

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

JENKINS FOR CONGRESS

ADDRESS (number and street)

PO BOX 727

Check if different than previously reported. (ACC)

HUNTINGTON

WV

25711

2. FEC IDENTIFICATION NUMBER ▼

C C00548271

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WV

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

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

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

M M / D D / Y Y Y Y

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

Office Use Only								
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## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 92

Write or Type Committee Name

**JENKINS FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	178881.12	1612515.64
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	17850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	177881.12	1594665.64
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	310838.68	1582559.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	149.22	149.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	310689.46	1582410.01
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	39978.04	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	5297.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	97423.33	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**JENKINS FOR CONGRESS**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="79104.81"/>	<input type="text" value="1099558.25"/>	<input type="text" value="750"/>
(ii) Unitemized		
<input type="text" value="5260.59"/>	<input type="text" value="80091.67"/>	<input type="text" value="230"/>
(iii) Total of contributions from individuals		
<input type="text" value="84365.40"/>	<input type="text" value="1179649.92"/>	<input type="text" value="980"/>
(b) Political Party Committees		
<input type="text" value="2500.00"/>	<input type="text" value="3500.00"/>	<input type="text" value="0"/>
(c) Other Political Committees		
<input type="text" value="92015.72"/>	<input type="text" value="426515.72"/>	<input type="text" value="16000"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 92

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	2850.00	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
178881.12	1612515.64	16980
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	15479.88	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0
(b) All Other Loans		
0.00	0.00	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
149.22	149.22	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	304.28	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
179030.34	1628449.02	16980

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

JENKINS FOR CONGRESS

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="310838.68"/>	<input type="text" value="1582559.23"/>	<input type="text" value="541.75"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>	<input type="text" value="0"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="16850.00"/>	<input type="text" value="0"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 92

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

1000.00	1000.00	0
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

1000.00	17850.00	0
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**21. OTHER DISBURSEMENTS**

0.00	2500.00	0
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

311838.68	1604909.23	541.75
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

177881.12	1594665.64	16980.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

310689.46	1582410.01	541.75
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	172786.38
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	179030.34
25. SUBTOTAL (add Line 23 and Line 24).....	351816.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	311838.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	39978.04

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID ABRAMOWITZ**

Mailing Address 12 STONY POINT RD

City Charleston State WV Zip Code 25314

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

Name of Employer KANAWH VALLEY RADIOLOGY Occupation RADIOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9227**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4575 COACH RD.

City COLUMBUS State OH Zip Code 43220

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

Name of Employer OHIO HOSPITAL ASSOCIATION Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9376**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2370 ONANDAGA DR.

City COLUMBUS State OH Zip Code 43221

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9378**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HUGO ANDREINI**

Mailing Address 1301 WASHINGTON FARMS

City State Zip Code  
WHEELING WV 26003

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

Name of Employer Occupation  
WHEELING HOSPITAL PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.9252**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1 WOODLAND PL.

City State Zip Code  
HUNTINGTON WV 25715

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.9368**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 1867 MC COY ROAD

City State Zip Code  
HUNTINGTON WV 25701

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.9401**

Amount of Each Receipt this Period  
100.00

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

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

1850.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KAMI L ASTORG**

Mailing Address 1336 SUMMIT RD.

City State Zip Code  
VIENNA WV 26105

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2014

**Transaction ID : SA11AI.9445**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 250 WEST MAIN ST. STE. 210

City State Zip Code  
LEXINGTON KY 40507

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

Name of Employer Occupation  
RAMACO, LLC EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2014

**Transaction ID : SA11AI.9448**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1701 STONEHENGE RD.

City State Zip Code  
CHARLESTON WV 25314

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 18 2014

**Transaction ID : SA11AI.9240**

Amount of Each Receipt this Period  
600.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILBURN BAILEY JR.**

Mailing Address 6272 HUFF CREEK HWY

City State Zip Code  
DAVIN WV 25617

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9312**

Amount of Each Receipt this Period  
50.00

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

Mailing Address HC 37 BOX 155

City State Zip Code  
LEWISBURG WV 24901

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : SA11AI.8645**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

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

Mailing Address HC 37 BOX 155

City State Zip Code  
LEWISBURG WV 24901

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.9511**

Amount of Each Receipt this Period  
-400.00

**[MEMO ITEM]**  
 REATTRIBUTED TO BENEDICT, ANN

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

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

50.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLEVELAND BENEDICT**

Mailing Address HC 37 BOX 155

City LEWISBURG State WV Zip Code 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11AI.8990**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

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

Mailing Address HC 37 BOX 155

City LEWISBURG State WV Zip Code 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.9513**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
REATTRIBUTED TO BENEDICT, ANN

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

Mailing Address HC 37 BOX 155

City LEWISBURG State WV Zip Code 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.9393**

Amount of Each Receipt this Period  
500.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLEVELAND BENEDICT**

Mailing Address HC 37 BOX 155

City LEWISBURG State WV Zip Code 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ -500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2014

