

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street)

2645 EXECUTIVE PARK DRIVE STE 512

Check if different than previously reported. (ACC)

WESTON

FL

33331

2. **FEC IDENTIFICATION NUMBER** ▼

C C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

20

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer joe kaufman

Signature of Treasurer joe kaufman

[Electronically Filed]

Date

/  /

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	63190.65	98265.01
(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)) .....	63190.65	98265.01
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	30975.01	39490.50
(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)).....	30975.01	39490.50
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>67022.72</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>8248.21</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

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

<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).....	6885.00	18886.00
(ii) Unitemized.....	56305.65	79379.01
(iii) TOTAL of contributions from individuals ▶	63190.65	98265.01
(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))..	63190.65	98265.01
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	5000.00	8248.21
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	8248.21
<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>	68190.65	106513.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30975.01	39490.50
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) ▶	30975.01	39490.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29807.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	68190.65
25. SUBTOTAL (add Line 23 and Line 24).....	97997.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30975.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	67022.72

**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RANALD ADAMS**

Mailing Address 1002 EMERALD DR

City ALEXANDRIA State VA Zip Code 22308

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : SA11AI.6497**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 500 S OCEAN BLVD

City BOCA RATON State FL Zip Code 33432

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011

**Transaction ID : SA11AI.8640**

Amount of Each Receipt this Period  
 250.00

Campaign Contribution

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

Mailing Address PO BOX 11390

City MIDLAND State TX Zip Code 79702

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

Name of Employer HOBART RANCH Occupation DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011

**Transaction ID : SA11AI.8610**

Amount of Each Receipt this Period  
 500.00

Campaign Contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

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

Mailing Address 131 S VISTA ST

City LOS ANGELES State CA Zip Code 90036

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2011

**Transaction ID : SA11AI.8770**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 3622 TARTAN CIR

City PORTAGE State MI Zip Code 49024

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : SA11AI.8963**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 3622 TARTAN CIR

City PORTAGE State MI Zip Code 49024

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : SA11AI.8964**

Amount of Each Receipt this Period  
250.00

Campaign 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 7 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

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

Mailing Address 4010 VALLEY VIEW RD SW

City ROCHESTER State MN Zip Code 55902

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

Name of Employer MAYO CLINIC Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2011

**Transaction ID : SA11AI.7944**

Amount of Each Receipt this Period  
 Campaign Contribution 300.00

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

Mailing Address 3417 MILAM STREET

City LAFAYETTE State LA Zip Code 70509

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

Name of Employer SELF Occupation INVESTER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2011

**Transaction ID : SA11AI.5879**

Amount of Each Receipt this Period  
 Campaign Contribution 250.00

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

Mailing Address 3417 MILAM STREET

City LAFAYETTE State LA Zip Code 70509

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

Name of Employer SELF Occupation INVESTER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : SA11AI.6976**

Amount of Each Receipt this Period  
 Campaign Contribution 100.00

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

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

650.00

**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY HAHN**

Mailing Address 23073 VIA STEL

City BOCA RATON State FL Zip Code 33433

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

Name of Employer JEFFREY HAHN PA/CPA Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : SA11AI.8215**

Amount of Each Receipt this Period  
 Campaign Contribution 250.00

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

Mailing Address 41 GRANBURG CIR

City SAN ANTONIO State TX Zip Code 78218

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

Name of Employer CPA Occupation SELF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011

**Transaction ID : SA11AI.6243**

Amount of Each Receipt this Period  
 Campaign Contribution 250.00

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

Mailing Address 78 ANGELOU WAY

City SPRING State TX Zip Code 77382

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

Name of Employer FMC TECHNOLOGIES Occupation CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2011

**Transaction ID : SA11AI.8468**

Amount of Each Receipt this Period  
 Campaign Contribution 500.00

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

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

1000.00



**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

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

Mailing Address 2520 WHISPERING OAKS LN

City State Zip Code  
DELRAY BEACH FL 33445

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2011

**Transaction ID : SA11AI.7682**

Amount of Each Receipt this Period  
250.00

Campaign Contribution

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

Mailing Address 876 Pinellas Pt.. Dr. S.

City State Zip Code  
St. Petersburg FL 33705

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : SA11AI.9382**

Amount of Each Receipt this Period  
500.00

Campaign Contribution

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

Mailing Address 420 41ST AVE

City State Zip Code  
SAN FRANCISCO CA 94121

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2011

**Transaction ID : SA11AI.8643**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOEL ROTHMAN**

Mailing Address 27 CARMEL BAY DR

City State Zip Code  
CORONA DL MAR CA 92625

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

Name of Employer Occupation  
ENTERTAINMENT INDUSTRY MUSIC PRODUCER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : SA11AI.6955**

Amount of Each Receipt this Period  
250.00

Campaign Contributions

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

Mailing Address 2309 SW 1ST AVE APT 1545

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : SA11AI.8331**

Amount of Each Receipt this Period  
1000.00

Campaign Contribution

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

Mailing Address 2 LEIGHTON CT NW

City State Zip Code  
ATLANTA GA 30327

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

Name of Employer Occupation  
CONSTATINE CPT/MILLIKEN FOUNDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2011

