
City TUCSON State AZ Zip Code 85704	Purpose of Disbursement POSTAGE 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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 34 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 13961 N. SANDARIO RD		Amount of Each Disbursement this Period 51.47
City MARANA State AZ Zip Code 85653	Purpose of Disbursement GAS	
Candidate Name		Transaction ID : SB17.I84 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 3901 W. COSTCO DR		Amount of Each Disbursement this Period 43.63
City TUCSON State AZ Zip Code 85714	Purpose of Disbursement GAS	
Candidate Name		Transaction ID : SB17.I95 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FRY'S</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 10450 N. LA CANADA DR		Amount of Each Disbursement this Period 17.96
City TUCSON State AZ Zip Code 85737	Purpose of Disbursement FOOD	
Candidate Name		Transaction ID : SB17.I88 <b>[MEMO ITEM]</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 35 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. FRY'S #117</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 10510 N. LA CANADA DR		Amount of Each Disbursement this Period 42.09
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement GAS	Transaction ID : SB17.I87
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRY'S #117</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 10510 N. LA CANADA DR		Amount of Each Disbursement this Period 46.87
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement FEUL	Transaction ID : SB17.I90
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 10855 N. ORACLE RD		Amount of Each Disbursement this Period 14.90
City TUCSON	State AZ	
Zip Code 85737	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I80
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 36 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 10855 N. ORACLE RD		Amount of Each Disbursement this Period 53.99
City TUCSON State AZ Zip Code 85737	Purpose of Disbursement MATERIALS	
Candidate Name		Transaction ID : SB17.I94 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 10855 N. ORACLE RD		Amount of Each Disbursement this Period 31.73
City TUCSON State AZ Zip Code 85737	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.I97 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. IN-N-OUT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 873 N. PROMENADE PKWY.		Amount of Each Disbursement this Period 2.12
City CASA GRANDE State AZ Zip Code 85194	Purpose of Disbursement FOOD	
Candidate Name		Transaction ID : SB17.I86 <b>[MEMO ITEM]</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 37 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. MCDONALDS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 3423 N HUNT HWY		Amount of Each Disbursement this Period 4.99
City FLORENCE	State AZ Zip Code 85232	
Purpose of Disbursement FOOD	Candidate Name	Transaction ID : SB17.I91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. SAM'S CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 4701 N. STONE AVE		Amount of Each Disbursement this Period 45.74
City TUCSON	State AZ Zip Code 85704	
Purpose of Disbursement GAS	Candidate Name	Transaction ID : SB17.I79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3640 W. ANTHEM WAY		Amount of Each Disbursement this Period 4.20
City ANTHEM	State AZ Zip Code 85086	
Purpose of Disbursement FOOD	Candidate Name	Transaction ID : SB17.I85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 38 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. UPS STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 10645 N. ORACLE RD			Amount of Each Disbursement this Period 5.95	
City ORO VALLEY	State AZ	Zip Code 85737	Transaction ID : SB17.I89	
Purpose of Disbursement POSTAGE		Category/ Type	[MEMO ITEM]	
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:				

Full Name (Last, First, Middle Initial) <b>B. ADVANTAGE DIRECT</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 2300 CLARENDON BLVD.			Amount of Each Disbursement this Period 100.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.I48	
Purpose of Disbursement FUNDRAISING PHONE CALLS		Category/ Type 003		
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:				

