

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

JENKINS FOR CONGRESS

ADDRESS (number and street)

PO BOX 727

Check if different than previously reported. (ACC)

HUNTINGTON

WV

25711

2. **FEC IDENTIFICATION NUMBER**

C C00548271

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WV

03

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

through

M M /

D D /

Y Y Y Y

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 PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JENKINS 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))....	193529.93	603003.95
(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)).....	193529.93	603003.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	48385.86	88241.69
(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)).....	48385.86	88241.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	512262.26	
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).....	5045.46	

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

JENKINS 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).....	121980.00	464340.00
(ii) Unitemized.....	7949.93	28813.95
(iii) TOTAL of contributions from individuals ▶	129929.93	493153.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	61000.00	107000.00
(d) The Candidate.....	2600.00	2850.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	193529.93	603003.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	193529.93	603003.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48385.86	88241.69
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	2500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	48385.86	90741.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	367118.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	193529.93
25. SUBTOTAL (add Line 23 and Line 24).....	560648.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48385.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	512262.26

**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 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard M. Adams

Mailing Address 52 Meadowcrest

City Parkersburg State WV Zip Code 26101

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

Name of Employer United Bank Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6422

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Richard M. Adams

Mailing Address 52 Meadowcrest

City Parkersburg State WV Zip Code 26101

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

Name of Employer United Bank Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6423

Amount of Each Receipt this Period
 5200.00

C. Full Name (Last, First, Middle Initial)
Carolyn S Agee

Mailing Address 160 Woodland Dr

City Huntington State WV Zip Code 25705-1346

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6358

Amount of Each Receipt this Period
 833.33

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

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

6033.33

**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 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kenneth J Allen M.D.

Mailing Address 5 Highland Park

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
Medical Management Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
K A Ammar Jr.

Mailing Address 2045 Maryland Ave.

City State Zip Code
Bluefield WV 24701

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6355

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard F Ammar Sr.

Mailing Address 1000 Edgewood Rd.

City State Zip Code
Bluefield WV 24701

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6399

Amount of Each Receipt this Period
500.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward Aycoth

Mailing Address 213 Inlet Point Dr

City State Zip Code
Wilmington NC 28409-5011

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

Name of Employer Occupation
Prof. Imagiline Radiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Manuel C Barit MD

Mailing Address 614 Club Cir.

City State Zip Code
Daniels WV 25832

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6113

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kathy G Beckett

Mailing Address 3 Gat Creek Rd.

City State Zip Code
Charleston WV 25314

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

Name of Employer Occupation
Steptoe and Johnson Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6260

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cleveland Benedict		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address HC 37 Box 155		Transaction ID : SA11AI.6474
City Lewisburg	State WV	Zip Code 24901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Alison Bibbee		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1572 Hampton Road		Transaction ID : SA11AI.6054
City Charleston	State WV	Zip Code 25314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Capito for Congress	Occupation Finance Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. Paul Blom		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 449 St Andrews Dr		Transaction ID : SA11AI.6076
City Barboursville	State WV	Zip Code 25504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Radiology-Inc	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paul Blom		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 449 St Andrews Dr		Transaction ID : SA11A1.6194	
City Barboursville	State WV	Zip Code 25504	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Radiology-Inc	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00		

Full Name (Last, First, Middle Initial) B. Paul Blom		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 449 St Andrews Dr		Transaction ID : SA11A1.6501	
City Barboursville	State WV	Zip Code 25504	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Radiology-Inc	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) C. Frederic Bogart		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 120 SE 5th St.		Transaction ID : SA11A1.6250	
City Boca Raton	State FL	Zip Code 33432	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gary E. Bowling

Mailing Address 5333 Shadowbrook Rd.

City	State	Zip Code
Cross Lanes	WV	25313

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

Name of Employer	Occupation
Employer's Innovative Network	Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6434

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Cynthia Branson

Mailing Address 311 Courthouse Road

City	State	Zip Code
Princeton	WV	24740

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

Name of Employer	Occupation
Self-Employed	Orthodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6417

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)
Phillip Branson

Mailing Address 311 Courthouse Road

City	State	Zip Code
Princeton	WV	24740

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

Name of Employer	Occupation
Self-Employed	Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6477

Amount of Each Receipt this Period

2600.00

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 11 OF 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James E. Brick

Mailing Address 79 Cheat Canyon Park Dr.

City Morgantown State WV Zip Code 26508

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

Name of Employer WVU Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11A1.6415

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Fred Brinkel

Mailing Address 714 Pigeon Roost Trail

City Princeton State WV Zip Code 24740

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

Name of Employer Self-Employed Occupation Healthcare IT Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11A1.6184

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Maria M Bronosky

Mailing Address 170 Woodland Dr.

City Huntington State WV Zip Code 25705

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11A1.6122

Amount of Each Receipt this Period
 50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hoyt Burdick Jr.

Mailing Address 251 High Drive

City State Zip Code
Huntington WV 25705

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

Name of Employer Occupation
CHH Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11AI.6466

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dennis M Burton

Mailing Address Box 299, 6007 Route 60 E, Suite 10

City State Zip Code
Barboursville WV 25504

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

Name of Employer Occupation
IRC Holdings, LLC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.6097

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MaryAnn Cater

Mailing Address 1 Aaronwoods Ct

City State Zip Code
Wheeling WV 26003-9358

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

Name of Employer Occupation
MPA Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2050.00

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

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period
50.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Allan Chamberlain

Mailing Address 255 High Drive

City: Huntington State: WV Zip Code: 25705

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

Name of Employer: St. Mary's Medical Management Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Peter Chirico

Mailing Address 327 Woodland Dr

City: Huntington State: WV Zip Code: 25705-3539

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

Name of Employer: Radiology, Inc. Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 15 / 2014

Transaction ID : SA11AI.6131

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mark Cohan

Mailing Address 4885 Hunters Way

City: Boca Raton State: FL Zip Code: 33434

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

Name of Employer: None Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period: 250.00

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 14 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bryan Cokeley

Mailing Address 1557 Connell Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer Steptoe and Johnson Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.6511

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Brownie Cole

Mailing Address 404 Oakhurst Ave

City Bluefield State WV Zip Code 24701

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

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

Transaction ID : SA11AI.6318

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
William Cole III

Mailing Address 404 Oakhurst Ave

City Bluefield State WV Zip Code 24701

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

Name of Employer Cole Automotive Group Occupation Car Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

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

Transaction ID : SA11AI.6317

Amount of Each Receipt this Period
2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Matt Colker

Mailing Address 401 - 10th Street Unit 107

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: None Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : SA11AI.6093

Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Glen Crotty

Mailing Address 36 E. Coventry Rd.

