

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street)

2645 EXECUTIVE PARK DRIVE STE 512

Check if different than previously reported. (ACC)

WESTON

FL

33331

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00501205

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

20

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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 2016

through

M M /

D D /

Y Y Y Y 2016

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

KAUFMAN, JOE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

KAUFMAN, JOE, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
JOE KAUFMAN FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16308.93	129014.84
(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)).....	16308.93	129014.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	35304.92	94405.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1150.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35304.92	93255.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	390815.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	89862.53	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8952.34	54786.79
(ii) Unitemized	7356.59	74228.05
(iii) TOTAL of contributions from individuals	16308.93	129014.84
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16308.93	129014.84
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5745.93
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5745.93
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	1150.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	16308.93	135910.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35304.92	94405.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	9500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	9500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	35304.92	103905.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	409811.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16308.93
25. SUBTOTAL (add Line 23 and Line 24).....	426120.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35304.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	390815.32

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

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

FOR LINE NUMBER: PAGE 5 OF 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANNETTS, PAUL, W, MR,
Mailing Address 57 HAMPSHIRE RD

City: FISHKILL State: NY Zip Code: 12524

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 210.00

Date of Receipt: 09 / 02 / 2016
Transaction ID : SA11AI.60616

Amount of Each Receipt this Period: 15.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
ANNETTS, PAUL, W, MR,
Mailing Address 57 HAMPSHIRE RD

City: FISHKILL State: NY Zip Code: 12524

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 235.00

Date of Receipt: 09 / 02 / 2016
Transaction ID : SA11AI.60640

Amount of Each Receipt this Period: 25.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
BRIGHT STAR PAC
Mailing Address 5701 Cypress Rd.

City: Plantation State: FL Zip Code: 33317

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 8000.00

Date of Receipt: 09 / 12 / 2016
Transaction ID : SA11AI.60689

Amount of Each Receipt this Period: 5000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5040.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 31
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARING, ANGELINE, , ,

Mailing Address 825 ALEXANDER RD W

City BELLVILLE State OH Zip Code 44813

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
291.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 28 2016

Transaction ID : SA11AI.60364

Amount of Each Receipt this Period
95.50

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Kaufman, Joseph, , ,

Mailing Address 8708 NW 82 ST.

City Tamarac State FL Zip Code 33321

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOY Occupation Writer and reserch

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10172.93

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 18 2016

Transaction ID : SA11AI.60457

Amount of Each Receipt this Period
3000.00

Memo Item LOAN

C. Full Name (Last, First, Middle Initial)
Leahy, Robert, , ,

Mailing Address 622 Jasmine La

City Sunset Beach State NC Zip Code 28468

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
501.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 17 2016

Transaction ID : SA11AI.60356

Amount of Each Receipt this Period
33.42

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3128.92

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

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

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

FOR LINE NUMBER: PAGE 7 OF 31
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leahy, Robert, , ,

Mailing Address 622 Jasmine La

City: Sunset Beach State: NC Zip Code: 28468

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 534.72

Date of Receipt: 09 / 15 / 2016

Transaction ID : SA11AI.60408

Amount of Each Receipt this Period: 33.42

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
TATE, STANLEY, , ,

Mailing Address 9999 COLLINS AVE

City: BAL HARBOUR State: FL Zip Code: 33154

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 09 / 12 / 2016

Transaction ID : SA11AI.60677

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Wallace, Virginia, , ,

Mailing Address 265 Lakewood Ct

City: Rocky Mount State: VA Zip Code: 24157

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 23 / 2016

Transaction ID : SA11AI.60472

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	783.42
TOTAL This Period (last page this line number only).....▶	8952.34