Full Name (Last, First, Middle Initial) <b>C. ALPHAGRAPHS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address 7306 N. ORACLE RD			Amount of Each Disbursement this Period 19.60	
City TUCSON	State AZ	Zip Code 85704	Transaction ID : SB17.I105	
Purpose of Disbursement POSTAGE		Category/ Type 001		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	119.60
<b>TOTAL</b> 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 39 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHICK-FIL-A</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 893 N. PROMENADE PKWY		Amount of Each Disbursement this Period 4.76
City CASA GRANDE	State AZ	
Zip Code 85194	Purpose of Disbursement FOOD/BEVERAGE	<b>Transaction ID : SB17.I103</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3880 W. TANGERINE RD.		Amount of Each Disbursement this Period 30.86
City MARANA	State AZ	
Zip Code 85658	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.I101</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 3712 CORTARO FARMS RD		Amount of Each Disbursement this Period 50.00
City TUCSON	State AZ	
Zip Code 85704	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.I106</b>
Candidate Name	002 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.62
<b>TOTAL</b> 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 40 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>3880 W. TANGERINE RD.</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>MARANA</b> State <b>AZ</b> Zip Code <b>85658</b>	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>002</b>	
Candidate Name		<b>Transaction ID : SB17.I99</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CITY OF MARICOPA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 25 / 2014</b>
Mailing Address <b>39700 W. CIVIC CENTER PLAZA</b>		Amount of Each Disbursement this Period <b>82.66</b>
City <b>MARICOPA</b> State <b>AZ</b> Zip Code <b>85138</b>	Purpose of Disbursement <b>FACILITY RENTAL</b> Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17.I73</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CITY OF SHOW LOW</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>180 N. 9TH ST.</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>SHOW LOW</b> State <b>AZ</b> Zip Code <b>85901</b>	Purpose of Disbursement <b>REGISTRATION FEE</b> Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17.I47</b>
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:		<b>4TH OF JULY PARADE FEE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>132.66</b>
<b>TOTAL</b> 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 41 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1593 SPRING HILL RD. STE. 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	<b>Transaction ID : SB17.I51</b>
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)	CAMPAIGN FINANCE SOFTWARE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	<b>Transaction ID : SB17.I62</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 99.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	<b>Transaction ID : SB17.I67</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1695.00
<b>TOTAL</b> 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 42 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	<b>Transaction ID : SB17.I68</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. COSTCO</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2014
Mailing Address 3901 W. COSTCO DR		Amount of Each Disbursement this Period 86.47
City TUCSON	State AZ Zip Code 85714	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 006	<b>Transaction ID : SB17.I107</b>
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)	PRINTER INK
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DESERT SHOTCRETE, INC.</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 3230 N. SHOWDOWN PL.		Amount of Each Disbursement this Period 1354.14
City TUCSON	State AZ Zip Code 85749	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 006	<b>Transaction ID : SB17.I8</b>
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)	REBAR
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2238.61
<b>TOTAL</b> 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 43 OF 63		
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DIALING SERVICES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 20 / 2014</b>
Mailing Address <b>8 RIVERSIDE DR.</b>		Amount of Each Disbursement this Period <b>475.68</b> <b>Transaction ID : SB17.I14</b>
City <b>ROSWELL</b>	State <b>NM</b>	
Zip Code <b>88201</b>	Purpose of Disbursement <b>FUNDRAISING PHONE CALLS</b>	Category/ Type <b>003</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. DIALING SERVICES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 12 / 2014</b>
Mailing Address <b>8 RIVERSIDE DR.</b>		Amount of Each Disbursement this Period <b>189.07</b> <b>Transaction ID : SB17.I17</b>
City <b>ROSWELL</b>	State <b>NM</b>	
Zip Code <b>88201</b>	Purpose of Disbursement <b>FUNDRAISING PHONE CALLS</b>	Category/ Type <b>003</b>
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:	

Full Name (Last, First, Middle Initial) <b>C. DIALING SERVICES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>8 RIVERSIDE DR.</b>		Amount of Each Disbursement this Period <b>71.29</b> <b>Transaction ID : SB17.I18</b>
City <b>ROSWELL</b>	State <b>NM</b>	
Zip Code <b>88201</b>	Purpose of Disbursement <b>FUNDRAISING PHONE CALLS</b>	Category/ Type <b>003</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>736.04</b>
<b>TOTAL</b> 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 44 OF 63		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 60.61 <b>Transaction ID : SB17.I2</b>
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>B. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 31.55 <b>Transaction ID : SB17.I23</b>
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>C. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 241.43 <b>Transaction ID : SB17.I28</b>
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	333.59
<b>TOTAL</b> 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 45 OF 63		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 37.83
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	<b>Transaction ID : SB17.I3</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 114.54
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	<b>Transaction ID : SB17.I4</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 233.40
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	<b>Transaction ID : SB17.I63</b>
Candidate Name	Category/Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.77
<b>TOTAL</b> 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 46 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DIALING SERVICES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 164.77
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. DIALING SERVICES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 103.74
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. DIALING SERVICES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 232.20
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.71
<b>TOTAL</b> 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 47 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 190.48 <b>Transaction ID : SB17.I7</b>
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 007
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:	