City: Charleston State: WV Zip Code: 25309

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

Name of Employer: CAMC Occupation: Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 15 / 2014

Transaction ID : SA11AI.6143

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Frank Deem

Mailing Address 5518 2nd Ave

City: Vienna State: WV Zip Code: 26105

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

Name of Employer: J. Frank Deem Oil & Gas Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : SA11AI.6114

Amount of Each Receipt this Period: 1000.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Frank Deem		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5518 2nd Ave		Transaction ID : SA11AI.6347	
City Vienna	State WV	Zip Code 26105	Amount of Each Receipt this Period _____ 1100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer J. Frank Deem Oil & Gas	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2600.00	

Full Name (Last, First, Middle Initial) B. William Dennison		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 427 12th Ave		Transaction ID : SA11AI.6198	
City Huntington	State WV	Zip Code 25701	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HIMG	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas R Douglass		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2014	
Mailing Address 3201 Kanawha Avenue		Transaction ID : SA11AI.6157	
City Charleston	State WV	Zip Code 25304	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer General Anesthesia Services, Inc	Occupation Anesthesiologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 2350.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vicki Dunn-Marshall

Mailing Address 10 Tannehill Trail

City Barboursville State WV Zip Code 25504

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

Name of Employer DLC Pizza Inc Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11A1.6134

Amount of Each Receipt this Period
1100.00

B. Full Name (Last, First, Middle Initial)
Vicki Dunn-Marshall

Mailing Address 10 Tannehill Trail

City Barboursville State WV Zip Code 25504

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

Name of Employer DLC Pizza Inc Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11A1.6478

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David L Durbin

Mailing Address 129 Whispering Wood Road

City Charleston State WV Zip Code 25304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11A1.6276

Amount of Each Receipt this Period
100.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew M. Elliot

Mailing Address 1542 Bedford Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer AMFM LLC Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6432

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Greg Elliot

Mailing Address 240 Capitol St. Ste. 500

City Charleston State WV Zip Code 25301

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

Name of Employer AMFM Inc Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6430

Amount of Each Receipt this Period
 1600.00

C. Full Name (Last, First, Middle Initial)
Jennifer Elliot

Mailing Address 1101 Johnson Road

City Charleston State WV Zip Code 25314

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

Name of Employer Self-Employed Occupation Equestrian Instructor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6420

Amount of Each Receipt this Period
 1600.00

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

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

5800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John R Elliot		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 240 Capitol Street		Transaction ID : SA11AI.6428
City Charleston	State WV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer AMFM Inc	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Alvim L Emch		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 4 Rockledge Drive		Transaction ID : SA11AI.6273
City Charleston	State WV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jackson Kelly PLLC	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Michael E Estep		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 6307 Highland Dr.		Transaction ID : SA11AI.6362
City Huntington	State WV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 833.33
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 833.33	

SUBTOTAL of Receipts This Page (optional).....	2933.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Karen Facemyer

Mailing Address 179 Fox Chase Dr.

City Ripley State WV Zip Code 25271

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

Name of Employer Polymer Alliance Zone, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
James D Felsen

Mailing Address 1369 Orleans Drive

City Great Cacapon State WV Zip Code 25422

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6443

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
David M Flannery

Mailing Address 3 Gat Creek Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer Steptoe and Johnson Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6261

Amount of Each Receipt this Period
 500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard C. Geary

Mailing Address 1038 Market St. Ste. 1

City: Wheeling State: WV Zip Code: 26003

FEC ID number of contributing federal political committee: C

Name of Employer: Dermatology Associates of Wheeling Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 15 / 2014

Transaction ID : SA11AI.6147

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
James A Genin

Mailing Address 3 Oak Ridge Dr.

City: Clarksburg State: WV Zip Code: 26301

FEC ID number of contributing federal political committee: C

Name of Employer: Regional Eye Associates Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : SA11AI.6084

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Stephen J Golder

Mailing Address 104 Elwood Ave.

City: Huntington State: WV Zip Code: 25705

FEC ID number of contributing federal political committee: C

Name of Employer: Jenkins Feustermaker PLLC Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6372

Amount of Each Receipt this Period: 1000.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles K Gould

Mailing Address 9 Prospect Dr.

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: Jenkins Feustermaker PLLC Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6374

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Charles R Hageboeck

Mailing Address PO Box 7520

City: Charleston State: WV Zip Code: 26356

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

Name of Employer: City Holding Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6407

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Lee M Hall

Mailing Address 3717 Valley Dr.

City: Ashland State: KY Zip Code: 41102

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

Name of Employer: Jenkins Feustermaker PLLC Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1333.35

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6380

Amount of Each Receipt this Period: 1333.35

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

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

3333.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marlene Hall

Mailing Address 446 Clemans Road

City State Zip Code
Flemington WV 26347

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

Name of Employer Occupation
WV Medical Pros Health Executive Medical Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Art Hartley Jr

Mailing Address 29 Warwick Road

City State Zip Code
Point Pleasant WV 25550

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

Name of Employer Occupation
City Ice and Fuel Co. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.6217

Amount of Each Receipt this Period
500.00

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

Mailing Address 6004 Pinnacle View

City State Zip Code
Hurricane WV 25826

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.6282

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Edward Hatfield		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 4905 Burley Hills Drive		Transaction ID : SA11AI.6191	
City Cincinnati	State OH	Zip Code 45243	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer River Trading Company	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) B. Monica J.W. Hatfield		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1621 Woodvale Dr.		Transaction ID : SA11AI.6298	
City Charleston	State WV	Zip Code 25314	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. Dale R Hedrick		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 115 Flager Promenade S		Transaction ID : SA11AI.6286	
City West Palm Beach	State FL	Zip Code 33405	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3350.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Katherine Hegg

Mailing Address 162 Camelot Dr

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 30 / 2014

Transaction ID : SA11AI.6234

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Linda M Howard

Mailing Address 617 Summitt Dr.