**Transaction ID : SA11AI.9515**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -500.00

**[MEMO ITEM]**  
 REATTRIBUTED TO BENEDICT, ANN

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

Mailing Address HC 37 BOX 155

City LEWISBURG State WV Zip Code 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.9512**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 400.00

**[MEMO ITEM]**  
 REATTRIBUTED FROM BENEDICT, CLEVELAND

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

Mailing Address HC 37 BOX 155

City LEWISBURG State WV Zip Code 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.9514**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**[MEMO ITEM]**  
 REATTRIBUTED FROM BENEDICT, CLEVELAND

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

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

\_\_\_\_\_ 0.00

\_\_\_\_\_

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address **HC 37 BOX 155**

City **LEWISBURG** State **WV** Zip Code **24901**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2014

**Transaction ID : SA11A1.9516**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]  
REATTRIBUTED FROM BENEDICT, CLEVELAND**

**B.** Full Name (Last, First, Middle Initial)  
**DR. RAJENDRA S BHATI**

Mailing Address **1415 55TH ST.**

City **VIENNA** State **WV** Zip Code **26105**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		23		2014

**Transaction ID : SA11A1.9336**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **63 DERBY LN**

City **HUNTINGTON** State **WV** Zip Code **25705**

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

Name of Employer **RADIOLOGY, INC.** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11A1.9235**

Amount of Each Receipt this Period  
**600.00**

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRED BOGGS**

Mailing Address 612 RIDGEWOOD RD.

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer BOGGS ROOFING INC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9306**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 131 N STANLEY DRIVE

City BEVERLY HILLS State CA Zip Code 90211

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9222**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 170 WOODLAND DR.

City HUNTINGTON State WV Zip Code 25705

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
424.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9245**

Amount of Each Receipt this Period  
75.00

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

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

1575.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MCCAULEY BROWN**

Mailing Address 5208 AVISH LN.

City HARRODS CREEK State KY Zip Code 40027

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9437**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**HOYT J BURDICK M.D.**

Mailing Address 251 HIGH DRIVE

City HUNTINGTON State WV Zip Code 25705

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

Name of Employer CHH Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9246**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 327 WOODLAND DR

City HUNTINGTON State WV Zip Code 25705

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

Name of Employer RADIOLOGY, INC. Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9476**

Amount of Each Receipt this Period  
90.00

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

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

2190.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLIE COLE**

Mailing Address **PO BOX 1376**

City **BLUEFIELD** State **WV** Zip Code **24701**

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

Name of Employer **COLE HD** 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  
**10 / 28 / 2014**

**Transaction ID : SA11AI.9408**

Amount of Each Receipt this Period  
**600.00**

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

Mailing Address **401 - 10TH STREET UNIT 107**

City **HUNTINGTON** State **WV** Zip Code **25701**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9298**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **PO BOX 5501**

City **BECKLEY** State **WV** Zip Code **25801**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : SA11AI.9418**

Amount of Each Receipt this Period  
**250.00**

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

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

**1050.00**

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFRIE D'COSTA**

Mailing Address 16 BRENTWOOD

City Parkersburg State WV Zip Code 26104

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

Name of Employer SIRNAIK Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9322**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 170 YELLOW WOOD WAY

City Beckley State WV Zip Code 25801

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

Name of Employer LITTLE GENERAL STORE Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.9488**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 427 12TH AVE

City Huntington State WV Zip Code 25701

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

Name of Employer HIMG Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.9251**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS DEWITT**

Mailing Address 3146 DAHLIA WAY

City NAPLES State FL Zip Code 34105

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

Name of Employer TIETONBACK NORTH AMERICA Occupation DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2466.03

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

**Transaction ID : SA11AI.9564**

Amount of Each Receipt this Period  
1966.03

IN-KIND: EVENT CATERING

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

Mailing Address 129 WHISPERING WOOD ROAD

City CHARLESTON State WV Zip Code 25304

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

Name of Employer CBRE, INC. Occupation CIVIL ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9482**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 50 PINECREST DR

City HUNTINGTON State WV Zip Code 25705

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

Name of Employer SMC ELECTRICAL PRODUCTS, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9303**

Amount of Each Receipt this Period  
500.00

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

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

2566.03

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address 1004 VAUGHAN AVE.

City State Zip Code  
SUMMERSVILLE WV 26651

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9331**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1004 VAUGHAN AVE.

