

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

JOE KAUFMAN FOR CONGRESS

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

Check if different than previously reported. (ACC)

WESTON

FL

33331

2. FEC IDENTIFICATION NUMBER ▼

C C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
08 / 07 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer JOE KAUFMAN

Signature of Treasurer JOE KAUFMAN

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2014

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

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

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	126012.98	730160.15
(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)).....	126012.98	730160.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	91809.75	509790.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	15500.00	15500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76309.75	494290.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	280689.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	93616.60	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57090.29	236428.40
(ii) Unitemized.....	56922.69	481731.75
(iii) TOTAL of contributions from individuals ▶	114012.98	718160.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	12000.00	12000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	126012.98	730160.15
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	12000.00	25000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	12000.00	25000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	15500.00	15500.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	153512.98	770660.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91809.75	509790.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3800.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3800.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	91809.75	513590.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	218985.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	153512.98
25. SUBTOTAL (add Line 23 and Line 24).....	372498.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91809.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	280689.01

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

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

Mailing Address 625 WILLOW VALLEY SQ  
# F-406

City LANCASTER State PA Zip Code 17602

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

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

**Transaction ID : SA11AI.51194**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 625 WILLOW VALLEY SQ  
# F-406

City LANCASTER State PA Zip Code 17602

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.51196**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 857 NOTRE DAME DR

City WOODLAND State CA Zip Code 95695

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.51197**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR WILLIAM ADAMSON JR**

Mailing Address 1400 WAVERLY RD  
APT A222

City State Zip Code  
GLADWYNE PA 19035

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.51201**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 5825 SW 28TH ST

City State Zip Code  
TOPEKA KS 66614

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

Name of Employer Occupation  
TEACHER TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
385.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2014

**Transaction ID : SA11AI.51222**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

Mailing Address 2201 STRODEN CIR

City State Zip Code  
GOLDEN VALLEY MN 55427

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.51230**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

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

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

95.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR WILLIAM A ATHENS**

Mailing Address 19545 PARKE LN

City State Zip Code  
GROSSE ILE MI 48138

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.51272**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

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

Mailing Address PO BOX 210

City State Zip Code  
KINGSTREE SC 29556

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.51277**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address 27 COKER DR

City State Zip Code  
AIKEN SC 29803

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : SA11AI.51284**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **PO BOX 163**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.51292**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

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

Mailing Address **PO BOX 163**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 08 / 2014**

**Transaction ID : SA11AI.51297**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address **HC 34 POBOX 33**

City **Midkiff** State **TX** Zip Code **79755**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : SA11AI.51319**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

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

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

**375.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR JAMES BARRETT**

Mailing Address **611 PHILADELPHIA AVE**

City **TAKOMA PARK** State **MD** Zip Code **20912**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.51320**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

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

City **ATLANTA** State **GA** Zip Code **30305**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

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

**Transaction ID : SA11AI.51334**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

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

Mailing Address **1155 15 Th St. NW**  
**Suite 410**

City **Washington** State **DC** Zip Code **20005**

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

Name of Employer **Base Connect** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.51358**

Amount of Each Receipt this Period  
**1000.00**

Campaign Contribution

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

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

**1075.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR RICHARD G BENNETT**

Mailing Address 1694 E HAYDEN AVE

City HAYDEN LAKE State ID Zip Code 83835

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

Name of Employer SELF Occupation DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.51362**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address 2372 SUNSET CURV

City UPLAND State CA Zip Code 91784

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

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

**Transaction ID : SA11AI.51371**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 2372 SUNSET CURV

City UPLAND State CA Zip Code 91784

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.51372**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

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

140.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS LITA BIEJO**

Mailing Address **9555 W LOS ANGELES AVE**

City **MOORPARK** State **CA** Zip Code **93021**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **222.07**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51379**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

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

Mailing Address **9555 W LOS ANGELES AVE**

City **MOORPARK** State **CA** Zip Code **93021**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.27**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 17 / 2014**

**Transaction ID : SA11AI.51382**

Amount of Each Receipt this Period  
**38.20**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROBERT E BLEDSOE**

Mailing Address **S5240 DAMAR PRIVATE DR**

City **EAU CLAIRE** State **WI** Zip Code **54701**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : SA11AI.51397**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

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

**108.20**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT E BLEDSOE**

Mailing Address **S5240 DAMAR PRIVATE DR**

City **EAU CLAIRE** State **WI** Zip Code **54701**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51396**

Amount of Each Receipt this Period  
**90.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS DORIS C BONIN**

Mailing Address **905 BLUE RIDGE DR**

City **STAUNTON** State **VA** Zip Code **24401**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **281.00**

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

**Transaction ID : SA11AI.51416**

Amount of Each Receipt this Period  
**53.00**

Campaign Contribution

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

Mailing Address **344 S CLIFFWOOD AVE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.51423**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**243.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

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

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51426**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address **1 BISHOP GADSDEN WAY  
APT 314**

City **CHARLESTON** State **SC** Zip Code **29412**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.51430**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS CAROLINE E BOYD**

Mailing Address **4424 CAROLINA HWY**

City **DENMARK** State **SC** Zip Code **29042**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **485.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51436**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

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

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

**375.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PAUL davis BREITHAUPT**

Mailing Address 2025 SWAN DR

City COSTA MESA State CA Zip Code 92626

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **695.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51461**

Amount of Each Receipt this Period  
**150.00**

Campaign Contribution

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

Mailing Address 2167 PALM TREE DR

City PUNTA GORDA State FL Zip Code 33950

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51465**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address 1811 SW 17th Street

City Boca Raton State FL Zip Code 33486

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.51487**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1336 WALNUT ST

City KINGMAN State KS Zip Code 67068

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : SA11AI.51477**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Campaign Contribution

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

Mailing Address 1336 WALNUT ST

City KINGMAN State KS Zip Code 67068

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 530.00

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

**Transaction ID : SA11AI.51478**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Campaign Contribution

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

Mailing Address 1336 WALNUT ST

City KINGMAN State KS Zip Code 67068

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 630.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.51476**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Campaign Contribution

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

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

\_\_\_\_\_ 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 16 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT L BROWN JR**

Mailing Address **PO BOX 885**

City **MULBERRY** State **FL** Zip Code **33860**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.51485**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address **911 N BRYN DR**

City **GROSSE POINTE** State **MI** Zip Code **48236**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51489**

Amount of Each Receipt this Period  
**10.00**

Campaign Contribution

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

Mailing Address **13967 HUNT MOUNTAIN LN**

City **BAKER CITY** State **OR** Zip Code **97814**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 22 / 2014**

**Transaction ID : SA11AI.51497**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**210.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 1404 THORNHILL RD

City YOUNGSTOWN State OH Zip Code 44505

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.51505**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 1404 THORNHILL RD

City YOUNGSTOWN State OH Zip Code 44505

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51506**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address PO BOX 292392

City PHELAN State CA Zip Code 92329

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

Name of Employer TEACHER Occupation TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.51510**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

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

**150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **PO BOX 292392**

City **PHELAN** State **CA** Zip Code **92329**

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

Name of Employer **TEACHER** Occupation **TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51511**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ORLANDO CABRERA MD**

Mailing Address **1865 BRICKELL AVE APT A2003**  
**APT A2003**

City **MIAMI** State **FL** Zip Code **33129**

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

Name of Employer **SELF** Occupation **MD**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51533**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

Mailing Address **PO BOX 251**

City **PERU** State **KS** Zip Code **67360**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.51541**

Amount of Each Receipt this Period  
**150.00**

Campaign Contribution

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

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

**235.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SHARON S CANN**

Mailing Address 55 HONOLII PL

City HILO State HI Zip Code 96720

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
255.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51542**

Amount of Each Receipt this Period  
 Campaign Contribution 30.00

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

Mailing Address 123 ERIN DR

City KERRVILLE State TX Zip Code 78028

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
334.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.51547**

Amount of Each Receipt this Period  
 Campaign Contribution 53.00

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

Mailing Address 12494 N ROYAL LN

City THIENSVILLE State WI Zip Code 53092

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
775.00

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

**Transaction ID : SA11AI.51558**

Amount of Each Receipt this Period  
 Campaign Contribution 250.00

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

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

333.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MISS MARY A CASSARD**

Mailing Address 2720 WHITNEY PL APT 402  
APT 402

City METAIRIE State LA Zip Code 70002

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51562**

Amount of Each Receipt this Period  
 Campaign Contribution 300.00

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

Mailing Address 2225 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
285.00

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

**Transaction ID : SA11AI.51590**

Amount of Each Receipt this Period  
 Campaign Contribution 75.00

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

Mailing Address 2225 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.51591**

Amount of Each Receipt this Period  
 Campaign Contribution 75.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 21 OF 159  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address **77 WENDOVER WAY**

City **BEDFORD** State **NH** Zip Code **03110**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.51609**

Amount of Each Receipt this Period  
**150.00**

Campaign Contribution

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

Mailing Address **180 7Th Ave. S.**

City **Naples** State **FL** Zip Code **34102**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : SA11AI.51615**

Amount of Each Receipt this Period  
**300.00**

Campaign Contribution

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

Mailing Address **PO BOX 215**

City **EAST SCHODACK** State **NY** Zip Code **12063**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.51628**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

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

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

**475.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS BERNADINE COLLOTON**

Mailing Address **PO BOX 215**

City **EAST SCHODACK** State **NY** Zip Code **12063**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **305.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51629**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

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

Mailing Address **240 E 47TH ST  
APT 38C**

City **NEW YORK** State **NY** Zip Code **10017**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.51631**

Amount of Each Receipt this Period  
**210.00**

Campaign Contribution

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

Mailing Address **141 MEADOWLARK DR**

City **TRENTON** State **NJ** Zip Code **08690**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11AI.51643**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**335.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR NORMAN COQUYT**

Mailing Address 419 NW FAIRWAY DR

City LAKE CITY State FL Zip Code 32055

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : SA11AI.51657**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 419 NW FAIRWAY DR