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6409

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Lisa D Hrutkay

Mailing Address 1464 Stoolfire Rd

City: Valley Grove State: WV Zip Code: 26060

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

Name of Employer: EMP Occupation: Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 03 / 25 / 2014

Transaction ID : SA11AI.6195

Amount of Each Receipt this Period: 200.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donald Huck

Mailing Address 1 Oakbrook drive

City State Zip Code
Huntington WV 25705

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

Name of Employer Occupation
Artex Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6512

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joe D Ison

Mailing Address 703 Industrial Park Raod

City State Zip Code
Beaver WV 25813

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

Name of Employer Occupation
The Tractor Company Inc Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6255

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Arnold J Janicker

Mailing Address 10230 Ashton Upland Rd.

City State Zip Code
Ashton WV 25503

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6378

Amount of Each Receipt this Period
1000.00

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 27 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Scott Jarrett

Mailing Address 1148 Creekstone Ridge

City Charleston State WV Zip Code 25309

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Carlos Jimenez

Mailing Address 618 Woodridge Dr

City Glen Dale State WV Zip Code 26038

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

Name of Employer Information Requested Occupation Information Requested
Self-Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ted F Johnson

Mailing Address 640 8th Avenue

City Huntington State WV Zip Code 25701

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

Name of Employer Information Requested Occupation Information Requested
T.R. Johnson & Son Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6151

Amount of Each Receipt this Period
250.00

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

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

775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 93
	<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)
JENKINS FOR CONGRESS

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

Mailing Address 1550 Mt. Alpha Rd.

City Charleston State WV Zip Code 25304

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

Name of Employer River Trading Company Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6304

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
William M Johnston

Mailing Address 3786 Miami Street

City Seaford State NY Zip Code 11783

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

Name of Employer HUB International NE Occupation Account Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6253

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
William M Johnston

Mailing Address 3786 Miami Street

City Seaford State NY Zip Code 11783

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

Name of Employer HUB International NE Occupation Account Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6509

Amount of Each Receipt this Period
 5.00

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

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

2655.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 93
	<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)
JENKINS FOR CONGRESS

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

Mailing Address 805 Tanager Dr.

City State Zip Code
Bluefield VA 24605

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

Name of Employer Occupation
Smith/Jones PC Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6111

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Amy Jones-Burdick

Mailing Address 251 High Dr.

City State Zip Code
Huntington WV 25705

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

Name of Employer Occupation
MU Help Center Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2014

Transaction ID : SA11AI.6133

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Andrew B Jordon

Mailing Address 1 Norwood Rd.

City State Zip Code
Charleston WV 25314

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

Name of Employer Occupation
Pritchard Mining Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.6492

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Jung

Mailing Address 57 Derby Lane

City State Zip Code
Huntington WV 25705

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

Name of Employer Occupation
Tri-State Otolaryngology Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11A1.6449

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Thomas Katz

Mailing Address 800 S. Ocean Blvd.

City State Zip Code
Boca Raton FL 33432

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

Name of Employer Occupation
Katz & Baskies Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11A1.6240

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stephen Keen

Mailing Address PO Box 1727

City State Zip Code
Craigsville WV 26205

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

Name of Employer Occupation
Bright Enterprises Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

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

Transaction ID : SA11A1.6098

Amount of Each Receipt this Period
100.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Miraflor G Khorshad MD

Mailing Address 3 Hunters Ridge

City Summersville State WV Zip Code 26651

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6436

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Arthur L King

Mailing Address 748 Myrtle Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer Kanawha Stone Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6321

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 748 Myrtle Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer Kanawha Stone Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6319

Amount of Each Receipt this Period
 600.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 93			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Virginia L King

Mailing Address 748 Myrtle Rd.

City	State	Zip Code
Charleston	WV	25314

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

Name of Employer	Occupation
Kanawha Stone	Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

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

Transaction ID : SA11AI.6479

Amount of Each Receipt this Period
 _____ 400.00

B. Full Name (Last, First, Middle Initial)
Dan Kirby

Mailing Address 2 S Riverview Heights

City	State	Zip Code
Sioux Falls	SD	57105

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

Name of Employer	Occupation
Kirby Financial, LLC	Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

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

Transaction ID : SA11AI.6107

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
Oren Kitts

Mailing Address 1509 Mount Vernon Road

City	State	Zip Code
Charleston	WV	25314

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

Name of Employer	Occupation
Alpha Natural Resources	Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 800.00

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

Transaction ID : SA11AI.6079

Amount of Each Receipt this Period
 _____ 250.00

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

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

_____ 1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Oren Kitts

Mailing Address 1509 Mount Vernon Road

City Charleston State WV Zip Code 25314

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

Name of Employer Alpha Natural Resources Occupation Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.00**

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

Transaction ID : SA11AI.6281

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sidney Kohl

Mailing Address 340 Royal Poinciana Way Ste 305

City Palm Beach State FL Zip Code 33480

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Muthusami Kuppusami

Mailing Address 109 Windsor Cr

City Bluefield State VA Zip Code 24605

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period
100.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michelle Latos		Date of Receipt MM / DD / YYYY 03 / 15 / 2014
Mailing Address 2 Augustwood		Transaction ID : SA11AI.6121
City Wheeling	State WV	
Zip Code 26003		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Jeffrey L Leaberry		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 11 Sunset Dr.		Transaction ID : SA11AI.6397
City Huntington	State WV	
Zip Code 25701		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer River Cities Anesthesia	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Marvin R Leibowitz		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 660 Golden Harbour Dr.		Transaction ID : SA11AI.6344
City Boca Raton	State FL	
Zip Code 33432		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph M Letnaunchyn

Mailing Address 225 Ariel Heights

City Charleston State WV Zip Code 25311

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

Name of Employer West Virginia Hospital Assoc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Brian S Lindsay

Mailing Address 8422 Arbor Gate Ct.