City State Zip Code  
SUMMERSVILLE WV 26651

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9332**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J FLYNN JR.**

Mailing Address 413 WYNFIELD CLOS

City State Zip Code  
LOUISVILLE KY 40206

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9440**

Amount of Each Receipt this Period  
250.00

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

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

4250.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LILLIAN J FOTI**

Mailing Address **34 HUMMINGBIRD LN.**

City **BECKLEY** State **WV** Zip Code **25801**

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

Name of Employer  
**INFORMATION REQUESTED**

Occupation  
**INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11AI.9342**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **17 BIRCH TREE LANE**

City **CHARLESTON** State **WV** Zip Code **25314**

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

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9305**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **5201 GRAND CENTRAL AVE.**

City **VIENNA** State **WV** Zip Code **26105**

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

Name of Employer  
**PARS NEUROSURGICAL ASSOIATES**

Occupation  
**PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11AI.9337**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM D GIVEN**

Mailing Address **HC 74 BOX 312**

City **STRANGE CREEK** State **WV** Zip Code **25063**

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

Name of Employer **COMMUNITY CARE OF WEST VIRGINIA** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9314**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **240 WEST 10TH AVE**

City **HUNTINGTON** State **WV** Zip Code **25701**

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

Name of Employer **HIMG** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11AI.9505**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **104 ELWOOD AVE.**

City **HUNTINGTON** State **WV** Zip Code **25705**

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

Name of Employer **JENKINS FEUSTERMAKER PLLC** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11AI.9349**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2600.00**

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAY GOLDMAN**

Mailing Address **PO BOX 271**

City **CHARLESTON** State **WV** Zip Code **25321**

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

Name of Employer **GOLDMAN ASSOCIATES INC** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11AI.9225**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **HC 34 BOX 323**

City **LEWISBURG** State **WV** Zip Code **24901**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.9452**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **RIVER E DR**

City **ELLE** State **WV** Zip Code **25015**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11AI.9465**

Amount of Each Receipt this Period  
**1600.00**

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

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

**2650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARY R GREALY**

Mailing Address 312 SEVERN AVE.  
#E413

City State Zip Code  
ANNAPOLIS MN 21403

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

Name of Employer Occupation  
HLC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.9481**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO BOX 7520

City State Zip Code  
CHARLESTON WV 26356

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

Name of Employer Occupation  
CITY HOLDING PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9310**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 446 CLEMANS ROAD

City State Zip Code  
FLEMINGTON WV 26347

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

Name of Employer Occupation  
WVMPHP EXECUTIVE MEDICAL DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.9214**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRAD HALL**

Mailing Address **446 CLEMANS ROAD**

City **FLEMINGTON** State **WV** Zip Code **26347**

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

Name of Employer **WVMPHP** Occupation **EXECUTIVE MEDICAL DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3910.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : SA11AI.9485**

Amount of Each Receipt this Period  
**160.00**

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

Mailing Address **PO BOX 1338**

City **BLUEFIELD** State **WV** Zip Code **24701**

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

Name of Employer **BELT TECH INC.** Occupation **CEO-PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1660.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.9454**

Amount of Each Receipt this Period  
**160.00**

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

Mailing Address **4905 BURLEY HILLS DRIVE**

City **CINCINNATI** State **OH** Zip Code **45243**

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

Name of Employer **RIVER TRADING COMPANY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11AI.9433**

Amount of Each Receipt this Period  
**2600.00**

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

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

**2920.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHAVI F HERTZ**

Mailing Address 525 N HILLCREST ROAD

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.9224**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. ROY H HINMAN II**

Mailing Address 100 ARRICOLA AVE.

City State Zip Code  
SAINT AUGUSTINE FL 32080

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.9236**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 617 SUMMITT DR.

City State Zip Code  
HUNTINGTON WV 25701

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.9354**

Amount of Each Receipt this Period  
200.00

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

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

3050.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TOM HWANG**

Mailing Address 300 CHERRY ST.

City WAVERLY State OH Zip Code 45690

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9373**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1148 CREEKSTONE RIDGE

City CHARLESTON State WV Zip Code 25309

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

Name of Employer FIRST CHOICE HEALTH SYSTEMS Occupation CFO & VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9324**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2300 LORA LANE

City RALEIGH State NC Zip Code 27604

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

Name of Employer BUILDERS OF HOPE Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.9521**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM JENNINGS III**

Mailing Address 304 HOLSWADE DR

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9348**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 203 12TH AVE.

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9302**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3786 NIAMI ST.

City SEAFORD State NY Zip Code 11783

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

Name of Employer HUB INTERNATIONAL NE Occupation ACCOUNT EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
574.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9469**

Amount of Each Receipt this Period  
5.00

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

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

1255.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address 1550 MT. ALPHA RD.

City Charleston State WV Zip Code 25304

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

Name of Employer RIVER TRADING COMPANY Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.9432**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 11 MOOSEMONT ROAD

City Charleston State WV Zip Code 25304

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

Name of Employer SPILMAN, THOMAS & BATTLE, LLC 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 Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9323**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT M JONES JR.**

Mailing Address 805 TANAGER DR.

City Bluefield State VA Zip Code 24605

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

Name of Employer SMITH/JONES PC Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9313**

Amount of Each Receipt this Period  
**500.00**

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

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

**1700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. WILMOT C JONES**

Mailing Address 718 WOODLAWN AVE.