City LAKE CITY State FL Zip Code 32055

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51658**

Amount of Each Receipt this Period  
30.00

Campaign Contribution

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

Mailing Address 601 ASPEN TRL

City MUSCATINE State IA Zip Code 52761

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.51693**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

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

100.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>BETTY R. CRAWFORD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Mailing Address 601 ASPEN TRL		<b>Transaction ID : SA11AI.51692</b>
City MUSCATINE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>RICHARD DARROW</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2014
Mailing Address 7 ROLLING RIDGE DR		<b>Transaction ID : SA11AI.51731</b>
City MILTON	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>MR JOHN H DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address 218 GERARD CIR		<b>Transaction ID : SA11AI.51741</b>
City MC CORMICK	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH DELEO**

Mailing Address **3 WYNNFIELD CIR**

City **SOUTHWICK** State **MA** Zip Code **01077**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.51756**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

Mailing Address **1461 LANDINGS CIR**

City **SARASOTA** State **FL** Zip Code **34231**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51765**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS JANET S DEY**

Mailing Address **29968 MARQUETTE ST**

City **GARDEN CITY** State **MI** Zip Code **48135**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.51778**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

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

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

**385.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR PAUL DICKEY JR**

Mailing Address **216 PENDLETON AVE**

City **PALM BEACH** State **FL** Zip Code **33480**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **327.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51781**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address **1607 ULSTER LN**

City **WEST CHESTER** State **PA** Zip Code **19380**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.51779**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

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

Mailing Address **15 St. George Place**

City **Palm Beach Gardens** State **FL** Zip Code **33418**

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

Name of Employer **Entrepreneur** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1955.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11AI.51794**

Amount of Each Receipt this Period  
**955.00**

Campaign Contribution

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

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

**1130.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR PAUL DINOFRIO**

Mailing Address **7708 BRIAR LN**

City **BELLAIRE** State **MI** Zip Code **49615**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51795**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

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

Mailing Address **3 BROADVIEW**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1180.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.51802**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address **7955 CORDOBA PL**

City **NAPLES** State **FL** Zip Code **34113**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51803**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

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

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

**110.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**KATHRYN DODD**

Mailing Address 7955 CORDOBA PL

City State Zip Code  
NAPLES FL 34113

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**255.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.51804**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

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

Mailing Address 808 NE 102ND AVE

City State Zip Code  
PORTLAND OR 97220

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.51807**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 808 NE 102ND AVE

City State Zip Code  
PORTLAND OR 97220

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**497.75**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11AI.51808**

Amount of Each Receipt this Period  
**47.75**

Campaign Contribution

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

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

**117.75**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**EMILY E. DONAHUE**

Mailing Address 3931 OLIVER ST

City State Zip Code  
CHEVY CHASE MD 20815

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.51809**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City State Zip Code  
KING WILLIAM VA 23086

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.51829**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

Mailing Address 8776 PEBBLE CREEK LN

City State Zip Code  
SARASOTA FL 34238

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.51845**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

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

250.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ERNEST ELLISON**

Mailing Address 6720 CHURCHILL PARK CT

City State Zip Code  
CHARLOTTE NC 28210

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51865**

Amount of Each Receipt this Period  
**400.00**

Campaign Contribution

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

Mailing Address 57 TENNIS CLUB DR

City State Zip Code  
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation  
CAPITOL MGMT PARTNERS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**236.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.51874**

Amount of Each Receipt this Period  
**80.00**

Campaign Contribution

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

Mailing Address 2 HALFWAY RD

City State Zip Code  
KEY LARGO FL 33037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**813.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.51902**

Amount of Each Receipt this Period  
**338.00**

Campaign Contribution

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

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

**818.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. MR JOHN FAKULT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 232 E 293RD ST		<b>Transaction ID : SA11AI.51903</b>	
City WILLOWICK	State OH	Zip Code 44095	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 300.00		

Full Name (Last, First, Middle Initial) <b>B. William J. Faloon</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 844 N.E. 71st street		<b>Transaction ID : SA11AI.51904</b>	
City Boca Raton	State FL	Zip Code 33487	Amount of Each Receipt this Period Campaign Contribution 1193.75
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 2721.75		

Full Name (Last, First, Middle Initial) <b>C. William J. Faloon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 844 N.E. 71st street		<b>Transaction ID : SA11AI.51905</b>	
City Boca Raton	State FL	Zip Code 33487	Amount of Each Receipt this Period Campaign Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 3721.75		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2293.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CHARLOTTE FEE**

Mailing Address 11821 SE 136TH CT

City OCKLAWAHA State FL Zip Code 32179

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.51915**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR DAVID E FINDLEY**

Mailing Address 5403 TOURAIN DR

City TALLAHASSEE State FL Zip Code 32308

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **346.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51936**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR DAVID E FINDLEY**

Mailing Address 5403 TOURAIN DR

City TALLAHASSEE State FL Zip Code 32308

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **446.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.51937**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**225.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 6465 SW 23RD ST

City MIAMI State FL Zip Code 33155

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
231.85

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.51940**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

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

Mailing Address 2313 NW 75TH ST

City LAWTON State OK Zip Code 73505

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.51956**

Amount of Each Receipt this Period  
 Campaign Contribution 100.00

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

Mailing Address 3009 RAY AVE

City CALDWELL State ID Zip Code 83605

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51962**

Amount of Each Receipt this Period  
 Campaign Contribution 50.00

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

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

185.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR RICHARD L FRANCIS**

Mailing Address 13114 PACIFIC ST

City OMAHA State NE Zip Code 68154

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

Name of Employer SELF Occupation WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.51980**

Amount of Each Receipt this Period  
400.00  
Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR RICHARD L FRANCIS**

Mailing Address 13114 PACIFIC ST

City OMAHA State NE Zip Code 68154

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

Name of Employer SELF Occupation WRITER

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  
 09 / 16 / 2014

**Transaction ID : SA11AI.51981**

Amount of Each Receipt this Period  
400.00  
Campaign Contribution

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

Mailing Address 13463 MARGO ST

City OMAHA State NE Zip Code 68138

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
431.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.51986**

Amount of Each Receipt this Period  
33.42  
Campaign Contribution

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

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

833.42

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM'S DEFENSE FUND**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C** C00401786

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  
 09 / 23 / 2014

**Transaction ID : SA11AI.54046**

Amount of Each Receipt this Period  
5000.00  
Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR EDWARD D FRICK**

Mailing Address 2216 WALLACE ST

City STROUDSBURG State PA Zip Code 18360

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.51988**

Amount of Each Receipt this Period  
35.00  
Campaign Contribution

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

Mailing Address 1370 CUTLER CT

City MARCO ISLAND State FL Zip Code 34145

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

Name of Employer Occupation  
retired 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  
 09 / 20 / 2014

**Transaction ID : SA11AI.51999**

Amount of Each Receipt this Period  
250.00  
Campaign Contribution

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

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

5285.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS MARTHA GAINES**

Mailing Address 4610 NW 10TH TER

City State Zip Code  
FORT LAUDERDALE FL 33309

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.52002**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

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

Mailing Address 7570 N COBBLESTONE RD

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.52003**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS JOYCE M GALE**

Mailing Address 7928 E PUEBLO AVE  
UNIT 55

City State Zip Code  
MESA AZ 85208

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2014

**Transaction ID : SA11AI.52005**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

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

210.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS JOYCE M GALE**

Mailing Address **7928 E PUEBLO AVE**  
**UNIT 55**

City **MESA** State **AZ** Zip Code **85208**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**240.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : SA11AI.52007**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS JOYCE M GALE**

Mailing Address **7928 E PUEBLO AVE**  
**UNIT 55**

City **MESA** State **AZ** Zip Code **85208**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**340.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.52006**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address **1250 CAVE ST**  
**Unit 3**

City **LA JOLLA** State **CA** Zip Code **92037**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

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

**Transaction ID : SA11AI.52009**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**235.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. MRS BETTY GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 1572 GOODIN HOLLOW RD		<b>Transaction ID : SA11AI.52013</b>	
City NOEL	State MO	Zip Code 64854	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 338.00		

Full Name (Last, First, Middle Initial) <b>B. MRS BETTY GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 1572 GOODIN HOLLOW RD		<b>Transaction ID : SA11AI.52014</b>	
City NOEL	State MO	Zip Code 64854	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 438.00		

Full Name (Last, First, Middle Initial) <b>C. MRS VIRGINIA L GAYLORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 430 N VINEDO AVE		<b>Transaction ID : SA11AI.52024</b>	
City PASADENA	State CA	Zip Code 91107	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR BENJAMIN GERINGER**

Mailing Address 1449 ARLINGTON DR

City Lodi State CA Zip Code 95242

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52031**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 95-1089 PAEMOKU PL

City MILILANI State HI Zip Code 96789

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **885.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.52060**

Amount of Each Receipt this Period  
**300.00**

Campaign Contribution

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

Mailing Address 95-1089 PAEMOKU PL

City MILILANI State HI Zip Code 96789

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1060.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52059**

Amount of Each Receipt this Period  
**175.00**

Campaign Contribution

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

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

**525.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence J Goldrich**

Mailing Address 1325 Kingfisher Ct

City Virginia Beach State VA Zip Code 23451

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

Name of Employer Retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **212.34**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.52068**

Amount of Each Receipt this Period  
**33.42**

Campaign Contribution

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

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

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

**Transaction ID : SA11AI.52080**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.52081**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

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

**133.42**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR CHARLES E GRANITO**

Mailing Address 11421 GOLDEN EAGLE

City State Zip Code  
NAPLES FL 34120

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52101**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

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

Mailing Address 317 N HAGADORN RD

City State Zip Code  
EAST LANSING MI 48823

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
315.00

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

**Transaction ID : SA11AI.52109**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

Mailing Address 3417 MILAM STREET

City State Zip Code  
LAFAYETTE LA 70509

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

Name of Employer Occupation  
SELF EMPLOY Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.52115**