City Orlando State FL Zip Code 32819

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

Name of Employer Jenkins Feustermaker PLLC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.6376

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John W Little III

Mailing Address 216 Bloomfield Dr.

City West Palm Beach State FL Zip Code 33405

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

Name of Employer Gunster Law Firm Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

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

Transaction ID : SA11AI.6284

Amount of Each Receipt this Period
750.00

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

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

2750.00

**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 36 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tony C Majestro MD

Mailing Address 620 Burkewood Pl.

City Charleston	State WV	Zip Code 25314
--------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6103

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gary A Matthews

Mailing Address 4415 Bowman Hill Rd.

City Huntington	State WV	Zip Code 25701
--------------------	-------------	-------------------

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

Name of Employer Jenkins Feustermaker PLLC	Occupation Attorney
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
833.33

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

Transaction ID : SA11AI.6360

Amount of Each Receipt this Period
833.33

C. Full Name (Last, First, Middle Initial)
Lothar Mayer

Mailing Address 2494 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period
1000.00

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

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

2083.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) Thomas McCaffrey		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4821 S Flagler Dr.		Transaction ID : SA11AI.6288
City West Palm Beach	State FL	
Zip Code 33405		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) John F McCuskey		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 10 Abney Circle		Transaction ID : SA11AI.6507
City Charleston	State WV	
Zip Code 25314		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shuman McCuskey & Slicer PLLC	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Jeffrey L McIntyre		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 210 Kanawha Ave. S.		Transaction ID : SA11AI.6212
City Nitro	State WV	
Zip Code 25143		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WV American Water	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Douglas McKinney

Mailing Address 127 Willis Ave

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
St. Joseph's Hospital Urologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.6325

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Douglas McKinney

Mailing Address 127 Willis Ave

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
St. Joseph's Hospital Urologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.6442

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
John J. McMackin Jr

Mailing Address 701 8th St., NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Williams & Jensen Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.6202

Amount of Each Receipt this Period
2600.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard McWhorter

Mailing Address 22 Chestnut Dr

City: Huntington State: WV Zip Code: 25706

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

Name of Employer: Radiology, Inc. Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 550.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Richard McWhorter

Mailing Address 22 Chestnut Dr

City: Huntington State: WV Zip Code: 25706

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

Name of Employer: Radiology, Inc. Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 03 / 15 / 2014

Transaction ID : SA11AI.6123

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Richard McWhorter

Mailing Address 22 Chestnut Dr

City: Huntington State: WV Zip Code: 25706

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

Name of Employer: Radiology, Inc. Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6450

Amount of Each Receipt this Period: 100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cassie A Miller

Mailing Address 2106 Wiltshire Blvd

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6334

Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
Cassie A Miller

Mailing Address 2106 Wiltshire Blvd

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 4600.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6480

Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Christopher D Miller

Mailing Address 2106 Wiltshire Blvd.

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: Dutch Miller Kia Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.6333

Amount of Each Receipt this Period: 600.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 41 OF 93
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Corbin Miller

Mailing Address 1165 5th Avenue

City State Zip Code
New York NY 10029

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

Name of Employer Occupation
Self-Employed Private Investigator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11A1.6513

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Matt Miller

Mailing Address 1316 12th St

City State Zip Code
Huntington WV 25701

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

Name of Employer Occupation
Dutch Millter Auto Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11A1.6331

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Samuel B Miller

Mailing Address 219 Holswade Dr

City State Zip Code
Huntington WV 25701-5329

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

Name of Employer Occupation
Dutch Millter Auto Auto Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11A1.6335

Amount of Each Receipt this Period
600.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward W Morrison Jr

Mailing Address 415 Whitaker Boulevard West

City Huntington	State WV	Zip Code 25701
--------------------	-------------	-------------------

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

Name of Employer The C.I. Thornburg Co., Inc.	Occupation Executive
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.6220

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Andrea D. Mullins

Mailing Address 1204 Lake Dr.

City Daniels	State WV	Zip Code 25832
-----------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6425

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey K. Mullins

Mailing Address 1204 Lake Dr.

City Daniels	State WV	Zip Code 25832
-----------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6427

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Benjamin W Napier

Mailing Address 3915 Benton St. NW

City Washington State DC Zip Code 20007

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

Name of Employer US House of Representatives Occupation Staff Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

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

Transaction ID : SA11AI.6342

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Roger Nicholson

Mailing Address 1557 Quarrier Street

City Charleston State WV Zip Code 25311

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1350.00**

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

Transaction ID : SA11AI.6183

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Roger Nicholson

Mailing Address 1557 Quarrier Street

City Charleston State WV Zip Code 25311

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1450.00**

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

Transaction ID : SA11AI.6256

Amount of Each Receipt this Period
100.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deena Obrokta MD

Mailing Address 121 Kenneth Dr

City State Zip Code
Seaford VA 23696

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

Name of Employer Occupation
CHKD Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dana Olson

Mailing Address PO Box 480

City State Zip Code
Peterstown WV 24963

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

Name of Employer Occupation
Professional Imaging Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

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

Transaction ID : SA11AI.6352

Amount of Each Receipt this Period
2600.00

REATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
Dana Olson

Mailing Address PO Box 480

City State Zip Code
Peterstown WV 24963

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

Name of Employer Occupation
Professional Imaging Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10400.00

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

Transaction ID : SA11AI.6353

Amount of Each Receipt this Period
2600.00

REATTRIBUTION REQUESTED

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Osterman Cotes M.D., PLLC		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 500 Poplar St., Ste. 200		Transaction ID : SA11A1.6119	
City South Charleston	State WV	Zip Code 25309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Osterman Cotes MD		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 500 Poplar St Ste 200		Transaction ID : SA11A1.6119.0	
City South Charleston	State WV	Zip Code 25309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Osterman Cotes M.D., PLLC	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		
[MEMO ITEM]			

Full Name (Last, First, Middle Initial) C. Lawrence Pack		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 300 Summers St, Suite 1450		Transaction ID : SA11A1.6419	
City Charleston	State WV	Zip Code 25301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Paine Jr

Mailing Address 625 Club Circle

City State Zip Code
Daniels WV 25832

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11A1.6445

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Margaret N Palmer

Mailing Address 1550 Mt. Alpha Rd.