City State Zip Code  
BECKLEY WV 25801

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.9346**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 57 DERBY LANE

City State Zip Code  
HUNTINGTON WV 25705

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

Name of Employer Occupation  
TRI-STATE OTOLARYNGOLOGY PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9315**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 225 N COLUMBIA AVE.

City State Zip Code  
BEXLEY OH 43209

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.9377**

Amount of Each Receipt this Period  
250.00

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

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

1550.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KAYLA A KESSINGER**

Mailing Address 1736 KESS SPRINGS CT.

City MOUNT HOPE State WV Zip Code 25880

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9344**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1318 SKIPWITH RD.

City MCLEAN State VA Zip Code 22101

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9226**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS E KNUTSON JR.**

Mailing Address 52 CATERA CT

City MARTINSBURG State WV Zip Code 25403

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9353**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SUBHASH KUMAR**

Mailing Address 749 SHIVEL LN.

City HUNTINGTON State WV Zip Code 25705

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9328**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 109 WINDSOR CR

City BLUEFIELD State VA Zip Code 24605

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9381**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES L LAURITA JR.**

Mailing Address 2367 GRAFTON RD

City MORGANTOWN State WV Zip Code 26508

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

Name of Employer LAURITA ENERGY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9457**

Amount of Each Receipt this Period  
2000.00

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 32 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JANICE LEVY**

Mailing Address 112 KEYSER ST.

City State Zip Code  
MARIETTA OH 45750

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9447**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 57 ALEXANDER DR.

City State Zip Code  
WILLIAMSTOWN WV 26187

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.9503**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. R. NEIL LIVELY**

Mailing Address 1142 FLAT ROCK RD.

City State Zip Code  
LOUISVILLE KY 40245

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9441**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. R. NEIL LIVELY**

Mailing Address 1142 FLAT ROCK RD.

City LOUISVILLE State KY Zip Code 40245

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

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

**Transaction ID : SA11AI.9491**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address PO BOX 567

City NORTH LIMA State OH Zip Code 44452

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : SA11AI.9404**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 620 BURKEWOOD PL.

City CHARLESTON State WV Zip Code 25314

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11AI.9233**

Amount of Each Receipt this Period  
**250.00**

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

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

**1550.00**

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARY JO MALONE**

Mailing Address 3213 AMBLEWOOD CT. NE

City ATLANTA State GA Zip Code 30345

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9483**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO BOX 758

City MORGANTOWN State WV Zip Code 26507

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

Name of Employer PETITTO MINE EQUIPMENT, INC. Occupation OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.9296**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO BOX 758

City MORGANTOWN State WV Zip Code 26507

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

Name of Employer PETITTO MINE EQUIPMENT, INC. Occupation OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9420**

Amount of Each Receipt this Period  
100.00

**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: (check only one)	PAGE 35 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address PO BOX 261

City BARBOURSVILLE State WV Zip Code 25504

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9444**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 591 BADGLEY FORD RD.

City MINERAL WELLS State WV Zip Code 26150

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9338**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 436 TOWNSHIP RD. 1135

City PROCTORVILLE State OH Zip Code 45669

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.9504**

Amount of Each Receipt this Period  
2600.00

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

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

3600.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL J MCGRAW M.D.**

Mailing Address 5227 GLENBROOK DR.

City State Zip Code  
VIENNA WV 26105

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  
**2033.78**

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

**Transaction ID : SA11AI.9566**

Amount of Each Receipt this Period  
**1033.78**  
 IN-KIND: EVENT CATERING

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

Mailing Address 3 WINDSOR DR.

City State Zip Code  
HUNTINGTON WV 25705

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

Name of Employer Occupation  
LESCO SALES & SERVICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11AI.9382**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1165 5TH AVENUE

City State Zip Code  
NEW YORK NY 10029

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

Name of Employer Occupation  
SELF-EMPLOYED PRIVATE INVESTIGATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : SA11AI.9471**

Amount of Each Receipt this Period  
**100.00**

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

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

**1233.78**

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address 65720 BARKCAMP PARK RD

City Belmont State OH Zip Code 43718

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

Name of Employer AMERICAN ENERGY CORP Occupation MINING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9369**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 65720 BARKCAMP PARK RD

City Belmont State OH Zip Code 43718

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

Name of Employer AMERICAN ENERGY CORP Occupation MINING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
-2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : SA11AI.9585**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]**  
REATTRIBUTED TO MOORE, APRIL

**C.** Full Name (Last, First, Middle Initial)  
**MRS. APRIL B MOORE**

Mailing Address 65720 BARKCAMP PARK ROAD

City Belmont State OH Zip Code 43718

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

Name of Employer BOTT LAW GROUP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : SA11AI.9586**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
REATTRIBUTED FROM MOORE, ROBERT

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

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

2500.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MARK MORGAN</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 104 MEADOW CREEK		<b>Transaction ID : SA11AI.9506</b>	
City BARBOURSVILLE	State WV	Zip Code 25504	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer HIMG	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>CRAIG M MORGAN M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 1611 13TH AVE.		<b>Transaction ID : SA11AI.9250</b>	
City HUNTINGTON	State WV	Zip Code 25701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer EYE CONSULTANTS OF HUNTINGTON	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>EDWARD W MORRISON JR</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 415 WHITAKER BOULEVARD WEST		<b>Transaction ID : SA11AI.9431</b>	
City HUNTINGTON	State WV	Zip Code 25701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE C.I. THORNBURG CO., INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 39 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LORI MOSS**

Mailing Address 127 RIDGEWOOD RD

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer VALLEY HEALTH SYSTEMS Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9386**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1720 FISHINGER RD.