Amount of Each Receipt this Period  
250.00

Campaign Contribution

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. STAN GUILLAME</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 3100 NE 48TH ST APT 105		<b>Transaction ID : SA11AI.52136</b>
City State Zip Code FORT LAUDERDALE FL 33308	Amount of Each Receipt this Period Campaign Contribution 200.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED	Amount of Each Receipt this Period Campaign Contribution 400.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR LAWRENCE HALL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO BOX 728		<b>Transaction ID : SA11AI.52146</b>
City State Zip Code ELIZABETHTOWN KY 42702	Amount of Each Receipt this Period Campaign Contribution 100.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED	Amount of Each Receipt this Period Campaign Contribution 300.00
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>C. MR KENNETH R HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1130 S BUNCH ST		<b>Transaction ID : SA11AI.52167</b>
City State Zip Code PAHRUMP NV 89048	Amount of Each Receipt this Period Campaign Contribution 5.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation retired retired	Amount of Each Receipt this Period Campaign Contribution 566.86
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 566.86	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.00
<b>TOTAL</b> This Period (last page this line number only).....	305.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR KENNETH R HANSEN**

Mailing Address 1130 S BUNCH ST

City PAHRUMP State NV Zip Code 89048

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**571.86**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.52169**

Amount of Each Receipt this Period  
**5.00**

Campaign Contribution

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

Mailing Address 135 WINDSOR DR

City CALHOUN State GA Zip Code 30701

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.52193**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

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

Mailing Address 150 FOREST HILL VW

City LEXINGTON State VA Zip Code 24450

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**260.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.52203**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

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

**240.00**

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

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

FOR LINE NUMBER: PAGE 44 OF 159  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City LEXINGTON State VA Zip Code 24450

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 295.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.52205**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 35.00

Campaign Contribution

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

Mailing Address 150 FOREST HILL VW

City LEXINGTON State VA Zip Code 24450

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.52204**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Campaign Contribution

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

Mailing Address 1213 E SHERIDAN ST

City LARAMIE State WY Zip Code 82070

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 211.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52229**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 15.00

Campaign Contribution

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

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

\_\_\_\_\_ 75.00

\_\_\_\_\_

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>FRANCIS HECK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1213 E SHERIDAN ST		<b>Transaction ID : SA11AI.52230</b>
City LARAMIE	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 223.00	

Full Name (Last, First, Middle Initial) <b>MRS DANA HELLYER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PO BOX 1043		<b>Transaction ID : SA11AI.52243</b>
City BAKER	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer SELF	Occupation SHEEP RANCHER	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 513.00	

Full Name (Last, First, Middle Initial) <b>MRS DANA HELLYER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address PO BOX 1043		<b>Transaction ID : SA11AI.52244</b>
City BAKER	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer SELF	Occupation SHEEP RANCHER	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 590.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 25550 N TUSCARORA CT

City LAKE BARRINGTON State IL Zip Code 60010

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.50908**

Amount of Each Receipt this Period  
 1000.00  
 CAMPAIGN DONATION

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

Mailing Address 2399 Gulf Of Mexico Dr. Unit 3B1

City Longboat Key State FL Zip Code 34228

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

Name of Employer Trustee Occupation Hollister Inc

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
955.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.52254**

Amount of Each Receipt this Period  
 955.00  
 Campaign Contribution

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

Mailing Address 757 FORT EBEY RD

City COUPEVILLE State WA Zip Code 98239

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.52258**

Amount of Each Receipt this Period  
 130.00  
 Campaign Contribution

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

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

2085.00

**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 47 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LORETTA HEWITT**

Mailing Address **757 FORT EBEL RD**

City **COUPEVILLE** State **WA** Zip Code **98239**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**330.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.52259**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR HAL D HICHBORN RET'D**

Mailing Address **1545 MATHEWS AVE #3**

City **MANHATTAN BEACH** State **CA** Zip Code **90266**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**226.00**

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

**Transaction ID : SA11AI.52261**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address **560 S LIBERTY ST**

City **VALDERS** State **WI** Zip Code **54245**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**206.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.52300**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

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

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

**180.00**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR EDWARD HOLSEN**

Mailing Address 560 S LIBERTY ST

City VALDERS State WI Zip Code 54245

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
231.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.52301**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR GREG J HUGHES**

Mailing Address 2719 TIHART WAY

City BEAVERCREEK State OH Zip Code 45430

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

Name of Employer Self Employed Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.52329**

Amount of Each Receipt this Period  
60.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR GREG J HUGHES**

Mailing Address 2719 TIHART WAY

City BEAVERCREEK State OH Zip Code 45430

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

Name of Employer Self Employed Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
460.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52337**

Amount of Each Receipt this Period  
60.00

Campaign Contribution

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

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

145.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR GREG J HUGHES**

Mailing Address 2719 TIHART WAY

City State Zip Code  
BEAVERCREEK OH 45430

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

Name of Employer Occupation  
Self Employed ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.52336**

Amount of Each Receipt this Period  
60.00

Campaign Contribution

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

Mailing Address 4006 W 21st Street

City State Zip Code  
GAINESVILLE FL 32608

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.52341**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address 1019 WALLOON CT

City State Zip Code  
LAKE ORION MI 48360

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2014

**Transaction ID : SA11AI.52375**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

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

260.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 7940 AMALFI WAY

City State Zip Code  
FAIR OAKS CA 95628

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**223.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52374**

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

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

Mailing Address 13149 N COUNTRY CLUB CT

City State Zip Code  
PALOS HEIGHTS IL 60463

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52379**

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

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

Mailing Address 137 E WILSON ST UNIT 1011  
1011

City State Zip Code  
MADISON WI 53703

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.52396**

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

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

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

**335.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS E JOHNSTONE**

Mailing Address 3211 S OCEAN BLVD  
Apt 1001

City State Zip Code  
HIGHLAND BEACH FL 33487

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2014

**Transaction ID : SA11AI.52443**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**DR DUDLEY D JONES MD**

Mailing Address 300 N CREEKWOOD DR

City State Zip Code  
MANSFIELD TX 76063

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52454**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

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

Mailing Address 501 WOLD U S HWY 441 C104  
C104

City State Zip Code  
MOUNT DORA FL 32757

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.52461**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

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

210.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2378 Rice Pond Road

City Charleston State SC Zip Code 29414

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **395.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.52475**

Amount of Each Receipt this Period  
**95.50**

Campaign Contribution

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

Mailing Address 5418 WOODLAND ST

City STEVENS POINT State WI Zip Code 54482

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11AI.52486**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

Mailing Address 5418 WOODLAND ST

City STEVENS POINT State WI Zip Code 54482

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **355.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.52488**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

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

**165.50**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 622 N DARTMOUTH RD

City State Zip Code  
SPOKANE VALLEY WA 99206

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2014

**Transaction ID : SA11AI.52537**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ROY W KNIPPER JR**

Mailing Address 19 LAUREL LAKE DR

City State Zip Code  
HUDSON OH 44236

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
760.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2014

**Transaction ID : SA11AI.52546**

Amount of Each Receipt this Period  
450.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROY W KNIPPER JR**

Mailing Address 19 LAUREL LAKE DR

City State Zip Code  
HUDSON OH 44236

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1435.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.52547**

Amount of Each Receipt this Period  
675.00

Campaign Contribution

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

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

1175.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1307 MANOR LAKE CT

City Richmond State TX Zip Code 77406

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

Name of Employer Self Employed Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **960.00**

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

**Transaction ID : SA11AI.52551**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address 1307 MANOR LAKE CT

City Richmond State TX Zip Code 77406

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

Name of Employer Self Employed Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1073.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.52552**

Amount of Each Receipt this Period  
**113.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR PETER G KOERTEN**

Mailing Address 13517 AURORA DR APT 103  
APT 103

City SAN LEANDRO State CA Zip Code 94577

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

Name of Employer RETIRED Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **585.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.52556**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**313.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR PETER G KOERTEN**

Mailing Address 13517 AURORA DR APT 103  
APT 103

City SAN LEANDRO State CA Zip Code 94577

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**685.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.52557**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR GENE K KOMATSU**

Mailing Address 1804 HARKNESS ST

City MANHATTAN BEACH State CA Zip Code 90266

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

Name of Employer Self \ Occupation General Contr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : SA11AI.52562**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address 9990 N.W. 39th Street

City Hollywood State FL Zip Code 33024

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

Name of Employer Self Employed Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**477.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11AI.52588**

Amount of Each Receipt this Period  
**477.50**

Campaign Contribution

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

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

**677.50**

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS MARJORIE K LAHM**

Mailing Address 5129 MALLET CLUB DR

City State Zip Code  
DAYTON OH 45439

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

Name of Employer Occupation  
Self Employed NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
295.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2014

**Transaction ID : SA11AI.52605**

Amount of Each Receipt this Period  
25.00  
Campaign Contribution

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

Mailing Address 688 FACEVILLE ATTAPULGUS RD

City State Zip Code  
ATTAPULGUS GA 39815

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
245.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52606**

Amount of Each Receipt this Period  
15.00  
Campaign Contribution

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

Mailing Address 688 FACEVILLE ATTAPULGUS RD

City State Zip Code  
ATTAPULGUS GA 39815

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.52607**

Amount of Each Receipt this Period  
25.00  
Campaign Contribution

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

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

65.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 10312 HIGHWAY 36 N

City State Zip Code  
BRENHAM TX 77833

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**313.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11AI.52608**

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

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

Mailing Address 2814 S ILLINOIS AVE

City State Zip Code  
CALDWELL ID 83605

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.52609**

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

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

Mailing Address 1212 SUNNYSIDE DR

City State Zip Code  
EUGENE OR 97404

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**455.00**

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

**Transaction ID : SA11AI.52631**

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

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

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

**105.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MR ELDON LATHAM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1212 SUNNYSIDE DR		<b>Transaction ID : SA11AI.52632</b>
City EUGENE	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 495.00	