City State Zip Code
Charleston WV 25304

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

Name of Employer Occupation Information Requested
CAMC Registered Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11A1.6302

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
George Patterson

Mailing Address 3 Chapwood Rd.

City State Zip Code
Charleston WV 25304

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

Name of Employer Occupation Information Requested
Bowles Rice McDavid Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11A1.6088

Amount of Each Receipt this Period
225.00

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

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

3825.00

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

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

FOR LINE NUMBER: PAGE 47 OF 93
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

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

Mailing Address 435 7th Avenue

City State Zip Code
Huntington WV 25701

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

Name of Employer Occupation
Atomic Distributing Co. Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6264

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Reifsteck

Mailing Address 2145 Presidential Dr

City State Zip Code
Charleston WV 25314-2371

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

Name of Employer Occupation
Associated Radiologists Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6101

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Shirley Reynolds

Mailing Address 1130 13th Ave

City State Zip Code
Huntington WV 25701

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6493

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 48 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vera A Rose M.D.

Mailing Address 25 Kensington Ln.

City State Zip Code
Huntington WV 25705

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6382

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Thomas E Scarr

Mailing Address 8 Partridge Ct.

City State Zip Code
Huntington WV 25705

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

Name of Employer Occupation
Jenkins Feustermaker PLLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
833.33

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

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period
833.33

C. Full Name (Last, First, Middle Initial)
Joseph Selby

Mailing Address 301 S High Street

City State Zip Code
Morgantown WV 26501-6456

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

Name of Employer Occupation
WVU Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11AI.6454

Amount of Each Receipt this Period
300.00

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

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

1633.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew Sere

Mailing Address 1425 P St NW #406

City Washington State DC Zip Code 20005

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

Name of Employer DMM Media Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.6229

Amount of Each Receipt this Period
2585.00

B. Full Name (Last, First, Middle Initial)
Andrew Sere

Mailing Address 1425 P St NW #406

City Washington State DC Zip Code 20005

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

Name of Employer DMM Media Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2605.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.6481

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Andrew Sere

Mailing Address 1425 P St NW #406

City Washington State DC Zip Code 20005

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

Name of Employer DMM Media Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2610.00

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

Transaction ID : SA11AI.6259

Amount of Each Receipt this Period
5.00

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

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

2595.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew Sere

Mailing Address 1425 P St NW #406

City Washington State DC Zip Code 20005

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

Name of Employer DMM Media Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5190.00

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

Transaction ID : SA11AI.6485

Amount of Each Receipt this Period
2580.00

B. Full Name (Last, First, Middle Initial)
Darby Sere

Mailing Address 2723 Colquitt

City Houston State TX Zip Code 77098

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6324

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joseph Sitwick

Mailing Address 4740 S. Ocean Blvd.

City Highland Beach State FL Zip Code 33487

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period
250.00

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

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

3080.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elizabeth L Spangler

Mailing Address 839 Gordon Dr.

City Charleston State WV Zip Code 25303

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6395

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Frederick T Sporck

Mailing Address 1551 Bridge Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer EN&T Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6453

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Gerry D Stover

Mailing Address 2397 Hudson Branch

City Culloden State WV Zip Code 25510

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

Name of Employer Self-Employed Occupation Healthcare Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period
 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sidney Swartz

Mailing Address 1001 S. Ocean Blvd.

City State Zip Code
Delray Beach FL 33483

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A1.6246

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert H Sweeney Jr.

Mailing Address 202 12th Ave.

City State Zip Code
Huntington WV 25701

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

Name of Employer Occupation
Jenkins Feustermaker PLLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11A1.6368

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Barry M Taylor

Mailing Address 2001 Wiltshire Blvd.

City State Zip Code
Huntington WV 25701

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

Name of Employer Occupation
Jenkins Feustermaker PLLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
833.33

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

Transaction ID : SA11A1.6364

Amount of Each Receipt this Period
833.33

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

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

2333.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cindy J Tubbs

Mailing Address 224 Belmonte Rd.

City West Palm Beach State FL Zip Code 33405

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6292

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
William Turner

Mailing Address PO Box 503

City Ghent State WV Zip Code 25843

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

Name of Employer Chain Supply Company Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Walker

Mailing Address 24 Oak Ridge Drive

City Morgantown State WV Zip Code 26508

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

Name of Employer WV United Health Systems Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elizabeth Walker

Mailing Address 24 Oak Ridge Drive

City Morgantown State WV Zip Code 26508

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

Name of Employer WV United Health Systems Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Michael Walker

Mailing Address 24 Oak Ridge Drive

City Morgantown State WV Zip Code 26508

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

Transaction ID : SA11AI.6400

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Stephen Walker

Mailing Address 1410 Connell Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.6105

Amount of Each Receipt this Period
500.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 55 OF 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles I Wall

Mailing Address HC 71 Box 153

City State Zip Code
Meadow Bluff WV 24977

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11A1.6404

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Steven Wellman

Mailing Address 314 Hidden Valley Rd.

City State Zip Code
Kenova WV 25530

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

Name of Employer Occupation
Jenkins Feustermaker PLLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11A1.6370

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Frank W. Wilkinson

Mailing Address 102 Callaway Cir

City State Zip Code
Bluefield VA 24605

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

Name of Employer Occupation
First Century Bank President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 15 2014

Transaction ID : SA11A1.6139

Amount of Each Receipt this Period
 300.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 93
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Worley		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 2823 Grandview Rd		Transaction ID : SA11AI.6495	
City Beaver	State WV	Zip Code 25813	Amount of Each Receipt this Period _____ 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

Full Name (Last, First, Middle Initial) B. Robert D Xander		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 366 Dick Hall Road		Transaction ID : SA11AI.6269	
City Buckhannon	State WV	Zip Code 26201	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Denex Petroleum Corporation	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. Glenda Zink		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5733 Channel Dr. NW		Transaction ID : SA11AI.6314	
City Canton	State OH	Zip Code 44718	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 93
	<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)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John T. Zitter

Mailing Address 530 Foster Rd

City: Huntington State: WV Zip Code: 25701-4858

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

Name of Employer: Sterling Supply Company Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 15 / 2014