Full Name (Last, First, Middle Initial) <b>B. DIALING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 8 RIVERSIDE DR.		Amount of Each Disbursement this Period 101.48 <b>Transaction ID : SB17.I72</b>
City ROSWELL	State NM	
Zip Code 88201	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>C. DIGITAL KARMA MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 7423 W. LOUISE DR.		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.I12</b>
City GLENDALE	State AZ	
Zip Code 85018	Purpose of Disbursement WEB SERVICE	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1641.96
<b>TOTAL</b> 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 48 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. GO DADDY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 28 / 2014</b>
Mailing Address <b>14455 N. HAYDEN RD., SUITE. 226</b>		Amount of Each Disbursement this Period <b>83.88</b> <b>Transaction ID : SB17.I20</b>
City <b>SCOTTSDALE</b> State <b>AZ</b> Zip Code <b>85620</b>	Purpose of Disbursement <b>WEB SERVICE</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GO DADDY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address <b>14455 N. HAYDEN RD., SUITE. 226</b>		Amount of Each Disbursement this Period <b>74.86</b> <b>Transaction ID : SB17.I6</b>
City <b>SCOTTSDALE</b> State <b>AZ</b> Zip Code <b>85620</b>	Purpose of Disbursement <b>COMPUTER SUPPORT</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. GOTPRINT.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 12 / 2014</b>
Mailing Address <b>7625 N. SAN FERNANDO RD.</b>		Amount of Each Disbursement this Period <b>485.93</b> <b>Transaction ID : SB17.I50</b>
City <b>BURBANK</b> State <b>CA</b> Zip Code <b>91505</b>	Purpose of Disbursement <b>PRINTING</b> Category/Type <b>006</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>644.67</b>
<b>TOTAL</b> 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 49 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. GRAPHIC SCREENPRINTING PRODUCTION, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 5512 MITCHELLDALE		Amount of Each Disbursement this Period 1770.40
City HOUSTON State TX Zip Code 77092	Purpose of Disbursement PRINTING	
Candidate Name		<b>Transaction ID : SB17.I5</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. GRAPHIC SCREENPRINTING PRODUCTION, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 5512 MITCHELLDALE		Amount of Each Disbursement this Period 5394.36
City HOUSTON State TX Zip Code 77092	Purpose of Disbursement PRINTING	
Candidate Name		<b>Transaction ID : SB17.I74</b>
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:	Category/Type 006	CAMPAIGN SIGNS

Full Name (Last, First, Middle Initial) <b>C. GRAPHIC SCREENPRINTING PRODUCTION, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 5512 MITCHELLDALE		Amount of Each Disbursement this Period 1710.06
City HOUSTON State TX Zip Code 77092	Purpose of Disbursement PRINTING	
Candidate Name		<b>Transaction ID : SB17.I75</b>
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:	Category/Type 006	CAMPAIGN SIGNS

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8874.82
<b>TOTAL</b> 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 50 OF 63		
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial)

**A. IN-N-OUT**

Mailing Address 11545 N. ORACLE RD.

City ORO VALLEY State AZ Zip Code 85755

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 8.97

Transaction ID : SB17.I98

Category/Type: 007

Full Name (Last, First, Middle Initial)

**B. J&R GRAPHICS AND PRINTING**

Mailing Address 638 W. INDIAN SCHOOL RD.