**Transaction ID : SA11AI.7085**

Amount of Each Receipt this Period  
250.00

Campaign 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 11 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ROBERT WEINER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011	
Mailing Address 2 LEIGHTON CT NW		<b>Transaction ID : SA11AI.9063</b>	
City ATLANTA	State GA	Zip Code 30327	Amount of Each Receipt this Period Campaign Contribution 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer CONSTATINE CPT/MILLIKEN	Occupation FOUNDER		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 285.00		

Full Name (Last, First, Middle Initial) <b>B. Joseph A. Yolofsky</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011	
Mailing Address 21376 Marina Cv Cir 16-c		<b>Transaction ID : SA11AI.5771</b>	
City Aventura	State FL	Zip Code 33180	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer FRANK, WEINBERG & BLACK	Occupation ATTORNEY		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ellen Zyroff</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011	
Mailing Address 7361 Rue Michael		<b>Transaction ID : SA11AI.9384</b>	
City La Jolla	State CA	Zip Code 92037	Amount of Each Receipt this Period Campaign Contribution 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	885.00
<b>TOTAL</b> This Period (last page this line number only).....	6885.00

**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 26
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Kaufman**

Mailing Address 2645 Executive Park Drive  
Ste 512

City Weston State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C** H2FL20043

Name of Employer Self Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8248.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA13A.9126**

Amount of Each Receipt this Period  
5000.00

Personal Loan to Joe Kaufman for Congress

**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 M / D 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 M / D 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).....