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
William Zitter

Mailing Address 1637 McCoy Rd

City: Huntington State: WV Zip Code: 25701

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

Name of Employer: Sterling Supply Company Occupation: Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 15 / 2014

Transaction ID : SA11AI.6144

Amount of Each Receipt this Period: 500.00

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:

Amount of Each Receipt this Period:

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

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

1000.00

121980.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 70980**

City **WASHINGTON** State **DC** Zip Code **20024**

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6357

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 70980**

City **WASHINGTON** State **DC** Zip Code **20024**

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6439

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address **PO BOX 604**

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

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6418

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

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

Mailing Address **P.O. BOX 3535**

City **BALLWIN** State **MO** Zip Code **63022**

FEC ID number of contributing federal political committee. **C C00531764**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6506

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CONGRESSIONAL HOUSE REPUBLICANS IN SERVICE PAC (CHRIS PAC)

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00554535**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6349

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address **5915 EASTMAN AVENUE
SUITE 100**

City **MIDLAND** State **MI** Zip Code **48640**

FEC ID number of contributing federal political committee. **C C00350462**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6337

Amount of Each Receipt this Period
 5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City KENNETT SQUARE State PA Zip Code 19348

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6402

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
HCR MANOR CARE PAC

Mailing Address 333 NORTH SUMMIT STREET
16TH FLOOR

City TOLEDO State OH Zip Code 43604

FEC ID number of contributing federal political committee. **C C00260141**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6351

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
HOUSE CONSERVATIVES FUND

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00326439**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6393

Amount of Each Receipt this Period
 5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Mailing Address 1501 K STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6086

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW SUITE 300

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6390

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
JOBS, ECONOMY AND BUDGET FUND (JEB FUND)

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6327

Amount of Each Receipt this Period
 2500.00

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. JOBS, ECONOMY AND BUDGET FUND (JEB FUND)

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : SA11C.6328

Amount of Each Receipt this Period
2500.00

B. Majority Committee PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10134

City State Zip Code
Bakersfield CA 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11C.6391

Amount of Each Receipt this Period
5000.00

C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.6306

Amount of Each Receipt this Period
2500.00

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

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

10000.00

**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 63 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NFIB THE VOICE OF FREE ENTERPRISE INC.

Mailing Address 1201 F STREET
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C90013509

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6388

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6386

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW
SUITE 320

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6308

Amount of Each Receipt this Period
 1500.00

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

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

11500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Mailing Address P. O. BOX 1011

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C** C00451294

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.6316

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
US Chamber PAC

Mailing Address 1615 H St NW

City State Zip Code
Washington DC 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.6441

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City State Zip Code
ATLANTA GA 30339

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.6486

Amount of Each Receipt this Period
2000.00

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

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

12000.00

61000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 93
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EVAN H JENKINS

Mailing Address 121 OAK LANE

City State Zip Code
HUNTINGTON WV 25701

FEC ID number of contributing federal political committee. **C** H4WV03070

Name of Employer Occupation
WV State Medical Association Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

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

Transaction ID : SA11D.6504

Amount of Each Receipt this Period
2600.00

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).....

2600.00

2600.00

**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 67 OF 93	
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charleston Marriott Town Center		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 4307 MacCorkle Ave SE		Amount of Each Disbursement this Period 768.00
City Charleston	State WV	
Zip Code 25304	Purpose of Disbursement Event Catering	Transaction ID : SB17.5875
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charleston Marriott Town Center		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 4307 MacCorkle Ave SE		Amount of Each Disbursement this Period 1331.35
City Charleston	State WV	
Zip Code 25304	Purpose of Disbursement Lodging	Transaction ID : SB17.5908
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Michael Chirico		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 32 Woodland Drive		Amount of Each Disbursement this Period 3000.00
City Huntington	State WV	
Zip Code 25705	Purpose of Disbursement Salary	Transaction ID : SB17.6037
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5099.35
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 68 OF 93		
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michael Chirico		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 32 Woodland Drive		Amount of Each Disbursement this Period 299.25 Transaction ID : SB17.6035
City Huntington	State WV	
Zip Code 25705	Purpose of Disbursement Mileage	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. Delta		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 534.00 Transaction ID : SB17.5976
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airfare	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) c. Dunbar Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 1310 Ohio Ave		Amount of Each Disbursement this Period 916.90 Transaction ID : SB17.5919
City Dunbar	State WV	
Zip Code 25064	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1750.15
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 69 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Embassy Suites		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1250 22nd St NW		Amount of Each Disbursement this Period 308.01 Transaction ID : SB17.6020
City Washington State CA Zip Code 20037	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Frontier Communications		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 3 High Ridge Park		Amount of Each Disbursement this Period 147.08 Transaction ID : SB17.6033
City Stamford State CT Zip Code 06905	Purpose of Disbursement Internet	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hampton Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 2025 Vista Parkway		Amount of Each Disbursement this Period 586.20 Transaction ID : SB17.6001
City West Palm Beach State FL Zip Code 33411	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1041.29
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 70 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Holiday Inn Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 805 Oakvale Rd		Amount of Each Disbursement this Period 113.92 Transaction ID : SB17.5925
City Princeton	State WV	
Zip Code 24740	Purpose of Disbursement Lodging	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. Holiday Inn Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 805 Oakvale Rd		Amount of Each Disbursement this Period 10.53 Transaction ID : SB17.5926
City Princeton	State WV	
Zip Code 24740	Purpose of Disbursement Lodging	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) c. Holiday Inn Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 805 Oakvale Rd		Amount of Each Disbursement this Period 206.09 Transaction ID : SB17.5927
City Princeton	State WV	
Zip Code 24740	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	330.54
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 71 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Imge LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 603 King Street 4th Floor		Amount of Each Disbursement this Period 6500.00 Transaction ID : SB17.5309
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Advertising	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. Imge LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 603 King Street 4th Floor		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6023
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Advertising	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) c. La Famiglia		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1327 6th Ave		Amount of Each Disbursement this Period 638.78 Transaction ID : SB17.5963
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8638.78
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 72 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. My Campaign Store			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 304 Whittington Pkwy Ste 201			Amount of Each Disbursement this Period 735.30 Transaction ID : SB17.5936
City Louisville	State KY	Zip Code 40222	
Purpose of Disbursement Signs		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. Professional Data Services			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 2470 Daniels Bridge Rd Ste 121			Amount of Each Disbursement this Period 3045.12 Transaction ID : SB17.6029
City Athens	State GA	Zip Code 30606	
Purpose of Disbursement Compliance Consulting		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) c. Savannah's Restaurant			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1208 6th Ave			Amount of Each Disbursement this Period 1065.72 Transaction ID : SB17.5960
City Huntington	State WV	Zip Code 25701	
Purpose of Disbursement Event Catering		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4846.14
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 73 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrew Sere		Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address 1425 P St NW #406		Amount of Each Disbursement this Period 2887.55 Transaction ID : SB17.5901
City Washington State DC Zip Code 20005	Purpose of Disbursement Campaign Strategy Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Andrew Sere		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1425 P St NW #406		Amount of Each Disbursement this Period 986.77 Transaction ID : SB17.5959
City Washington State DC Zip Code 20005	Purpose of Disbursement Strategy Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Karie Sharp		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 204 Broadway Ave		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5907
City Nitro State WV Zip Code 25143	Purpose of Disbursement Administrative Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4174.32
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 74 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Karie Sharp		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 204 Broadway Ave		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.6028
City Nitro	State WV Zip Code 25143	
Purpose of Disbursement Administrative Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.58 Transaction ID : SB17.5883
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement CC Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.5884
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement CC Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	308.17
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 75 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		23		2014
M M	/	D D	/	Y Y Y Y								
01		23		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>2.06</td> </tr> </table>	2.06			
City	State	Zip Code										
San Francisco	CA	94110										
2.06												
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5885										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For:											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		24		2014
M M	/	D D	/	Y Y Y Y								
01		24		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>43.80</td> </tr> </table>	43.80			
City	State	Zip Code										
San Francisco	CA	94110										
43.80												
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5886										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For:											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		31		2014
M M	/	D D	/	Y Y Y Y								
01		31		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>0.45</td> </tr> </table>	0.45			
City	State	Zip Code										
San Francisco	CA	94110										
0.45												
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5887										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For:											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