City PHOENIX State AZ Zip Code 85013

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 137.70

Transaction ID : SB17.I26

Category/Type: 006

Full Name (Last, First, Middle Initial)

**C. LEWS CONSULTING**

Mailing Address 13052 N. WOOSMAN WAY

City ORO VALLEY State AZ Zip Code 85755

Purpose of Disbursement PERSONNEL SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2014

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.I22

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 4146.67

**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 51 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. LEWS CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 13052 N. WOOSMAN WAY		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.I30</b>
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement PERSONNEL SVC	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. LEWS CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 13052 N. WOOSMAN WAY		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.I9</b>
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement PERSONNEL SVC	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>C. LIQUIFIED CREATIVE, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO BOX 4931		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : SB17.I19</b>
City ANNAPOLIS	State MD	
Zip Code 21403	Purpose of Disbursement MEDIA	Category/ Type 006
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8075.00
<b>TOTAL</b> 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 52 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. LIQUIFIED CREATIVE, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2014</b>
Mailing Address <b>PO BOX 4931</b>		Amount of Each Disbursement this Period <b>75.00</b> <b>Transaction ID : SB17.I24</b>
City <b>ANNAPOLIS</b>	State <b>MD</b>	
Zip Code <b>21403</b>	Purpose of Disbursement <b>MEDIA</b>	Category/ Type <b>006</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. LIQUIFIED CREATIVE, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2014</b>
Mailing Address <b>PO BOX 4931</b>		Amount of Each Disbursement this Period <b>195.00</b> <b>Transaction ID : SB17.I25</b>
City <b>ANNAPOLIS</b>	State <b>MD</b>	
Zip Code <b>21403</b>	Purpose of Disbursement <b>MEDIA</b>	Category/ Type <b>006</b>
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:	

Full Name (Last, First, Middle Initial) <b>C. LOVES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address <b>5000 N. SUNLAND GIN</b>		Amount of Each Disbursement this Period <b>46.23</b> <b>Transaction ID : SB17.I104</b>
City <b>ELOY</b>	State <b>AZ</b>	
Zip Code <b>85222</b>	Purpose of Disbursement <b>TRAVEL</b>	Category/ Type <b>002</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>316.23</b>
<b>TOTAL</b> 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 53 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address <b>10595 N. ORACLE RD.</b>		Amount of Each Disbursement this Period <b>22.64</b> <b>Transaction ID : SB17.I102</b>
City <b>ORO VALLEY</b> State <b>AZ</b> Zip Code <b>85737</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. OLD PUEBLO FRIENDS OF NRA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 12 / 2014</b>
Mailing Address <b>PO BOX 36287</b>		Amount of Each Disbursement this Period <b>180.00</b> <b>Transaction ID : SB17.I21</b>
City <b>TUCSON</b> State <b>AZ</b> Zip Code <b>85740</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b> Category/Type <b>007</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. ORACLE COMMUNITY CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2014</b>
Mailing Address <b>PO BOX 1382</b>		Amount of Each Disbursement this Period <b>60.00</b> <b>Transaction ID : SB17.I31</b>
City <b>ORACLE</b> State <b>AZ</b> Zip Code <b>85623</b>	Purpose of Disbursement <b>FACILITY RENTAL</b> Category/Type <b>007</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>262.64</b>
<b>TOTAL</b> 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 54 OF 63	
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. ORO VALLEY COUNTRY CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2014</b>
Mailing Address <b>300 W. GREENOCK DR.</b>			Amount of Each Disbursement this Period <b>50.00</b> <b>Transaction ID : SB17.I33</b>
City <b>ORO VALLEY</b>	State <b>AZ</b>	Zip Code <b>85737</b>	
Purpose of Disbursement <b>FOOD/BEVERAGE</b>	Candidate Name		Category/ Type <b>007</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PETITION PROS INC.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 24 / 2014</b>
Mailing Address <b>527 W. WHITELEY</b>			Amount of Each Disbursement this Period <b>621.00</b> <b>Transaction ID : SB17.I16</b>
City <b>APACHE JUNCTION</b>	State <b>AZ</b>	Zip Code <b>85220</b>	
Purpose of Disbursement <b>PERSONNEL SVC</b>	Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PIZZA HUT</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2014</b>
Mailing Address <b>1860 S. MILTON</b>			Amount of Each Disbursement this Period <b>2.97</b> <b>Transaction ID : SB17.I82</b> <b>[MEMO ITEM]</b>
City <b>FLAGSTAFF</b>	State <b>AZ</b>	Zip Code <b>86001</b>	
Purpose of Disbursement <b>FOOD</b>	Candidate Name		Category/ Type
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>671.00</b>
<b>TOTAL</b> 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 55 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. PIZZA HUT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1860 S. MILTON		Amount of Each Disbursement this Period 41.70
City FLAGSTAFF	State AZ	
Zip Code 86001	Purpose of Disbursement FOOD	Transaction ID : SB17.I83
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SADDLEBROOKE PATRIOTS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 12.00
City SADDLEBROOKE	State AZ	
Zip Code 85739	Purpose of Disbursement FOOD/BEVERAGE	Transaction ID : SB17.I11
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SAFEGUARD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4240 N. SUMMERSET DR.		Amount of Each Disbursement this Period 306.96
City TUCSON	State AZ	
Zip Code 85750	Purpose of Disbursement PRINTING	Transaction ID : SB17.I37
Candidate Name	Category/Type 006	
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)	PRINTED BANNER
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	318.96
<b>TOTAL</b> 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 56 OF 63			
	<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)  
**Kwasman for Congress**