Full Name (Last, First, Middle Initial) <b>Eliot Lazowick</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 8400 Trotters Lane		<b>Transaction ID : SA11AI.52646</b>
City Parkland	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
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>MR ROBERT LEIGHTON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1687 LAKE DR		<b>Transaction ID : SA11AI.52660</b>
City HEATH	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT LEIGHTON**

Mailing Address 1687 LAKE DR

City State Zip Code  
HEATH OH 43056

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
315.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.52659**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

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

Mailing Address 1401 CELEBRATION AVE  
APT 206

City State Zip Code  
KISSIMMEE FL 34747

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
635.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52671**

Amount of Each Receipt this Period  
 Campaign Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR MAX D LINN**

Mailing Address PO BOX 945

City State Zip Code  
FORT SUMNER NM 88119

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
585.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52696**

Amount of Each Receipt this Period  
 Campaign Contribution 250.00

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

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

385.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. MR MAX D LINN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address PO BOX 945		<b>Transaction ID : SA11AI.52695</b>	
City FORT SUMNER	State NM	Zip Code 88119	Amount of Each Receipt this Period Campaign Contribution 600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1185.00		

Full Name (Last, First, Middle Initial) <b>B. MR HAROLD G LIPPERT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address PO BOX 965 1012 20TH STREET		<b>Transaction ID : SA11AI.52698</b>	
City FORT BENTON	State MT	Zip Code 59442	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. MR BERNARD LOUIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 30551 COUNTY HWY B		<b>Transaction ID : SA11AI.52719</b>	
City LONE ROCK	State WI	Zip Code 53556	Amount of Each Receipt this Period Campaign Contribution 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	720.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 4974 RIO VERDE DR

City SAN JOSE State CA Zip Code 95118

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1995.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52722**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address 605 PARK AVE NW

City WILLIAMS State MN Zip Code 56686

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52727**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address 1224 HETFIELD AVE

City SCOTCH PLAINS State NJ Zip Code 07076

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.52734**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

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

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 62 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 19913 WINDY HILL DR

City State Zip Code  
EUSTIS FL 32736

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.52740**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address PO BOX 111

City State Zip Code  
HALLOWELL ME 04347

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52747**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

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

Mailing Address 50 CHUMASERO DR  
APT 5B

City State Zip Code  
SAN FRANCISCO CA 94132

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
221.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.52748**

Amount of Each Receipt this Period  
80.00

Campaign Contribution

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

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

250.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 1811 WOODGATE DR

City State Zip Code  
GOSHEN IN 46526

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.52762**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

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

Mailing Address 1811 WOODGATE DR

City State Zip Code  
GOSHEN IN 46526

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.52763**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

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

Mailing Address 821 S BEMISTON AVE

City State Zip Code  
SAINT LOUIS MO 63105

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.52769**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 64 OF 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**RONALD MCCLOSKEY**

Mailing Address 21320 N PERRY RD

City State Zip Code  
COLBERT WA 99005

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52831**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR MELBOURNE K MCCREA**

Mailing Address 47148 145TH ST

City State Zip Code  
TWIN BROOKS SD 57269

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

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

**Transaction ID : SA11AI.52833**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

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

Mailing Address 23998 S MCPHEETERS RD

City State Zip Code  
GOTHENBURG NE 69138

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11AI.52862**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

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

175.00

**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 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 410 DEERPATH DR

City State Zip Code  
WINTHROP HARBOR IL 60096

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52878**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS JACQUELINE N MERSEREAU**

Mailing Address 16 SOUTHWOOD DR

City State Zip Code  
NORWALK OH 44857

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.52880**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS JOAN G MILAM**

Mailing Address 2673 CENTER COURT DR

City State Zip Code  
WESTON FL 33332

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SA11AI.52891**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

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

235.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR HERMAN L MILLER**

Mailing Address 4001 GLACIER HILLS DR UNIT 348  
Unit 348

City State Zip Code  
ANN ARBOR MI 48105

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2014

**Transaction ID : SA11AI.52898**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS MARGARET R MILLER**

Mailing Address 13553 KENSINGTON PL

City State Zip Code  
CARMEL IN 46032

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : SA11AI.52897**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

Mailing Address 620 NW KAY DR

City State Zip Code  
LEES SUMMIT MO 64063

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
380.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SA11AI.52899**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

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

120.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 620 NW KAY DR

City LEES SUMMIT State MO Zip Code 64063

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.52909**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 620 NW KAY DR

City LEES SUMMIT State MO Zip Code 64063

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
420.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52910**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 3501 WHITE SETTLEMENT RD

City WILLOW PARK State TX Zip Code 76087

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
371.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.52916**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

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

90.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MR ROGER MILLS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 3501 WHITE SETTLEMENT RD		<b>Transaction ID : SA11AI.52917</b>
City WILLOW PARK	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 421.00	

Full Name (Last, First, Middle Initial) <b>MISS MARY MOFFITT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 6315 W 51ST ST		<b>Transaction ID : SA11AI.52936</b>
City MISSION	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00	

Full Name (Last, First, Middle Initial) <b>MR WILLIAM MORRISON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 137 E FAIRMONT AVE		<b>Transaction ID : SA11AI.52958</b>
City NEW CASTLE	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 4181 FORT JIM RD

City: PLACERVILLE State: CA Zip Code: 95667

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 11 / 2014

**Transaction ID : SA11AI.52962**

Amount of Each Receipt this Period: 100.00

Campaign Contribution

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

Mailing Address 21520 Pioneer Blvd, Ste 205

City: Hawaian Gardens State: CA Zip Code: 90716

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 08 / 20 / 2014

**Transaction ID : SA11AI.50911**

Amount of Each Receipt this Period: 2500.00

Campaign Donation

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

Mailing Address 4744 N BAY RD

City: MIAMI BEACH State: FL Zip Code: 33140

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 08 / 11 / 2014

**Transaction ID : SA11AI.52969**

Amount of Each Receipt this Period: 5000.00

Campaign Contribution

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

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

7600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR CHERNA MOSKOWITZ**

Mailing Address 4744 N BAY RD

City State Zip Code  
MIAMI BEACH FL 33140

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.52970**

Amount of Each Receipt this Period  
1000.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Irving Moskowitz, MD**

Mailing Address 21520 Pioneer Blvd,  
Ste 205

City State Zip Code  
Hawaian Gardens CA 90716

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

Name of Employer Occupation  
Self Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.50912**

Amount of Each Receipt this Period  
2500.00

Campaign Donation

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

Mailing Address 1626 RUTH ST N

City State Zip Code  
SAINT PAUL MN 55119

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
365.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52986**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

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

3535.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 159	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 1626 RUTH ST N

City SAINT PAUL State MN Zip Code 55119

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52987**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

Mailing Address 1779 North University Dr  
Suite 102

City Pembroke Pines State FL Zip Code 33024

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

Name of Employer GDKN Corp Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.53003**

Amount of Each Receipt this Period  
2600.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH L NAULT**

Mailing Address 100 VISTA BELLA WAY

City NEWNAN State GA Zip Code 30265

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.53009**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

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

2670.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. MR JOSEPH L NAULT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 100 VISTA BELLA WAY		<b>Transaction ID : SA11AI.53012</b>	
City NEWNAN	State GA	Zip Code 30265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00		

Full Name (Last, First, Middle Initial) <b>B. MR JOSEPH L NAULT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 100 VISTA BELLA WAY		<b>Transaction ID : SA11AI.53011</b>	
City NEWNAN	State GA	Zip Code 30265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.00		

Full Name (Last, First, Middle Initial) <b>C. MRS SHIRLEY B NAUSS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 4555 NE 66TH AVE APT 179 APT 179		<b>Transaction ID : SA11AI.53014</b>	
City VANCOUVER	State WA	Zip Code 98661	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 30.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	130.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 534 OAK HARBOUR DR

City State Zip Code  
JUNO BEACH FL 33408

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.53032**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

Mailing Address 241 LOCUST AVE

City State Zip Code  
SAN RAFAEL CA 94901

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

Name of Employer Occupation  
SELF EMPLOYED ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.53043**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address 241 LOCUST AVE

City State Zip Code  
SAN RAFAEL CA 94901

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

Name of Employer Occupation  
SELF EMPLOYED ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : SA11AI.53042**

Amount of Each Receipt this Period  
200.00

Campaign Contribution

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS THELMA L NUSCHKE**

Mailing Address 9632 AUGUSTA NATIONAL

City State Zip Code  
FAYETTEVILLE PA 17222

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**218.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11AI.53048**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

Mailing Address 823 ARCHER LN

City State Zip Code  
ELWOOD IL 60421

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53053**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

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

Mailing Address 823 ARCHER LN

City State Zip Code  
ELWOOD IL 60421

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.53052**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

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

**160.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>LINDA OHLSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 3425 CHRISTINA GROVES LN		<b>Transaction ID : SA11AI.53055</b>	
City LAKELAND	State FL	Zip Code 33813	Amount of Each Receipt this Period Campaign Contribution 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer CPWT INC	Occupation SECRETARY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.00		

Full Name (Last, First, Middle Initial) <b>GEORGE OLIVER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address PO BOX 373		<b>Transaction ID : SA11AI.53058</b>	
City CENTER POINT	State TX	Zip Code 78010	Amount of Each Receipt this Period Campaign Contribution 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00		

Full Name (Last, First, Middle Initial) <b>GEORGE OLIVER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address PO BOX 373		<b>Transaction ID : SA11AI.53057</b>	
City CENTER POINT	State TX	Zip Code 78010	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 140 HATCHETT RD

City State Zip Code  
ROEBUCK SC 29376

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**263.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.53075**

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

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

Mailing Address 13973 FRANKS CREEK RD

City State Zip Code  
MEDORA ND 58645

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

Name of Employer Occupation  
SELF EMPLOYED RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.53084**

Amount of Each Receipt this Period  
 Campaign Contribution **90.00**

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

Mailing Address 4808 S ARDEN AVE

City State Zip Code  
SIOUX FALLS SD 57103

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**260.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53100**