SUBTOTAL of Disbursements This Page (optional).....	46.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		01		2014
M M	/	D D	/	Y Y Y Y									
02		01		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>0.45</td> </tr> </table>		0.45			
City	State	Zip Code											
San Francisco	CA	94110											
0.45													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5888											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		02		2014
M M	/	D D	/	Y Y Y Y									
02		02		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>0.45</td> </tr> </table>		0.45			
City	State	Zip Code											
San Francisco	CA	94110											
0.45													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5889											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		03		2014
M M	/	D D	/	Y Y Y Y									
02		03		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>1.62</td> </tr> </table>		1.62			
City	State	Zip Code											
San Francisco	CA	94110											
1.62													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5890											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	2.52
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 77 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Stripe		M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period
City San Francisco State CA Zip Code 94110		3.20
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5891
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Stripe		M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period
City San Francisco State CA Zip Code 94110		0.45
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5892
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Stripe		M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period
City San Francisco State CA Zip Code 94110		2.20
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5893
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.85
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 78 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		10		2014
M M	/	D D	/	Y Y Y Y								
02		10		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>1.03</td> </tr> </table>	1.03									
1.03												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5894										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		11		2014
M M	/	D D	/	Y Y Y Y								
02		11		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>1.03</td> </tr> </table>	1.03									
1.03												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5895										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		13		2014
M M	/	D D	/	Y Y Y Y								
02		13		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>19.63</td> </tr> </table>	19.63									
19.63												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5896										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>21.69</td> </tr> </table>	21.69
21.69		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 79 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		14		2014
M M	/	D D	/	Y Y Y Y									
02		14		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>0.59</td> </tr> </table>		Amount of Each Disbursement this Period	0.59		
City	State	Zip Code											
San Francisco	CA	94110											
Amount of Each Disbursement this Period													
0.59													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5897											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		16		2014
M M	/	D D	/	Y Y Y Y									
02		16		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1.03</td> </tr> </table>		Amount of Each Disbursement this Period	1.03		
City	State	Zip Code											
San Francisco	CA	94110											
Amount of Each Disbursement this Period													
1.03													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5898											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		24		2014
M M	/	D D	/	Y Y Y Y									
02		24		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>76.29</td> </tr> </table>		Amount of Each Disbursement this Period	76.29		
City	State	Zip Code											
San Francisco	CA	94110											
Amount of Each Disbursement this Period													
76.29													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5899											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	77.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		28		2014
M M	/	D D	/	Y Y Y Y								
02		28		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>7.55</td> </tr> </table>	7.55									
7.55												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5900										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		01		2014
M M	/	D D	/	Y Y Y Y								
03		01		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>0.59</td> </tr> </table>	0.59									
0.59												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5938										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		02		2014
M M	/	D D	/	Y Y Y Y								
03		02		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>8.14</td> </tr> </table>	8.14									
8.14												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5939										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
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State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>16.28</td> </tr> </table>	16.28
16.28		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		05		2014
M M	/	D D	/	Y Y Y Y									
03		05		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>1.18</td> </tr> </table>		1.18			
City	State	Zip Code											
San Francisco	CA	94110											
1.18													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5940											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> House	Disbursement For:												
<input type="checkbox"/> Senate													
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		09		2014
M M	/	D D	/	Y Y Y Y									
03		09		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>29.30</td> </tr> </table>		29.30			
City	State	Zip Code											
San Francisco	CA	94110											
29.30													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5941											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> House	Disbursement For:												
<input type="checkbox"/> Senate													
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		11		2014
M M	/	D D	/	Y Y Y Y									
03		11		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>4.12</td> </tr> </table>		4.12			
City	State	Zip Code											
San Francisco	CA	94110											
4.12													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5942											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> House	Disbursement For:												
<input type="checkbox"/> Senate													
<input type="checkbox"/> President													
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	34.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Stripe		M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period
City San Francisco State CA Zip Code 94110		4.23
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5943
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Stripe		M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period
City San Francisco State CA Zip Code 94110		4.82
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5944
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Stripe		M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period
City San Francisco State CA Zip Code 94110		1.04
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.5945
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.5946
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	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. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5947
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	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) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 25.90 Transaction ID : SB17.5948
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	30.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		21		2014
M M	/	D D	/	Y Y Y Y								
03		21		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>1.03</td> </tr> </table>	1.03									
1.03												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5949										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		24		2014
M M	/	D D	/	Y Y Y Y								
03		24		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>82.22</td> </tr> </table>	82.22									
82.22												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5950										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		25		2014
M M	/	D D	/	Y Y Y Y								
03		25		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>36.47</td> </tr> </table>	36.47									
36.47												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5951										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>119.72</td> </tr> </table>	119.72
119.72		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		26		2014
M M	/	D D	/	Y Y Y Y								
03		26		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>78.90</td> </tr> </table>	78.90									
78.90												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5952										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		27		2014
M M	/	D D	/	Y Y Y Y								
03		27		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>32.98</td> </tr> </table>	32.98									
32.98												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5953										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		28		2014
M M	/	D D	/	Y Y Y Y								
03		28		2014								
Mailing Address 3180 18th St		Amount of Each Disbursement this Period										
City	State Zip Code											
San Francisco	CA 94110	<table border="1"> <tr> <td>70.16</td> </tr> </table>	70.16									
70.16												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5954										
CC Transaction Fees												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>182.04</td> </tr> </table>	182.04
182.04		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement												
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		29		2014		
M M	/	D D	/	Y Y Y Y										
03		29		2014										
Mailing Address 3180 18th St		Amount of Each Disbursement this Period												
City	State Zip Code													
San Francisco	CA 94110	<table border="1"> <tr> <td>7.55</td> </tr> </table>	7.55											
7.55														
Purpose of Disbursement CC Transaction Fees	Category/Type	Transaction ID : SB17.5955												
Candidate Name														
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	House													
<input type="checkbox"/>	Senate													
<input type="checkbox"/>	President													
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General											
<input type="checkbox"/>	Other (specify)													
State: District:														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		30		2014		
M M	/	D D	/	Y Y Y Y										
03		30		2014										
Mailing Address 3180 18th St		Amount of Each Disbursement this Period												
City	State Zip Code													
San Francisco	CA 94110	<table border="1"> <tr> <td>89.36</td> </tr> </table>	89.36											
89.36														
Purpose of Disbursement CC Transaction Fees	Category/Type	Transaction ID : SB17.5956												
Candidate Name														
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	House													
<input type="checkbox"/>	Senate													
<input type="checkbox"/>	President													
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General											
<input type="checkbox"/>	Other (specify)													
State: District:														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		31		2014		
M M	/	D D	/	Y Y Y Y										
03		31		2014										
Mailing Address 3180 18th St		Amount of Each Disbursement this Period												
City	State Zip Code													
San Francisco	CA 94110	<table border="1"> <tr> <td>241.45</td> </tr> </table>	241.45											
241.45														
Purpose of Disbursement CC Transaction Fees	Category/Type	Transaction ID : SB17.5957												
Candidate Name														
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	House													
<input type="checkbox"/>	Senate													
<input type="checkbox"/>	President													
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General											
<input type="checkbox"/>	Other (specify)													
State: District:														