**A. TEL OPINION RESEARCH**

Full Name (Last, First, Middle Initial)  
Mailing Address 3275 COBBS DR.

City PALM HARBOR State FL Zip Code 34684

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.I13

Category/Type: 005

**B. TOWN OF MARANA**

Full Name (Last, First, Middle Initial)  
Mailing Address 11555 W. CIVIC CENTER DR.

City MARANA State AZ Zip Code 85653

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I15

SIGN PERMIT

Category/Type: 004

**C. TOWN OF ORO VALLEY**

Full Name (Last, First, Middle Initial)  
Mailing Address 11000 N. LA CANADA DR.

City ORO VALLEY State AZ Zip Code 85737

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2014

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I43

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 5045.00

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



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. TOWN OF ORO VALLEY</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 11000 N. LA CANADA DR.			Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.I44</b>
City ORO VALLEY	State AZ	Zip Code 85737	
Purpose of Disbursement FACILITY RENTAL	Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UPS STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 10645 N. ORACLE RD			Amount of Each Disbursement this Period 1029.40 <b>Transaction ID : SB17.I100</b>
City ORO VALLEY	State AZ	Zip Code 85737	
Purpose of Disbursement POSTAGE	Candidate Name		Category/ Type 001
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:			

POSTAGE, SHIPPING, AND COPYING COSTS

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 11900 N LA CANADA DR			Amount of Each Disbursement this Period 5.95 <b>Transaction ID : SB17.I78</b>
City ORO VALLEY	State AZ	Zip Code 85737	
Purpose of Disbursement POSTAGE	Candidate Name		Category/ Type
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:			