City COLUMBUS State OH Zip Code 43221

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9375**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1521 SPARS CREEK RD.

City DANVILLE State WV Zip Code 25053

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

Name of Employer BOONE MEMORIAL HOSPITAL Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9333**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>KENNETH C NANNERS M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 170 LEEWOOD FARMS ROAD		<b>Transaction ID : SA11AI.9429</b>	
City WHEELING	State WA	Zip Code 26003	Amount of Each Receipt this Period _____ 90.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MPA INC	Occupation ANESTHESIOLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 690.00		

Full Name (Last, First, Middle Initial) <b>RYAN L NAPIER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 5192 SEA PINES CIR.		<b>Transaction ID : SA11AI.9217</b>	
City CANTON	State OH	Zip Code 44718	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer TGD RESTAURANTS, LLC	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>STEVEN NOVOTNY</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 17 OAKBROOK DR.		<b>Transaction ID : SA11AI.9522</b>	
City HUNTINGTON	State WV	Zip Code 25705	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MARSHALL UNIVERSITY	Occupation PHYSICIAN		
Receipt For: 2016 <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).....	_____ 365.00
<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 41 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES A. PATTERSON II**

Mailing Address 10000 SHELBYVILLE RD. STE. 100

City State Zip Code  
LOUISVILLE KY 40223

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.9492**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.9467**

Amount of Each Receipt this Period  
500.00

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

Mailing Address HC 74 BOX 143C

City State Zip Code  
SANDSTONE WV 25985

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  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2014

**Transaction ID : SA11AI.9489**

Amount of Each Receipt this Period  
2600.00

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

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

3350.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 42 OF 92

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT E POLLARD M.D.**  
 Mailing Address 1236 UPPER RIDGEWAY RD.  
 City Charleston State WV Zip Code 25314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014  
**Transaction ID : SA11AI.9229**  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOE PRUDHOMME**  
 Mailing Address 4117 COVE POINT DR.  
 City Morgantown State WV Zip Code 26508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WEST VIRGINIA UNIVERSITY Occupation PHYSICIAN  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.9477**  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MARTHA RADER**  
 Mailing Address 5120 NW 57TH ST.  
 City Gainesville State FL Zip Code 32653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.9450**  
 Amount of Each Receipt this Period  
 1000.00

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID L RAMSEY**

Mailing Address 20 WILD ACRE DR.

City Charleston State WV Zip Code 25314

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9223**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 564 TOWNSHIP RD 93 S

City South Point State OH Zip Code 45680

FEC ID number of contributing federal political committee. C

Name of Employer HOLZER HEALTH SYSTEMS Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9472**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 48 S. HILLS PL.

City Parkersburg State WV Zip Code 26101

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : SA11AI.9497**

Amount of Each Receipt this Period  
 1000.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH M ROMAGNOLI**

Mailing Address 14 FOX CHASE ROAD

City Charleston State WV Zip Code 25304

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 **383.33**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9304**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 244 LEE AVENUE

City Beckley State WV Zip Code 25801

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

Name of Employer MOUNTAIN EAGLE INC Occupation BEER DISTRIBUTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.9520**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3006 STAUNTON RD.

City Huntington State WV Zip Code 25702

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9416**

Amount of Each Receipt this Period  
 250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PACITA S SALON**

Mailing Address 812 CLUB CIR.

City DANIELS State WV Zip Code 25832

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

Name of Employer SELF EMPLOYED Occupation PIANO TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.9295**

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

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

Mailing Address 411 CLUB CIR.

City DANIELS State WV Zip Code 25832

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9402**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

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

Mailing Address 8 MEADOW CREEK

City BARBOURSVILLE State WV Zip Code 25504

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

Name of Employer HIMG Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.9507**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

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

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

\_\_\_\_\_ 1800.00

\_\_\_\_\_

**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 46 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KATHERINE SHOTT**

Mailing Address 422 OAKHURST AVENUE

City State Zip Code  
BLUEFIELD WV 24701

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9407**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 101 WYNDHAM KNOB

City State Zip Code  
PARKERSBURG WV 26104

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9446**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3174 ROUTE 75

City State Zip Code  
HUNTINGTON WV 25704

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

Name of Employer Occupation  
OHIO VALLEY PHYSICIANS PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9459**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BETHANY D SMITH**

Mailing Address 3245 LAUREL DRIVE

City: BLACKSBURG State: VA Zip Code: 24060

FEC ID number of contributing federal political committee: C

Name of Employer: COASTAL ORTHODONTICS Occupation: DENTAL ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5100.00

Date of Receipt: 10 / 27 / 2014

**Transaction ID : SA11AI.9392**

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 3245 LAUREL DRIVE

City: BLACKSBURG State: VA Zip Code: 24060

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 10 / 25 / 2014

**Transaction ID : SA11AI.9385**

Amount of Each Receipt this Period: 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES STANTON M.D.**

Mailing Address 4315 MACCARKLE AVE.