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>338.36</td> </tr> </table>	338.36
338.36		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 93		
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 31.25 Transaction ID : SB17.6516
City San Francisco	State CA Zip Code 94110	
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. Targeted Creative Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 106 S Columbus St		Amount of Each Disbursement this Period 1775.40 Transaction ID : SB17.6026
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Printing	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) c. Theodore Company LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 8616 Buckboard Dr		Amount of Each Disbursement this Period 1502.35 Transaction ID : SB17.6030
City Alexandria	State VA Zip Code 22308	
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3309.00
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 88 OF 93		
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 562.00 Transaction ID : SB17.5924
City Chicago State IL Zip Code 60666	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.5988
City Chicago State IL Zip Code 60666	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5931
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1652.00
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 89 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 537.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.5933
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 609.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.5980
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 1200 Veterans Memorial Blvd		Amount of Each Disbursement this Period 230.00
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Postage	Transaction ID : SB17.5916
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1376.00
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 90 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. USPS		M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1200 Veterans Memorial Blvd		Amount of Each Disbursement this Period 220.50
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Postage	Transaction ID : SB17.5917
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. USPS		M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 1200 Veterans Memorial Blvd		Amount of Each Disbursement this Period 14.70
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Postage	Transaction ID : SB17.5918
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. West Virginia Secretary of State		M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1900 Kanawha Blvd E Bldg 1 157-K		Amount of Each Disbursement this Period 1740.00
City Charleston	State WV	
Zip Code 25305	Purpose of Disbursement Filing Fees	Transaction ID : SB17.5922
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1975.20
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 91 OF 93			
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Justin Zink		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1415 4th Ave Apt 338		Amount of Each Disbursement this Period 346.08 Transaction ID : SB17.5902
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Mileage	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. Justin Zink		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1415 4th Ave Apt 338		Amount of Each Disbursement this Period 158.46 Transaction ID : SB17.5904
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Mileage	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) C. Justin Zink		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 1415 4th Ave Apt 338		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5905
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5504.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 93		
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Justin Zink		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 1415 4th Ave Apt 338		Amount of Each Disbursement this Period \$ 129.18 Transaction ID : SB17.5906
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Mileage	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. Justin Zink		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1415 4th Ave Apt 338		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.5958
City Huntington	State WV	
Zip Code 25701	Purpose of Disbursement Salary	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 5129.18
TOTAL This Period (last page this line number only).....	\$ 47013.55

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EVAN H JENKINS	Nature of Debt (Purpose): Travel Expenses, Meeting Expenses, Office Supplies, Printing, Postage
Mailing Address 121 OAK LANE	
City State Zip Code HUNTINGTON WV 25701	

Outstanding Balance Beginning This Period 5045.46	Transaction ID : SD10.5275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5045.46

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	5045.46
2) TOTALS This Period (last page this line number only)	5045.46
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5045.46