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1039.40
<b>TOTAL</b> 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 58 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO BOX 2908		Amount of Each Disbursement this Period 26.60
City PHOENIX	State AZ	
Zip Code 85062	Purpose of Disbursement BANK FEE	<b>Transaction ID : SB17.I52</b>
Candidate Name	001 Category/ Type	
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)	BANKCARD DISCOUNT FEE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO BOX 2908		Amount of Each Disbursement this Period 78.23
City PHOENIX	State AZ	
Zip Code 85062	Purpose of Disbursement BANK FEE	<b>Transaction ID : SB17.I53</b>
Candidate Name	001 Category/ Type	
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)	BANKCARD FEE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO BOX 2908		Amount of Each Disbursement this Period 190.82
City PHOENIX	State AZ	
Zip Code 85062	Purpose of Disbursement BANK FEE	<b>Transaction ID : SB17.I54</b>
Candidate Name	001 Category/ Type	
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)	BANKCARD INTERCHANGE FEE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	295.65
<b>TOTAL</b> 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 59 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 2908		Amount of Each Disbursement this Period 3.00
City PHOENIX	State AZ	
Zip Code 85062	Purpose of Disbursement BANK FEE	<b>Transaction ID : SB17.I56</b>
Candidate Name	001 Category/ Type	
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)	<b>ONLINE DEPOSIT DETAILS AND IMAGES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 2908		Amount of Each Disbursement this Period 5.01
City PHOENIX	State AZ	
Zip Code 85062	Purpose of Disbursement BANK FEE	<b>Transaction ID : SB17.I59</b>
Candidate Name	001 Category/ Type	
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)	<b>BANKCARD DISCOUNT FEE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 2908		Amount of Each Disbursement this Period 26.68
City PHOENIX	State AZ	
Zip Code 85062	Purpose of Disbursement BANK FEE	<b>Transaction ID : SB17.I60</b>
Candidate Name	001 Category/ Type	
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)	<b>BANKCARD INTERCHANGE FEE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.69
<b>TOTAL</b> 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 60 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 2908			Amount of Each Disbursement this Period 76.13
City PHOENIX	State AZ	Zip Code 85062	
Purpose of Disbursement BANK FEE		Category/ Type 001	<b>Transaction ID : SB17.I61</b>
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)		BANKCARD FEE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO BOX 2908			Amount of Each Disbursement this Period 56.77
City PHOENIX	State AZ	Zip Code 85062	
Purpose of Disbursement BANK FEE		Category/ Type 001	<b>Transaction ID : SB17.I69</b>
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:			

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO BOX 2908			Amount of Each Disbursement this Period 76.05
City PHOENIX	State AZ	Zip Code 85062	
Purpose of Disbursement BANK FEE		Category/ Type 001	<b>Transaction ID : SB17.I70</b>
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)		BANKCARD FEE
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	208.95
<b>TOTAL</b> 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 61 OF 63			
	<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)  
**Kwasman for Congress**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2014</b>
Mailing Address <b>PO BOX 2908</b>		Amount of Each Disbursement this Period <b>289.53</b>
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85062</b>
Purpose of Disbursement <b>BANK FEE</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17.I71</b>
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)	<b>BANKCARD INTERCHANGE FEE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WEST ASSET MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2014</b>
Mailing Address <b>7171 MERCY RD.</b>		Amount of Each Disbursement this Period <b>485.61</b>
City <b>OMAHA</b>	State <b>NE</b>	Zip Code <b>68106</b>
Purpose of Disbursement <b>FUNDRAISING PHONE CALLS</b>	Category/Type <b>003</b>	
Candidate Name		<b>Transaction ID : SB17.I55</b>
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)	<b>SETTLEMENT PAYMENT FOR DISPUTED AUTODIALED CALLS</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ARIZONA REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2014</b>
Mailing Address <b>350 N. 24TH ST.</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85016</b>
Purpose of Disbursement <b>SURVEY RESEARCH</b>	Category/Type <b>003</b>	
Candidate Name		<b>Transaction ID : SB17.I41</b>
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)	<b>VOTER LISTS</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1275.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>51003.38</b>

# 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)  
**Kwasman for Congress**

Transaction ID : **CL1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Adam Kwasman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address

1301 W. Lambert Ln. Apt. 4302

City

State

ZIP Code

Oro Valley

AZ

85737

Original Amount of Loan

27000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

27000.00

### TERMS

Date Incurred

M M / D D / Y Y Y Y  
06 / 11 / 2014

Date Due

M M / D D / Y Y Y Y  
NONE

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)..... ▶

27000.00

**TOTALS** This Period (last page in this line only)..... ▶

27000.00

**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)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Kwasman for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Connect Strategic Communications, LLC**

Mailing Address PO Box 141251

City State Zip Code  
Dallas TX 75214

Nature of Debt (Purpose):  
Dispute of Web Services Fee

Outstanding Balance Beginning This Period	<b>Transaction ID : DBT1</b>	
3896.40		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3896.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3896.40
2) <b>TOTALS</b> This Period (last page this line number only) .....	3896.40
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	27000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	30896.40