City: CHARLESTON State: WV Zip Code: 25304

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 12 / 2014

**Transaction ID : SA11AI.9578**

Amount of Each Receipt this Period: 500.00

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

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

5700.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address **PO BOX 2786**

City **HUNTINGTON** State **WV** Zip Code **25727**

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

Name of Employer **CREATIVE KITCHENS, INC.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9329**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **2900 TWIN CREEK DR.**

City **LOUISVILLE** State **KY** Zip Code **40245**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.9439**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**E. LEE TAYLOR M.D.**

Mailing Address **103 CAMBRIDGE**

City **HUNTINGTON** State **WV** Zip Code **25705**

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

Name of Employer **ST. MARY'S MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : SA11AI.9405**

Amount of Each Receipt this Period  
**100.00**

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address 605 HAWTHORNE WAY

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9228**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 21 KENSINGTON LANE

City HUNTINGTON State WV Zip Code 25705

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

Name of Employer TUDORS BISCUIT WORLD Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9443**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15 NORDIC DR

City MORGANTOWN State WV Zip Code 26505

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

Name of Employer WVU HEALTHCARE Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9455**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GARY VINEYARD**

Mailing Address 114 SUMMIT RIDGE

City State Zip Code  
HURRICANE WV 25526

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

Name of Employer Occupation  
HEWLETT PACKARD IT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9449**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 35 FLORAL DR.

City State Zip Code  
WHEELING WV 26003

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9321**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 914 PINE RD.

City State Zip Code  
CHARLESTON WV 25314

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

Name of Employer Occupation  
WV CHAMBER SPECIAL PROJECTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.9220**

Amount of Each Receipt this Period  
250.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address 501 WHITAKER BLVD. W.

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer VALLEY HEALTH SYSTEMS Occupation CFO

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  
 10 / 25 / 2014

**Transaction ID : SA11AI.9384**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1615 RIDGEVIEW RD

City CHARLESTON State WV Zip Code 25314

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1483.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9309**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5 EVERGREEN DR.

City ELKVIEW State WV Zip Code 25071

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

Name of Employer CHARLESTON AREA MEDICAL CENTER Occupation ADMINISTRATOR

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  
 10 / 18 / 2014

**Transaction ID : SA11AI.9234**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DEBORAH WILLIAMS**

Mailing Address 3805 FENCHURCH RD.

City State Zip Code  
BALTIMORE MD 21218

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

Name of Employer Occupation  
GENENTECH HEALTH ECONOMIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9480**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 805 OVERLOOK DR.

City State Zip Code  
BECKLEY WV 25801

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9345**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 21 N DAVIS ST.

City State Zip Code  
KEYSER WV 26726

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.9460**

Amount of Each Receipt this Period  
250.00

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

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

1050.00

79104.81

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

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

FOR LINE NUMBER: PAGE 53 OF 92  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WEST VIRGINIA GOP**

Mailing Address **PO BOX 2711**

City **CHARLESTON** State **WV** Zip Code **25330**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11B.9424**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

2500.00

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

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

FOR LINE NUMBER: PAGE 54 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

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 Y  
11 / 21 / 2014

**Transaction ID : SA11C.9571**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**ALPHA NATURAL RESOURCES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1301 PENNSYLVANIA AVE., NW  
SUITE 404

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00348524

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 Y  
10 / 29 / 2014

**Transaction ID : SA11C.9425**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

Mailing Address 7575 E FULTON ROAD  
ATTN: SCOTT SMOES 56-3S

City ADA State MI Zip Code 49355

FEC ID number of contributing federal political committee. **C** C00034884

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11C.9442**

Amount of Each Receipt this Period  
1000.00

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

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

11000.00

**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 92
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 21 / 2014

**Transaction ID : SA11C.9573**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.9501**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)**

Mailing Address PO BOX 5306

City POLAND State OH Zip Code 44514

FEC ID number of contributing federal political committee. **C** C00545079

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11C.9412**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 56 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City Charleston State WV Zip Code 25339

FEC ID number of contributing federal political committee. **C** C00539825

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11C.9347**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 2470 DANIELL'S BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00492819

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : SA11C.9572**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CMR POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11C.9350**

Amount of Each Receipt this Period  
 2000.00

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

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

5000.00

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address **P.O. BOX 75000, C/O PAC SERVICES**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00393173**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11C.9462**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address **PO BOX 6545**