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

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

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

**150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR ROY H PARK JR**

Mailing Address 1 HAMPTON HILL LN

City ITHACA State NY Zip Code 14850

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

Name of Employer Self Employed Occupation ADV MEDIA EXEC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.53105**

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR JAMES L PAULS**

Mailing Address 740 S PECOS ST

City DENVER State CO Zip Code 80223

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

Name of Employer Wood Door Spe Occupation Proj Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
265.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.53128**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

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

Mailing Address 37119 SABER CT

City GREENBACKVILLE State VA Zip Code 23356

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
570.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.53132**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

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

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

310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>NELSON L PAYNE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2014	
Mailing Address 37119 SABER CT		<b>Transaction ID : SA11AI.53133</b>	
City GREENBACKVILLE	State VA	Zip Code 23356	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 620.00		

Full Name (Last, First, Middle Initial) <b>NELSON L PAYNE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 37119 SABER CT		<b>Transaction ID : SA11AI.53131</b>	
City GREENBACKVILLE	State VA	Zip Code 23356	Amount of Each Receipt this Period Campaign Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 820.00		

Full Name (Last, First, Middle Initial) <b>MR HAROLD PEWITT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 909 COTTONWOOD ST		<b>Transaction ID : SA11AI.53164</b>	
City WOODLAND	State CA	Zip Code 95695	Amount of Each Receipt this Period Campaign Contribution 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 610.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS LINDA PIERCE-HEANEY**

Mailing Address 48412 N BLACK CYN HWY  
PMB 373

City NEW RIVER State AZ Zip Code 85087

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**481.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53178**

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

**B.** Full Name (Last, First, Middle Initial)  
**MS LINDA PIERCE-HEANEY**

Mailing Address 48412 N BLACK CYN HWY  
PMB 373

City NEW RIVER State AZ Zip Code 85087

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**511.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.53179**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR W REID PITTS**

Mailing Address 101 CENTRAL PARK W

City NEW YORK State NY Zip Code 10023

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

Name of Employer DOCTOR Occupation DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : SA11AI.53186**

Amount of Each Receipt this Period  
**500.00**  
 Campaign Contribution

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

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

**560.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS MARJORIE ELWOOD POWELL**

Mailing Address 265 S WASHINGTON ST

City State Zip Code  
CONSTANTINE MI 49042

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.53214**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS HELEN M PRESTON**

Mailing Address 900 N TAYLOR ST  
APT 1524

City State Zip Code  
ARLINGTON VA 22203

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.53227**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

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

Mailing Address 632 SW 13TH AVE

City State Zip Code  
MIAMI FL 33135

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
248.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SA11AI.53235**

Amount of Each Receipt this Period  
80.00

Campaign Contribution

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

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

205.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>LLOYD PUTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address PO BOX 1655		<b>Transaction ID : SA11AI.53240</b>	
City MILLS	State WY	Zip Code 82644	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 75.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 411.00		

Full Name (Last, First, Middle Initial) <b>LLOYD PUTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address PO BOX 1655		<b>Transaction ID : SA11AI.53239</b>	
City MILLS	State WY	Zip Code 82644	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 75.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 486.00		

Full Name (Last, First, Middle Initial) <b>CONRAD S PUTZAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 316 MONCEAUX RD		<b>Transaction ID : SA11AI.53244</b>	
City WEST PALM BEACH	State FL	Zip Code 33405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 20.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 972 E CAMINO DIESTRO

City TUCSON State AZ Zip Code 85704

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53259**

Amount of Each Receipt this Period  
 Campaign Contribution 300.00

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

Mailing Address 8735 GRASSY ISLE TRL

City LAKE WORTH State FL Zip Code 33467

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.53266**

Amount of Each Receipt this Period  
 Campaign Contribution 53.00

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

Mailing Address 9154 CYPRESS TRL

City SEMINOLE State FL Zip Code 33777

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53268**

Amount of Each Receipt this Period  
 Campaign Contribution 100.00

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

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

453.00

**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 83 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**GLENN REINDERS**

Mailing Address 3479 SHERMAN RD

City JACKSON State WI Zip Code 53037

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

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

**Transaction ID : SA11AI.53300**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 3479 SHERMAN RD

City JACKSON State WI Zip Code 53037

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53301**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

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

Mailing Address 4300 TIMBERCREST LN

City WACO State TX Zip Code 76705

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.53313**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

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

**185.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MS MARY K RIEG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 502 N LATHAM ST		<b>Transaction ID : SA11AI.53321</b>
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>PHILIP E RITCH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 146 KALUAMOO ST		<b>Transaction ID : SA11AI.53329</b>
City KAILUA	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 278.00	

Full Name (Last, First, Middle Initial) <b>PHILIP E RITCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 146 KALUAMOO ST		<b>Transaction ID : SA11AI.53331</b>
City KAILUA	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 298.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>PHILIP E RITCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 146 KALUAMOO ST		<b>Transaction ID : SA11AI.53332</b>	
City KAILUA	State HI	Zip Code 96734	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 40.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 338.00		

Full Name (Last, First, Middle Initial) <b>PHILIP E RITCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 146 KALUAMOO ST		<b>Transaction ID : SA11AI.53333</b>	
City KAILUA	State HI	Zip Code 96734	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 47.75	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 385.75		

Full Name (Last, First, Middle Initial) <b>PHILIP E RITCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 146 KALUAMOO ST		<b>Transaction ID : SA11AI.53330</b>	
City KAILUA	State HI	Zip Code 96734	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 38.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 423.75		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.75
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR JAMES M RIZZO JR**

Mailing Address **PO BOX 45236**

City **SOMERVILLE** State **MA** Zip Code **02145**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11AI.53337**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address **10073 JEFFERSON HWY**

City **BATON ROUGE** State **LA** Zip Code **70809**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : SA11AI.53340**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address **1864 BLUEBONNET WAY**

City **Fleming Island** State **FL** Zip Code **32003**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **265.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : SA11AI.53342**

Amount of Each Receipt this Period  
**125.00**

Campaign Contribution

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

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

**225.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT J ROBERTS**

Mailing Address 4804 NW BETHANY BLVD  
#12

City PORTLAND State OR Zip Code 97229

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
223.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : SA11AI.53344**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

**B.** Full Name (Last, First, Middle Initial)  
**MR ROBERT J ROBERTS**

Mailing Address 4804 NW BETHANY BLVD  
#12

City PORTLAND State OR Zip Code 97229

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
273.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.53345**

Amount of Each Receipt this Period  
 Campaign Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR DELBERT R ROBINSON**

Mailing Address 801 ALABAMA ST

City LAKE ARTHUR State NM Zip Code 88253

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

Name of Employer SELF EMPLOYED Occupation IRRIGATION SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53351**

Amount of Each Receipt this Period  
 Campaign Contribution 75.00

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

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

160.00

**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 88 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. ANNADALE ROOPER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 3722 W 8TH ST		<b>Transaction ID : SA11AI.53370</b>	
City THE DALLES	State OR	Amount of Each Receipt this Period Campaign Contribution 30.00	
Zip Code 97058			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 245.00		

Full Name (Last, First, Middle Initial) <b>B. ANNADALE ROOPER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 3722 W 8TH ST		<b>Transaction ID : SA11AI.53369</b>	
City THE DALLES	State OR	Amount of Each Receipt this Period Campaign Contribution 25.00	
Zip Code 97058			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 270.00		

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH ROSAMILIA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 600 JEFFERSON AVE APT 7		<b>Transaction ID : SA11AI.53371</b>	
City AVON BY THE SEA	State NJ	Amount of Each Receipt this Period Campaign Contribution 50.00	
Zip Code 07717			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation SECURITY GUARD		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	Campaign Contribution 105.00
<b>TOTAL</b> This Period (last page this line number only).....	Campaign Contribution

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

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

FOR LINE NUMBER: PAGE 89 OF 159  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS NANCY B ROTH**

Mailing Address 8545 CARMEL VALLEY RD

City State Zip Code  
CARMEL CA 93923

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53384**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

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

Mailing Address 3100 EDWARD ST NE

City State Zip Code  
MINNEAPOLIS MN 55418

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**540.00**

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

**Transaction ID : SA11AI.53434**

Amount of Each Receipt this Period  
**10.00**

Campaign Contribution

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

Mailing Address 3100 EDWARD ST NE

City State Zip Code  
MINNEAPOLIS MN 55418

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**560.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.53433**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

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

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

**280.00**

**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 90 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>PEGGY SAUER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 3100 EDWARD ST NE		<b>Transaction ID : SA11AI.53435</b>	
City MINNEAPOLIS	State MN	Zip Code 55418	Amount of Each Receipt this Period Campaign Contribution 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 595.00		

Full Name (Last, First, Middle Initial) <b>MR KENNETH H SCHROM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 1161 E 10TH ST		<b>Transaction ID : SA11AI.53463</b>	
City SALEM	State OH	Zip Code 44460	Amount of Each Receipt this Period Campaign Contribution 113.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 313.00		

Full Name (Last, First, Middle Initial) <b>MRS BARBARA P SCIDMORE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 5013 DORSETT DR		<b>Transaction ID : SA11AI.53473</b>	
City MADISON	State WI	Zip Code 53711	Amount of Each Receipt this Period Campaign Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation DOCTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. MS EVA F SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 15830 GADDES RD		<b>Transaction ID : SA11AI.53476</b>	
City AMELIA COURT HOUSE	State VA	Zip Code 23002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 35.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 430.00		

Full Name (Last, First, Middle Initial) <b>B. JANET SESSIONS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 121 WOODCREEK DR E		<b>Transaction ID : SA11AI.53493</b>	
City SAFETY HARBOR	State FL	Zip Code 34695	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 40.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 280.00		

Full Name (Last, First, Middle Initial) <b>C. DAN SHAW</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address PO BOX 472		<b>Transaction ID : SA11AI.53510</b>	
City LAKE WALES	State FL	Zip Code 33859	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 35.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 92 OF 159  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**DAN SHAW**

Mailing Address **PO BOX 472**

City **LAKE WALES** State **FL** Zip Code **33859**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**240.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.53511**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