**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 8 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. A Plus Printing		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 6561 NW 18th Ct		FEC Identification Number C
City Plantation	State FL	Zip Code 33313
Purpose of Disbursement Graphics and Printing		Amount of Each Disbursement this Period 1524.00
Candidate Name		Transaction ID : SB17.60696
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CCP DIGITAL LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address Online		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement Advertisement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB17.60811
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Cheappcintink		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address Online		FEC Identification Number C
City Online	State	Zip Code
Purpose of Disbursement T Shirts		Amount of Each Disbursement this Period 229.00
Candidate Name		Transaction ID : SB17.60712
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6753.00
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 9 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. City of Aventura		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 19200 West Country Club Drive		FEC Identification Number C
City Aventura	State FL	Zip Code 33180
Purpose of Disbursement Political Yard Signs		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.60693
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Drive Media		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016
Mailing Address 404 Washington Ave ste 650		FEC Identification Number C
City Miami Beach	State FL	Zip Code 33139
Purpose of Disbursement Digital Marketing		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : SB17.60774
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Facebook Advertisement		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address Online		FEC Identification Number C
City Online	State	Zip Code
Purpose of Disbursement Advertisement		Amount of Each Disbursement this Period 250.51
Candidate Name		Transaction ID : SB17.60730
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1050.51
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 10 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook Advertisement		Date of Disbursement
Mailing Address Online		M M / D D / Y Y Y Y 09 / 01 / 2016
City Online	State	Zip Code
Purpose of Disbursement Advertisement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	430.10
State: District:	Transaction ID : SB17.60752	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Facebook Advertisement		Date of Disbursement
Mailing Address Online		M M / D D / Y Y Y Y 09 / 26 / 2016
City Online	State	Zip Code
Purpose of Disbursement Advertisement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.10
State: District:	Transaction ID : SB17.60803	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Kaufman, Joe, , ,		Date of Disbursement
Mailing Address 8708 NW 82. st.		M M / D D / Y Y Y Y 08 / 25 / 2016
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00
State: District:	Transaction ID : SB17.60728	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2930.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2016
Mailing Address 8708 NW 82. st.		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	Transaction ID : SB17.60779
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2016
Mailing Address 8708 NW 82. st.		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : SB17.60780
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Lakeside Executive Suits		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016
Mailing Address 2645 Executive Park DR		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Office space		Amount of Each Disbursement this Period 112.36
Candidate Name	Category/ Type	Transaction ID : SB17.60781
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8112.36
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 12 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LCS Mailing Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016	
Mailing Address 5055 NE 13th. Ave.			FEC Identification Number C	
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 1398.60	
Purpose of Disbursement Shipping and Mailing Services		Category/ Type	Transaction ID : SB17.60694	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LCS Mailing Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016	
Mailing Address 5055 NE 13th. Ave.			FEC Identification Number C	
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 3561.26	
Purpose of Disbursement Shipping and Mailing Services		Category/ Type	Transaction ID : SB17.60721	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MOR PRINTING			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address online			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 315.00	
Purpose of Disbursement printing		Category/ Type	Transaction ID : SB17.60799	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5274.86
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 13 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Printmaster			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016		
Mailing Address 5220 NE 12th Ave			FEC Identification Number C		
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 1770.00		
Purpose of Disbursement Printer		Category/ Type	Transaction ID : SB17.60812		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Quarterdeck			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016		
Mailing Address 3155 S University Dr			FEC Identification Number C		
City Davie	State FL	Zip Code 33328	Amount of Each Disbursement this Period 534.90		
Purpose of Disbursement Restaurant		Category/ Type	Transaction ID : SB17.60749		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016		
Mailing Address 8550 N University Dr			FEC Identification Number C		
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 34.07		
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.60690		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2338.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016	
Mailing Address 8550 N University Dr			FEC Identification Number C	
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 34.05	
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.60772	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2016	
Mailing Address 8550 N University Dr			FEC Identification Number C	
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 24.29	
Purpose of Disbursement gas		Category/ Type	Transaction ID : SB17.60777	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016	
Mailing Address 8550 N University Dr			FEC Identification Number C	
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 23.25	
Purpose of Disbursement GAS		Category/ Type	Transaction ID : SB17.60804	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	81.59
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tmobile Postpaid Web		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address Online		FEC Identification Number C
City Online	State	Zip Code
Purpose of Disbursement cellphone		Amount of Each Disbursement this Period 228.39
Candidate Name		Transaction ID : SB17.60692
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. Tmobile Postpaid Web		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016
Mailing Address Online		FEC Identification Number C
City Online	State	Zip Code
Purpose of Disbursement cellphone		Amount of Each Disbursement this Period 421.33
Candidate Name		Transaction ID : SB17.60789
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Town of Davie		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 6591 Orange Dr.		FEC Identification Number C
City Davie	State FL	Zip Code 33314
Purpose of Disbursement Political Yard Signs		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.60704
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1149.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Post Master			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 4450 S Pine Island Rd			FEC Identification Number C	
City Davie	State FL	Zip Code 33328	Amount of Each Disbursement this Period 5522.29	
Purpose of Disbursement Permit 2277		Category/ Type	Transaction ID : SB17.60706	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WIZO			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2016	
Mailing Address 1150 Kane Concourse 5th Floor			FEC Identification Number C	
City #1 Bay Harbor Islands	State FL	Zip Code 33154	Amount of Each Disbursement this Period 180.00	
Purpose of Disbursement Event		Category/ Type	Transaction ID : SB17.60801	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		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:				

SUBTOTAL of Disbursements This Page (optional).....▶	5702.29
TOTAL This Period (last page this line number only).....▶	33393.50

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.48978**

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

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

TERMS	Date Incurred M 04 / D 24 / Y 2014	Date Due M M / D D / Upon demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	-------------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.48979**

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

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

TERMS	Date Incurred M 04 / D 30 / Y 2014	Date Due M M / D D / Upon demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 1500.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.5512**

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

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

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

SUBTOTALS This Period This Page (optional).....▶	3248.21
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.9126**

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

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

TERMS	Date Incurred M 12 / D 31 / Y 2011	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	1200.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.20680**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 20 / Y 2012	M M / D D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22542**

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

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS	Date Incurred M 07 / D 05 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22543**

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

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 07 / D 13 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22544**

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

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 07 / D 16 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	1000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.26611**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 15 / Y 2012	M M / D D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	2376.50
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50920**

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

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred M 08 / D 20 / Y 2014 Y	Date Due M M / D D / Upon Demand Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50921**

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

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred M 08 / D 20 / Y 2014 Y	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.58526
JOE KAUFMAN FOR CONGRESS

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 05 / Y 2015	M M / D D / on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="5745.93"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text" value="39570.64"/>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

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

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

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

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

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

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

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

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

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

Outstanding Balance Beginning This Period 10210.45	Transaction ID : SD10.33910	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10210.45

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

Outstanding Balance Beginning This Period 6327.81	Transaction ID : SD10.33911	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6327.81

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

Outstanding Balance Beginning This Period 6769.75	Transaction ID : SD10.33912	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6769.75

1) SUBTOTALS This Period This Page (optional)	▶	23308.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

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

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

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

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

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

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

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