City **VISALIA** State **CA** Zip Code **93290**

FEC ID number of contributing federal political committee. **C C00370056**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.9372**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address **2470 DANIELLS BR RD STE 121**

City **ATHENS** State **GA** Zip Code **30606**

FEC ID number of contributing federal political committee. **C C00541078**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.9502**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 58 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE**

Mailing Address **PO BOX 2485**

City State Zip Code  
**SPRINGFIELD VA 22152**

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

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

**Transaction ID : SA11C.9495**

Amount of Each Receipt this Period  
**2500.00**

B. Full Name (Last, First, Middle Initial)  
**FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**

Mailing Address **550 E. WALNUT ST**

City State Zip Code  
**COLUMBUS OH 43215**

FEC ID number of contributing federal political committee. **C C00290502**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 25 2014**

**Transaction ID : SA11C.9370**

Amount of Each Receipt this Period  
**500.00**

C. Full Name (Last, First, Middle Initial)  
**FIGHTIN' NINTH POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 71596**

City State Zip Code  
**RICHMOND VA 23255**

FEC ID number of contributing federal political committee. **C C00520841**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 28 2014**

**Transaction ID : SA11C.9417**

Amount of Each Receipt this Period  
**2600.00**

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

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

**5600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM AND SECURITY PAC**

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

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11C.9359**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF BILL POSEY**

Mailing Address P. O. BOX 411486

City State Zip Code  
MELBOURNE FL 32941

FEC ID number of contributing federal political committee. **C** C00444968

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11C.9461**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FUND FOR AMERICAN OPPORTUNITY**

Mailing Address PO BOX 65796

City State Zip Code  
WASHINGTON DC 20035

FEC ID number of contributing federal political committee. **C** C00336297

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11C.9415**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address 101 EAST STATE STREET

City KENNETT SQUARE State PA Zip Code 19348

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11C.9582**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO BOX 3404

City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C C00409185**

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 Y Y  
 10 / 28 / 2014

**Transaction ID : SA11C.9413**

Amount of Each Receipt this Period  
 3000.00

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

Mailing Address 333 NORTH SUMMIT STREET  
16TH FLOOR

City TOLEDO State OH Zip Code 43604

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.9371**

Amount of Each Receipt this Period  
 500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>HUCK PAC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 2008		<b>Transaction ID : SA11C.9466</b>
City LITTLE ROCK	State AR	Zip Code 72203
FEC ID number of contributing federal political committee. <b>C</b> C00448373	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>HUCK PAC</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 2008		<b>Transaction ID : SA11C.9496</b>
City LITTLE ROCK	State AR	Zip Code 72203
FEC ID number of contributing federal political committee. <b>C</b> C00448373	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>HUNTINGTON BANCSHARES INC. POLITICAL ACTION COMMITTEE (HBI-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 41 S. HIGH ST		<b>Transaction ID : SA11C.9365</b>
City COLUMBUS	State OH	Zip Code 43287
FEC ID number of contributing federal political committee. <b>C</b> C00165589	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 62 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 12 2014**

**Transaction ID : SA11C.9580**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 12 2014**

**Transaction ID : SA11C.9581**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 21 2014**

**Transaction ID : SA11C.9569**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address **610 S BOULEVARD**

City **TAMPA** State **FL** Zip Code **33606**

FEC ID number of contributing federal political committee. **C C00542431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11C.9230**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

\_\_\_\_\_

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

Mailing Address **PO BOX 447**

City **CASSVILLE** State **GA** Zip Code **30123**

FEC ID number of contributing federal political committee. **C C00543892**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11C.9464**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

\_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address **P.O. BOX 917**

City **SHELBYVILLE** State **IN** Zip Code **46176**

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11C.9301**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

\_\_\_\_\_

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

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

\_\_\_\_\_

**6500.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LUMMIS FOR CONGRESS**

Mailing Address **PO BOX 52188**

City **CASPER** State **WY** Zip Code **82609**

FEC ID number of contributing federal political committee. **C C00443580**

Name of Employer Occupation

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  
**10 / 21 / 2014**

**Transaction ID : SA11C.9317**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MORE CONSERVATIVES PAC (MCPAC)**

Mailing Address **228 S WASHINGTON ST STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11C.9231**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ACTION COMMITTEE (NACPAC)**

Mailing Address **3389 SHERIDAN ST.  
#424**

City **HOLLYWOOD** State **FL** Zip Code **33021**

FEC ID number of contributing federal political committee. **C C00147983**

Name of Employer Occupation

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  
**10 / 31 / 2014**

**Transaction ID : SA11C.9463**

Amount of Each Receipt this Period  
**500.00**

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

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

**3000.00**

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL CAMPAIGN**

Mailing Address 1201 N ORANGE ST.  
STE. 700 #7427

City WILMINGTON State DE Zip Code 19801

FEC ID number of contributing federal political committee. **C** C00563759

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11C.9419**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL PRO-LIFE ALLIANCE PAC**

Mailing Address 4521 WINDSOR ARMS CT.