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

Mailing Address **1001 ISLA VERDE SQ**

City **VERO BEACH** State **FL** Zip Code **32963**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53517**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address **1001 ISLA VERDE SQ**

City **VERO BEACH** State **FL** Zip Code **32963**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53518**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

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

**120.00**

**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 93 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR FRED SIEBERT**

Mailing Address 1316 E CARPENTER DR

City PALATINE State IL Zip Code 60074

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53531**

Amount of Each Receipt this Period  
 Campaign Contribution 300.00

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

Mailing Address 435 MANZANITA AVE

City VENTURA State CA Zip Code 93001

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53543**

Amount of Each Receipt this Period  
 Campaign Contribution 50.00

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

Mailing Address 32433 WILLOW PARKE CIR

City FERNANDINA BEACH State FL Zip Code 32034

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11AI.53552**

Amount of Each Receipt this Period  
 Campaign Contribution 57.00

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

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

407.00

**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 94 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 32433 WILLOW PARKE CIR

City FERNANDINA BEACH State FL Zip Code 32034

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **304.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53554**

Amount of Each Receipt this Period  
**57.00**

Campaign Contribution

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

Mailing Address 32433 WILLOW PARKE CIR

City FERNANDINA BEACH State FL Zip Code 32034

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **361.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53553**

Amount of Each Receipt this Period  
**57.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS RUBY M SMALLEY**

Mailing Address 978 NAPLES ST

City MENDOTA State CA Zip Code 93640

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **405.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53563**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

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

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

**139.00**

**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 95 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MR GEORGE A SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 142 FAWN DR		<b>Transaction ID : SA11AI.53568</b>
City WHITMORE LAKE	State MI	Zip Code 48189
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00	

Full Name (Last, First, Middle Initial) <b>MR GEORGE A SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 142 FAWN DR		<b>Transaction ID : SA11AI.53585</b>
City WHITMORE LAKE	State MI	Zip Code 48189
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 510.00	

Full Name (Last, First, Middle Initial) <b>MR GEORGE A SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 142 FAWN DR		<b>Transaction ID : SA11AI.53578</b>
City WHITMORE LAKE	State MI	Zip Code 48189
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 548.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	111.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR HOWARD L SMITH M D**

Mailing Address 2904 DIAMOND A DR

City ROSWELL State NM Zip Code 88201

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **380.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53575**

Amount of Each Receipt this Period  
**130.00**

Campaign Contribution

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

Mailing Address 6428 ROCKY LN

City PARADISE State CA Zip Code 95969

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53581**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR William B. Snyder**

Mailing Address 555 5th Avenue NE  
PH. 2

City St. Petersburg State FL Zip Code 33701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.53594**

Amount of Each Receipt this Period  
**1000.00**

Campaign Contribution

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

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

**1150.00**

**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 97 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>MD DAVID L Sockler</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 8534 SAWYER BROWN RD		<b>Transaction ID : SA11AI.53596</b>	
City NASHVILLE	State TN	Zip Code 37221	Amount of Each Receipt this Period Campaign Contribution 95.50
FEC ID number of contributing federal political committee. C			
Name of Employer Physician	Occupation RETIRED		Campaign Contribution 318.25
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 318.25		

Full Name (Last, First, Middle Initial) <b>MD DAVID L Sockler</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 8534 SAWYER BROWN RD		<b>Transaction ID : SA11AI.53595</b>	
City NASHVILLE	State TN	Zip Code 37221	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Physician	Occupation RETIRED		Campaign Contribution 418.25
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 418.25		

Full Name (Last, First, Middle Initial) <b>MRS MADELEINE SOUDEE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2014	
Mailing Address 2325 20TH ST NW		<b>Transaction ID : SA11AI.53598</b>	
City WASHINGTON	State DC	Zip Code 20009	Amount of Each Receipt this Period Campaign Contribution 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		Campaign Contribution 582.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 582.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.50
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. MRS MADELEINE SOUDEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 2325 20TH ST NW		<b>Transaction ID : SA11AI.53599</b>	
City WASHINGTON	State DC	Zip Code 20009	Amount of Each Receipt this Period Campaign Contribution 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 617.00		

Full Name (Last, First, Middle Initial) <b>B. AVIS SPIES</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 60 HEYBURN RD		<b>Transaction ID : SA11AI.53617</b>	
City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 601.00		

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD STEIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 3355 ANNANDALE LN		<b>Transaction ID : SA11AI.53640</b>	
City SUWANEE	State GA	Zip Code 30024	Amount of Each Receipt this Period Campaign Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR ROGER F STETSON**

Mailing Address 9225 CASCADE AVE APT 2204

City WEST DES MOINES State IA Zip Code 50266

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.53650**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

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

Mailing Address 530 ILLINOIS ST  
Apt C

City EL SEGUNDO State CA Zip Code 90245

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53676**

Amount of Each Receipt this Period  
**10.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MISS ANNEMARIE B STREIFINGER**

Mailing Address 530 ILLINOIS ST  
Apt C

City EL SEGUNDO State CA Zip Code 90245

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.53678**

Amount of Each Receipt this Period  
**10.00**

Campaign Contribution

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

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

**120.00**

**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 100 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MISS ANNEMARIE B STREIFINGER**

Mailing Address 530 ILLINOIS ST  
Apt C

City State Zip Code  
EL SEGUNDO CA 90245

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
245.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.53677**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

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

Mailing Address 7623 HAYFIELD RD

City State Zip Code  
ALEXANDRIA VA 22315

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
780.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2014

**Transaction ID : SA11AI.53692**

Amount of Each Receipt this Period  
70.00

Campaign Contribution

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

Mailing Address 7623 HAYFIELD RD

City State Zip Code  
ALEXANDRIA VA 22315

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
830.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.53693**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

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

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

140.00

**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 101 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR DAVID STUMBAUGH**

Mailing Address 7623 HAYFIELD RD

City State Zip Code  
ALEXANDRIA VA 22315

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.53691**

Amount of Each Receipt this Period  
70.00

Campaign Contribution

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

Mailing Address 2309 SW 1ST AVE APT 1545

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : SA11AI.53700**

Amount of Each Receipt this Period  
1000.00

Campaign Contribution

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

Mailing Address PO BOX 363

City State Zip Code  
JERSEYVILLE IL 62052

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.53706**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

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

1170.00

**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 102 OF 159		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 11e 15

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

**A.** Full Name (Last, First, Middle Initial)  
**STEVE S SZABO**

Mailing Address 105 KIRKWOOD DR

City OSHKOSH State WI Zip Code 54904

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53717**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

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

Mailing Address 20255 Ocean Key Dr.

City Boca Raton State FL Zip Code 33498

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.53724**

Amount of Each Receipt this Period  
 Campaign Contribution 500.00

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

Mailing Address 9999 COLLINS AVE

City BAL HARBOUR State FL Zip Code 33154

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11AI.53726**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

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

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

570.00

**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 103 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>STANLEY TATE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address 9999 COLLINS AVE		<b>Transaction ID : SA11AI.53727</b>
City BAL HARBOUR	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 485.00	

Full Name (Last, First, Middle Initial) <b>MR JOSEPH TEMPLE JR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2014
Mailing Address 6996 SE HARBOR CIR		<b>Transaction ID : SA11AI.53737</b>
City STUART	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>MR JOSEPH TEMPLE JR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2014
Mailing Address 6996 SE HARBOR CIR		<b>Transaction ID : SA11AI.53738</b>
City STUART	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**247.75**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53740**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**297.75**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11AI.53739**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

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

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**345.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11AI.53742**

Amount of Each Receipt this Period  
**47.75**

Campaign Contribution

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

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

**147.75**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JOHN TEMPLEMAN**

Mailing Address 751 MORNINGSIDE DR

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
395.50

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.53741**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS JEANNETTE L THERRIault**

Mailing Address 2473 Old Richardson HWY

City State Zip Code  
NORTH POLE AK 99705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed OFC WORK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
502.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2014

**Transaction ID : SA11AI.53745**

Amount of Each Receipt this Period  
53.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS JEANNETTE L THERRIault**

Mailing Address 2473 Old Richardson HWY

City State Zip Code  
NORTH POLE AK 99705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed OFC WORK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
555.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.53746**

Amount of Each Receipt this Period  
53.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

156.00

**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 106 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS SARA THOMAS**

Mailing Address 177 N HIGHLAND ST  
APT 4207

City MEMPHIS State TN Zip Code 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53749**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ROY THOMPSON**

Mailing Address 4208 N 27TH ST

City TACOMA State WA Zip Code 98407

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1232.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.53753**

Amount of Each Receipt this Period  
120.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ROY THOMPSON**

Mailing Address 4208 N 27TH ST

City TACOMA State WA Zip Code 98407

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1352.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53754**

Amount of Each Receipt this Period  
120.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

290.00

**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 107 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>ROY THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 4208 N 27TH ST		<b>Transaction ID : SA11AI.53755</b>
City TACOMA	State WA	Zip Code 98407
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 180.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1532.00	

Full Name (Last, First, Middle Initial) <b>MR ANGELO J TIEZZI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 25 STEEPLECHASE DR		<b>Transaction ID : SA11AI.53762</b>
City NEWINGTON	State CT	Zip Code 06111
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 208.00	

Full Name (Last, First, Middle Initial) <b>MR ANGELO J TIEZZI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 25 STEEPLECHASE DR		<b>Transaction ID : SA11AI.53761</b>
City NEWINGTON	State CT	Zip Code 06111
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 53.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 261.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	268.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS MARINA TIMMERMANS**

Mailing Address 1703 MAIN ST

City LYNDEN State WA Zip Code 98264

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **368.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.53765**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR H JAMES TOFFEY**

Mailing Address 610 HERON POINT CT

City VERO BEACH State FL Zip Code 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53779**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS ELIZABETH TOULON**

Mailing Address PO BOX 666

City KOLOA State HI Zip Code 96756

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53782**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**175.00**

**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 109 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS ELIZABETH TOULON**