5000.00

5000.00

**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 13 OF 26			
	<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) <b>A. FELECIA ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 10851 Edinburgh St.		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.9451</b>
City Cooper City	State FL	
Purpose of Disbursement Advertising Expenses		Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) <b>B. FELECIA ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 10851 Edinburgh St.		Amount of Each Disbursement this Period 103.08 <b>Transaction ID : SB17.9452</b>
City Cooper City	State FL	
Purpose of Disbursement Office Supplies		Category/ Type 006
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) <b>C. FELECIA ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 10851 Edinburgh St.		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.9453</b>
City Cooper City	State FL	
Purpose of Disbursement Advertising Expenses		Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	503.08
<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 14 OF 26			
	<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) <b>A. FELECIA ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2011
Mailing Address 10851 Edinburgh St.		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.9457</b>
City Cooper City	State FL	
Purpose of Disbursement Advertising Expenses		Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) <b>B. FELECIA ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 10851 Edinburgh St.		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.9454</b>
City Cooper City	State FL	
Purpose of Disbursement Advertising Expenses		Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) <b>C. FELECIA ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 10851 Edinburgh St.		Amount of Each Disbursement this Period 108.62 <b>Transaction ID : SB17.9455</b>
City Cooper City	State FL	
Purpose of Disbursement Advertising Expenses		Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	508.62
<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 15 OF 26			
	<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) <b>A. BASE CONNECT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2011
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 3182.78 <b>Transaction ID : SB17.9401</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement HHR PH1 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. Jack Blackley</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 11737 NW 12th St		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.9489</b>
City Pembroke Pines State FL Zip Code 33026	Purpose of Disbursement Facebook Ads 004 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. CENTURY DATA MAILING SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2011
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 13262.36 <b>Transaction ID : SB17.9409</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement JKC/ HHSR PH1 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16745.14
<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 16 OF 26			
	<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) <b>A. Comcast Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 1031 NW 55th Street		Amount of Each Disbursement this Period 682.74
City Plantation	State FL	
Purpose of Disbursement Campaign Internet, Phones	001	<b>Transaction ID : SB17.9417</b>
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Courtyard Office Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 4577 Nob Hill Road, Ste 102		Amount of Each Disbursement this Period 1972.00
City Sunrise	State FL	
Purpose of Disbursement Campaign HDQ Rent	001	<b>Transaction ID : SB17.9419</b>
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 7.26
City Fairfax	State VA	
Purpose of Disbursement Amex Discount Fee Adj	003	<b>Transaction ID : SB17.9462</b>
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2662.00
<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 17 OF 26			
	<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) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 162.63 <b>Transaction ID : SB17.9463</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement NPC MERCH PYMT PROC 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 0.44 <b>Transaction ID : SB17.9464</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Amex Discount Fee 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 46.00 <b>Transaction ID : SB17.9465</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement CUSTOM CREDIT/BILLING 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	209.07
<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 18 OF 26	
	<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) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 20.18 <b>Transaction ID : SB17.9469</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Amex Discount Fee 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 81.35 <b>Transaction ID : SB17.9470</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement SERVICE FEES 11/30 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 132.61 <b>Transaction ID : SB17.9471</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement NPC MERCH/PYMT PROC 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	234.14
<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 19 OF 26	
	<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) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 31.50 <b>Transaction ID : SB17.9472</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement CUSTOM CREDIT/BILLING 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 28.41 <b>Transaction ID : SB17.9473</b>
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Amex Discount Fee 003 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>c. Halsey &amp; Griffith</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 1000 Park Centre Blvd #128		Amount of Each Disbursement this Period 238.50 <b>Transaction ID : SB17.9479</b>
City State Zip Code Miami Gardens FL 33169	Purpose of Disbursement Printer/Copier Installation 001 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	317.41
<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 20 OF 26			
	<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) <b>A. Halsey &amp; Griffith</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 1000 Park Centre Blvd #128		Amount of Each Disbursement this Period 55.00
City Miami Gardens State FL Zip Code 33169	Purpose of Disbursement Printer Maintenance Contract	Transaction ID : SB17.9480
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. J.E. Phone Works</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 8379 Blue Cypress Drive		Amount of Each Disbursement this Period 500.00
City Lake Worth State FL Zip Code 33467	Purpose of Disbursement Campaign HDQ Phone Equipment	Transaction ID : SB17.9486
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>c. J.E. Phone Works</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 8379 Blue Cypress Drive		Amount of Each Disbursement this Period 500.00
City Lake Worth State FL Zip Code 33467	Purpose of Disbursement Campaign HDQ Phone Equipment	Transaction ID : SB17.9487
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1055.00
<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 21 OF 26			
	<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) <b>A. LAKESIDE EXECUTIVE S 954</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 2645 Executive Park Drive		Amount of Each Disbursement this Period 83.74
City State Zip Code Weston FL 33331	Purpose of Disbursement Campaign Office Rent	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		Transaction ID : SB17.9497
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. LEGACY LISTS, INC. - BROKERAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 1400.00
City State Zip Code Washington FL 20005	Purpose of Disbursement Campaign Advertising	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		Transaction ID : SB17.9499
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. LEGACY LISTS, INC. - MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 1960.97
City State Zip Code Washington FL 20005	Purpose of Disbursement Campaign	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		Transaction ID : SB17.9501
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3444.71
<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 22 OF 26			
	<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) <b>A. METROPCS 2020 DAVIE FL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 9180 St Rd 84		Amount of Each Disbursement this Period 165.36 <b>Transaction ID : SB17.9511</b>
City Davie State FL Zip Code 33324	Purpose of Disbursement Campaign Phones 001 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. METROPCS 2020 DAVIE FL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 9180 St Rd 84		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.9512</b>
City Davie State FL Zip Code 33324	Purpose of Disbursement Campaign Phones 001 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Perry Svcs, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2011
Mailing Address 1696 Old Okeechobee Rd		Amount of Each Disbursement this Period 689.00 <b>Transaction ID : SB17.9530</b>
City West Palm Beach State FL Zip Code 33409	Purpose of Disbursement Postal Mailing 004 Category/Type	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	954.36
<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 23 OF 26	
	<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) <b>A. PS PRINT 510-444-3933 CA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 2861 Mandela Parkway		Amount of Each Disbursement this Period 367.93 <b>Transaction ID : SB17.9536</b>
City Oakland	State CA	
Zip Code 94608	Purpose of Disbursement Campaign Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TOP OF GOOGLE-YAHOO- 954</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address Internet Search Engine		Amount of Each Disbursement this Period 115.00 <b>Transaction ID : SB17.9572</b>
City Internet	State CA	
Zip Code	Purpose of Disbursement Campaign Advertising	Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

Full Name (Last, First, Middle Initial) <b>C. TOP OF GOOGLE-YAHOO- 954</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address Internet Search Engine		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.9573</b>
City Internet	State CA	
Zip Code	Purpose of Disbursement Campaign Advertising	Category/ Type 004
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	522.93
<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 24 OF 26	
	<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) <b>A. TROPHIES BY EDCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 5434 Johnson Street		Amount of Each Disbursement this Period 382.93 <b>Transaction ID : SB17.9574</b>
City Hollywood State FL Zip Code 33021	Purpose of Disbursement Campaign Advertising Category/Type 004	
Candidate Name <b>JOE KAUFMAN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	382.93
<b>TOTAL</b> This Period (last page this line number only).....	27539.39



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

**JOE KAUFMAN FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

Joe Kaufman

Primary

General

Other (specify) ▼

Mailing Address

2645 Executive Park Drive  
Ste 512

City

State

ZIP Code

Weston

FL

33331

Original Amount of Loan

3248.21

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3248.21

**TERMS**

Date Incurred

M 07 / D 01 / Y 2011

Date Due

M M / D D / Y Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

3248.21

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9126

**JOE KAUFMAN FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

Joe Kaufman

Primary  
 General  
 Other (specify) ▼

Mailing Address

2645 Executive Park Drive  
Ste 512

City State ZIP Code  
Weston FL 33331

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

**TERMS**

Date Incurred: M 12 / D 31 / Y 2011  
Date Due: M / D / Y Upon Demand  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	8248.21

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