Mailing Address **PO BOX 666**

City **KOLOA** State **HI** Zip Code **96756**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **825.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : SA11AI.53783**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**NORMAN D TROSHAK**

Mailing Address **128 MARCIA DR**

City **LANSING** State **MI** Zip Code **48917**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 08 / 2014**

**Transaction ID : SA11AI.53792**

Amount of Each Receipt this Period  
**60.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**NORMAN D TROSHAK**

Mailing Address **128 MARCIA DR**

City **LANSING** State **MI** Zip Code **48917**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **585.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.53793**

Amount of Each Receipt this Period  
**60.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**220.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS BETTY G TWAY**

Mailing Address 9601 SOUTHBROOK DR  
APT S315

City JACKSONVILLE State FL Zip Code 32256

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53811**

Amount of Each Receipt this Period  
10.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS BETTY G TWAY**

Mailing Address 9601 SOUTHBROOK DR  
APT S315

City JACKSONVILLE State FL Zip Code 32256

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53812**

Amount of Each Receipt this Period  
40.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR LOUIS N VAGO**

Mailing Address 10686 AVENUE OF P G A

City PALM BEACH GARDENS State FL Zip Code 33418

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53826**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**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 111 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN VALERIUS**

Mailing Address 1909 CANTERBURY ST

City IRVING State TX Zip Code 75062

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53830**

Amount of Each Receipt this Period  
300.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR CLARK VANDERHOOF**

Mailing Address 6787 S 2300 E

City COTTONWOOD HEIGHTS State UT Zip Code 84121

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.53840**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**HELEN VON QUINTUS**

Mailing Address PO BOX 151685

City AUSTIN State TX Zip Code 78715

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53860**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

370.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RODGER WASSERMAN**

Mailing Address 450 ALTON RD  
APT 1407

City MIAMI BEACH State FL Zip Code 33139

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.53889**

Amount of Each Receipt this Period  
500.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS ANNIE H. WEEKS**

Mailing Address 3411 ROCK LN

City IRONDALE State AL Zip Code 35210

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
556.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53897**

Amount of Each Receipt this Period  
70.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS ANNIE H. WEEKS**

Mailing Address 3411 ROCK LN

City IRONDALE State AL Zip Code 35210

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
606.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53898**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

620.00

**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 113 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY W WEIDIG**

Mailing Address 3819 S 18TH ST

City State Zip Code  
SHEBOYGAN WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

**Transaction ID : SA11AI.53899**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**DEANE WELCH**

Mailing Address 129 N 2ND ST

City State Zip Code  
OAK HILL FL 32759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SA11AI.53904**

Amount of Each Receipt this Period  
30.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**DEANE WELCH**

Mailing Address 129 N 2ND ST

City State Zip Code  
OAK HILL FL 32759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.53905**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

105.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR BOYCE H. WELLS**

Mailing Address 220 FM 251 S

City ATLANTA State TX Zip Code 75551

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53907**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR LOGAN WENGER**

Mailing Address N6527 PECK STATION RD

City ELKHORN State WI Zip Code 53121

FEC ID number of contributing federal political committee. **C**

Name of Employer Millard Machine Occupation OWNER/MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53911**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City FREDERICKSBURG State VA Zip Code 22406

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53920**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**180.00**

**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 115 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>FAYE I WESTALL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 145 SMITHFIELD WAY		<b>Transaction ID : SA11AI.53923</b>
City FREDERICKSBURG	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00	

Full Name (Last, First, Middle Initial) <b>FAYE I WESTALL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 145 SMITHFIELD WAY		<b>Transaction ID : SA11AI.53922</b>
City FREDERICKSBURG	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.00	

Full Name (Last, First, Middle Initial) <b>FAYE I WESTALL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 145 SMITHFIELD WAY		<b>Transaction ID : SA11AI.53921</b>
City FREDERICKSBURG	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**robert white**

Mailing Address 909 Stillwater Court

City weston State FL Zip Code 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
238.75

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53936**

Amount of Each Receipt this Period  
 Campaign Contribution  
 238.75

**B.** Full Name (Last, First, Middle Initial)  
**MR FRED WILDER**

Mailing Address 2229 SIDNEY DR

City GAINESVILLE State GA Zip Code 30506

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.53954**

Amount of Each Receipt this Period  
 Campaign Contribution  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR WALTER WILLIAMS**

Mailing Address 1100 SW SHORELINE DR  
APT 325

City PALM CITY State FL Zip Code 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
335.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.53961**

Amount of Each Receipt this Period  
 Campaign Contribution  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

638.75

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR WILLIAM WOOD JR**

Mailing Address 491 CABIN RD

City State Zip Code  
WETUMPKA AL 36093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : SA11AI.53987**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**PIERS WOODRIFF**

Mailing Address PO BOX 503

City State Zip Code  
SOMERSET VA 22972

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2014

**Transaction ID : SA11AI.53991**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS ELIZABETH WOOLDRIDGE**

Mailing Address 6409 VIENNA PL

City State Zip Code  
BAKERSFIELD CA 93306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
330.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SA11AI.53994**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

170.00

**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 118 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS ELIZABETH WOOLDRIDGE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 6409 VIENNA PL		<b>Transaction ID : SA11AI.53995</b>	
City BAKERSFIELD	State CA	Zip Code 93306	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT D YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 2849 CAPISTRANO WAY		<b>Transaction ID : SA11AI.54021</b>	
City NAPLES	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		

Full Name (Last, First, Middle Initial) <b>C. ROBERT D YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 2849 CAPISTRANO WAY		<b>Transaction ID : SA11AI.54025</b>	
City NAPLES	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>BARBARA ZINK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address PO BOX 1676		<b>Transaction ID : SA11AI.54037</b>
City VISTA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>BARBARA ZINK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2014
Mailing Address PO BOX 1676		<b>Transaction ID : SA11AI.54036</b>
City VISTA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	57090.29

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 159
	<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)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOE KAUFMAN**

Mailing Address 2645 EXECUTIVE PARK DRIVE # 512

City WESTON State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C H2FL20043**

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11D.50919**

Amount of Each Receipt this Period  
 6000.00

Campaign Loan

**B.** Full Name (Last, First, Middle Initial)  
**JOE KAUFMAN**

Mailing Address 2645 EXECUTIVE PARK DRIVE # 512

City WESTON State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C H2FL20043**

Name of Employer loan Occupation loan

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11D.50922**

Amount of Each Receipt this Period  
 6000.00

Campaign Loan

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

12000.00

**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 121 OF 159
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<b>Transaction ID : SA13A.50920</b>
City WESTON	State FL Zip Code 33331	
FEC ID number of contributing federal political committee. <b>C H2FL20043</b>	Amount of Each Receipt this Period 6000.00 Caampaign Loan	
Name of Employer loan	Occupation loan	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 19000.00	

Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<b>Transaction ID : SA13A.50921</b>
City WESTON	State FL Zip Code 33331	
FEC ID number of contributing federal political committee. <b>C H2FL20043</b>	Amount of Each Receipt this Period 6000.00 Campaign Loan	
Name of Employer SELF	Occupation CANDIDATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	12000.00

**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 122 OF 159
	<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)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Base Connect</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2014
Mailing Address 29243 St Just Drive		<b>Transaction ID : SA14.54048</b>
City Unionville	State VA	
Zip Code 22567		Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C	Occupation REIMBURSEMENT	Campaign Contribution
Name of Employer REIMBURSEMENT	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>City of Aventura</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014
Mailing Address 19200 West Country Club Drive		<b>Transaction ID : SA14.54049</b>
City Aventura	State FL	
Zip Code 33180		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Occupation REFUND	Campaign Contribution
Name of Employer REFUND	Occupation	
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>Joe Kaufman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2014
Mailing Address 8708 NW 82. st.		<b>Transaction ID : SA14.52491</b>
City Tamarac	State FL	
Zip Code 33321		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C	Occupation Self Employed	Reimbursement
Name of Employer Self Employed	Occupation Investigative Journalist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15500.00
<b>TOTAL</b> This Period (last page this line number only).....	15500.00

**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 123 OF 159			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 7001 N University Dr		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.50994</b>
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Adj/Corr Of Posted Item	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Broward Republican Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 150 S. Andrew Ave. Suite 370		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.50999</b>
City Pompano Beach	State FL	
Zip Code 33069	Purpose of Disbursement Lincoln Day Dinner	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL CAGING CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 1471.92 <b>Transaction ID : SB17.51003</b>
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1751.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CENTURY DATA MAILING SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 1155 - 15TH STREET, NW Suite 410			Amount of Each Disbursement this Period 19082.88	
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.51005	
Purpose of Disbursement Direct Mail Program:Postage		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. CENTURY DATA MAILING SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 1155 - 15TH STREET, NW Suite 410			Amount of Each Disbursement this Period 3909.05	
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.51004	
Purpose of Disbursement Direct Mail Prog:Postage		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. City of Aventura</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 19200 West Country Club Drive			Amount of Each Disbursement this Period 500.00	
City Aventura	State FL	Zip Code 33180	Transaction ID : SB17.51012	
Purpose of Disbursement Deposit yard signs		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23491.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Cooper City</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 9090 SW 50TH PLACE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51014</b>
City Cooper City	State FL	
Zip Code 33329	Purpose of Disbursement Deposit yard signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. City of Davie</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 6591 Orange Drive		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.51018</b>
City Davie	State FL	
Zip Code 33314	Purpose of Disbursement Deposit yard signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. City of Miami</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 40 NW 3rd St #1103		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51022</b>
City Miami	State FL	
Zip Code 33128	Purpose of Disbursement Deposit yard signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 159			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Miami</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 40 NW 3rd St #1103		Amount of Each Disbursement this Period 1.50 <b>Transaction ID : SB17.51023</b>
City Miami	State FL Zip Code 33128	
Purpose of Disbursement parking	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Pembroke Pines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 10100 Pines Blvd.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.51025</b>
City Pembroke Pines	State FL Zip Code 33026	
Purpose of Disbursement Deposit yard signs	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COLORTREE GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address PO BOX 28960		Amount of Each Disbursement this Period 4802.16 <b>Transaction ID : SB17.51027</b>
City HENRICO	State VA Zip Code 23228	
Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5303.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 159			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COLORTREE GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address PO BOX 28960		Amount of Each Disbursement this Period 7380.12 <b>Transaction ID : SB17.51026</b>
City HENRICO	State VA	
Zip Code 23228	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CONSOLIDATED MAILING SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Amount of Each Disbursement this Period 2729.60 <b>Transaction ID : SB17.51028</b>
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 365.51 <b>Transaction ID : SB17.51034</b>
City ARLINGTON	State VA	
Zip Code 22207	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10475.23
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 691.14 <b>Transaction ID : SB17.51032</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement Direct Mail Prog:Print/ Mailshop	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 1637.47 <b>Transaction ID : SB17.51033</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Esprit Capital Advisors</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 500 Three Islands Blvd. Suite 921		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.51041</b>
City Hallandale Beach State FL Zip Code 33009	Purpose of Disbursement Robocalls	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3228.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 35.00	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.51051	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 35.00	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.51052	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 119.60	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.51047	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 12.92
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Prog Exp:Bk Charges	<b>Transaction ID : SB17.51048</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 42.25
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Prog Exp:Bk Charges	<b>Transaction ID : SB17.51049</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 148.12
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Prog Exp:Bk Charges	<b>Transaction ID : SB17.51050</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	203.29
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 8550 N University Drive		Amount of Each Disbursement this Period 42.01 <b>Transaction ID : SB17.51053</b>
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 8550 N University Drive		Amount of Each Disbursement this Period 40.32 <b>Transaction ID : SB17.51054</b>
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 1120.00 <b>Transaction ID : SB17.51060</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Brochure Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1202.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 159			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : SB17.51061</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : SB17.51062</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 95.00 <b>Transaction ID : SB17.51063</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 4867.69 <b>Transaction ID : SB17.51064</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. INTEGRAM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period 3972.69 <b>Transaction ID : SB17.51065</b>
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Kim Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 2401 S Ocean Drive		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.51169</b>
City Hollywood	State FL	
Zip Code 33019	Purpose of Disbursement Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4867.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 159			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 560.00 <b>Transaction ID : SB17.51171</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement reimburse Gas	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>B. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.51173</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement reimburse Gas	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>C. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.51178</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement Loan reimburse	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1770.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.51179</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement Loan reimburse	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>B. KOSHER CENTRAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 5650 Stirling Rd		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : SB17.51069</b>
City Hollywood State FL Zip Code 33021	Purpose of Disbursement Primary Open House	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 78.78 <b>Transaction ID : SB17.51167</b>
City MARGATE State FL Zip Code 33063	Purpose of Disbursement Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1808.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 286.28
City MARGATE State FL Zip Code 33063	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	<b>Transaction ID : SB17.51174</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 192.00
City MARGATE State FL Zip Code 33063	Purpose of Disbursement Office Supplies, Postage	
Candidate Name	Category/Type	<b>Transaction ID : SB17.51177</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 1176.00
City Oakland Park State FL Zip Code 33334	Purpose of Disbursement Palm card printing	
Candidate Name	Category/Type	<b>Transaction ID : SB17.51079</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1654.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 159			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 397.50 <b>Transaction ID : SB17.51080</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 662.50 <b>Transaction ID : SB17.51081</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 1653.60 <b>Transaction ID : SB17.51082</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2713.60
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Modern Work Space</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 2514 Hollywood Blvd		Amount of Each Disbursement this Period 1060.00 <b>Transaction ID : SB17.51094</b>
City Hollywood	State FL	
Zip Code 33021	Purpose of Disbursement Office space	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. POSTMASTER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 6759 sw 196th ave		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.51102</b>
City FORT LAUDERDALE	State FL	
Zip Code 33332	Purpose of Disbursement Postage Deposit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Printmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5220 NE 12th Ave		Amount of Each Disbursement this Period 1585.00 <b>Transaction ID : SB17.51103</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3395.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Printmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 5220 NE 12th Ave		Amount of Each Disbursement this Period 2548.80 <b>Transaction ID : SB17.51104</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Publix</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 3251 Hollywood Blvd		Amount of Each Disbursement this Period 28.12 <b>Transaction ID : SB17.51105</b>
City Hollywood	State FL	
Zip Code 33021	Purpose of Disbursement Volunteer Lunch	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Publix</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 3251 Hollywood Blvd		Amount of Each Disbursement this Period 6.78 <b>Transaction ID : SB17.51108</b>
City Hollywood	State FL	
Zip Code 33021	Purpose of Disbursement Lunch	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2583.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SIMPKINS ESCROW LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 312.03 <b>Transaction ID : SB17.51121</b>
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SIMPKINS ESCROW LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 223.81 <b>Transaction ID : SB17.51120</b>
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. T-MOBILE.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address T-MOBILE.COM		Amount of Each Disbursement this Period 338.60 <b>Transaction ID : SB17.51140</b>
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Cell phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	874.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 3850.00
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postage	Transaction ID : SB17.51141
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 240.00
City EVERGLADES	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Transaction ID : SB17.51143
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 2140.00
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postage	Transaction ID : SB17.51144
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6230.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51145</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.51146</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.51147</b>
City EVERGLADES	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 300.00
City EVERGLADES	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	<b>Transaction ID : SB17.51148</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 400.00
City EVERGLADES	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	<b>Transaction ID : SB17.51149</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 3350 ne 12th ave		Amount of Each Disbursement this Period 1400.00
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Postmaster USPS	<b>Transaction ID : SB17.51151</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 159			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51152</b>
City EVERGLADES	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.51153</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 8800.00 <b>Transaction ID : SB17.51154</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 159	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINN-DIXI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 7015 N University Dr		Amount of Each Disbursement this Period 67.88
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Event supplies	Transaction ID : SB17.51163
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WIZO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1150 Kane Concourse		Amount of Each Disbursement this Period 300.00
City #1 Bay Harbor Islands	State FL	
Zip Code 33154	Purpose of Disbursement Event	Transaction ID : SB17.51165
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Edward Zucker</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2645 Executive Park Dr Ste 512		Amount of Each Disbursement this Period 585.48
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Gas, Office Supplies	Transaction ID : SB17.51176
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	953.36
<b>TOTAL</b> This Period (last page this line number only).....	89622.42

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.48978

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**JOE KAUFMAN FOR CONGRESS**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M 04 / D 24 / Y 2014

Date Due

M M / D D / Upon demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

2000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.48979

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

**JOE KAUFMAN FOR CONGRESS**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11000.00

0.00

11000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

30

2014

Upon demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

11000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE  
STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3248.21

0.00

3248.21

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07

D 01

Y 2011 Y

M M

D D

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

3248.21

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9126

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE  
STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

3800.00

Balance Outstanding at Close of This Period

1200.00

**TERMS**

Date Incurred

M 12 / D 31 / Y 2011

Date Due

M / D / Y Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1200.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.20680

## JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

### JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

### TERMS

Date Incurred

MM / DD / YYYY  
06 / 20 / 2012

Date Due

MM / DD / YYYY  
Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.22542**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 05 / Y 2012 Y	M M / D D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	500.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.22543**  
**JOE KAUFMAN FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**JOE KAUFMAN**  Primary  
 Mailing Address General  
 2645 EXECUTIVE PARK DRIVE # 512  Other (specify) ▼

City State ZIP Code  
 WESTON FL 33331

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred M 07 / D 13 / Y 2012	Date Due M M / D D / Y Y Y Y Upon Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 5000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22544

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M 07 / D 16 / Y 2012 Y

Date Due

M M / D D / Y Upon Demand Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26611

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

3200.00

Cumulative Payment To Date

823.50

Balance Outstanding at Close of This Period

2376.50

**TERMS**

Date Incurred

08 / 15 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

2376.50

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.50920

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

20

2014

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

6000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.50921**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 20 / Y 2014 Y	M M / D D / Y Y Y Y Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="6000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="43324.71"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 157 OF 159
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BASE CONNECT, INC.</b>		Nature of Debt (Purpose): Direct Mail Creative Fees
Mailing Address 1155 15th St NW STE 410		
City State	Zip Code	
Washington DC	20005	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33907</b>	
<input type="text" value="20235.44"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20235.44"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CENTURY DATA SYSTEMS CORP</b>		Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 1155 - 15TH STREET, NW		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33908</b>	
<input type="text" value="6552.89"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6552.89"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DIRECT MAIL PROCESSORS, INC.</b>		Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 2976 Penwick Lane		
City State	Zip Code	
Dunkirk MD	20754	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33909</b>	
<input type="text" value="102.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="102.55"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="26890.88"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 158 OF 159
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>INTEGRAM</b>	Nature of Debt (Purpose): Direct Mail Program Printing & Mailshop
Mailing Address 22695 Commerce Center Court	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period 10210.45	<b>Transaction ID : SD10.33910</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10210.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LEGACY LISTS, INC. - BROKERAGE</b>	Nature of Debt (Purpose): Direct Mail List Rental
Mailing Address 1155 - 15TH STREET, NW SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 6327.81	<b>Transaction ID : SD10.33911</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6327.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LEGACY LISTS, INC. - MANAGEMENT</b>	Nature of Debt (Purpose): Direct Mail List Management
Mailing Address 1155 15th St NW	
City State Zip Code Washington FL 20005	

Outstanding Balance Beginning This Period 6769.75	<b>Transaction ID : SD10.33912</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6769.75

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	23308.01
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 159 OF 159
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SIMPKINS ESCROW LLC</b>		Nature of Debt (Purpose): Indirect Prog Exp Caging & Escrow
Mailing Address 29243 St Just Dr		
City State	Zip Code	
UNIONVILLE VA	22567	

Outstanding Balance Beginning This Period	Transaction ID : SD10.33913	
<input type="text" value="93.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="93.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="93.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="50291.89"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="43324.71"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="93616.60"/>