City ANNANDALE State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11C.9356**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address ONE NATIONWIDE PLAZA  
1-32-301

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.9367**

Amount of Each Receipt this Period  
1000.00

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

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

3250.00

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NEW ALBANY PAC, THE**

Mailing Address **550 EAST WALNUT STREET**

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00382432**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.9374**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

Mailing Address **P.O. BOX 7480**

City **VISALIA** State **CA** Zip Code **93290**

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.9366**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**OHIO COAL ASSOCIATION PAC**

Mailing Address **17 S. HIGH ST.**

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00381277**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.9364**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 3500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City State Zip Code  
SUGAR LAND TX 77496

FEC ID number of contributing federal political committee. **C** C00437913

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : SA11C.9574**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 1053

City State Zip Code  
BLOOMINGTON IN 47402

FEC ID number of contributing federal political committee. **C** C00551853

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11C.9358**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG**

Mailing Address PO BOX 984

City State Zip Code  
WILLOWS CA 95988

FEC ID number of contributing federal political committee. **C** C00454074

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.9493**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PATRIOTS IN ACTION**

Mailing Address 1005 CONGRESS AVE STE 910

City State Zip Code  
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C** C00531590

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : SA11C.9508**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)**

Mailing Address 7804 EVENING LANE

City State Zip Code  
ALEXANDRIA VA 22306

FEC ID number of contributing federal political committee. **C** C00363770

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  
10 / 23 / 2014

**Transaction ID : SA11C.9330**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00325357

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  
10 / 23 / 2014

**Transaction ID : SA11C.9357**

Amount of Each Receipt this Period  
4000.00

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

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

9500.00

**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 69 OF 92
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

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

City WASHINGTON State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 21 / 2014

**Transaction ID : SA11C.9570**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11C.9221**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY**

Mailing Address 518 EAST BROAD STREET

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00430884

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11C.9363**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City State Zip Code  
COLUMBUS OH 43220

FEC ID number of contributing federal political committee. **C** C00441352

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
765.72

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11C.9583**

Amount of Each Receipt this Period  
765.72

IN-KIND: EVENT CATERING

**B.** Full Name (Last, First, Middle Initial)  
**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC**

Mailing Address 228 S WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11C.9380**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00503151

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11C.9468**

Amount of Each Receipt this Period  
1000.00

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

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

3765.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VSS&P FEDPAC**

Mailing Address **52 E. GAY STREET**  
**P.O. BOX 1008**

City **COLUMBUS** State **OH** Zip Code **43216**

FEC ID number of contributing federal political committee. **C C00220764**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.9379**

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

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

Mailing Address **C/O 8001 IRVINE CENTER DRIVE, #400**

City **IRVINE** State **CA** Zip Code **92618**

FEC ID number of contributing federal political committee. **C C00546853**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11C.9300**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**WESTFIELD FEDERAL EMPLOYEE POLITICAL ACTION COMMITTEE OF OHIO FARMERS INSURANCE COMPANY**

Mailing Address **ONE PARK CIRCLE**  
**P.O. BOX 5001**

City **WESTFIELD CENTER** State **OH** Zip Code **44251**

FEC ID number of contributing federal political committee. **C C00376863**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.9362**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 3250.00

\_\_\_\_\_

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

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

Mailing Address **1 RED ROCK RD.**

City **BUCKHANNON** State **WV** Zip Code **26201**

FEC ID number of contributing federal political committee. **C C00380956**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3650.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 18 / 2014**

**Transaction ID : SA11C.9219**

Amount of Each Receipt this Period  
**650.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**650.00**

**92015.72**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 92		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1701 JOHN F KENNEDY BLVD		Amount of Each Disbursement this Period 232.39 <b>Transaction ID : SB17.9524</b>
City PHILADELPHIA State PA Zip Code 19103	Purpose of Disbursement INTERNET Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THOMAS DEWITT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 3146 DAHLIA WAY		Amount of Each Disbursement this Period 1966.03 <b>Transaction ID : SB17.9565</b>
City NAPLES State FL Zip Code 34105	Purpose of Disbursement IN-KIND: EVENT CATERING Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DMM MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3299 K ST NW #200		Amount of Each Disbursement this Period 84887.00 <b>Transaction ID : SB17.9537</b>
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement MEDIA BUY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87085.42
<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 74 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.9395</b>
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 517 9TH STREET		Amount of Each Disbursement this Period 112.50 <b>Transaction ID : SB17.9559</b>
City HUNTINGTON	State WV	
Zip Code 25701	Purpose of Disbursement BANK FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.9542</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement ADVERTISING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4862.50
<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 75 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DANIEL J MCGRAW M.D.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5227 GLENBROOK DR.		Amount of Each Disbursement this Period 1033.78 <b>Transaction ID : SB17.9567</b>
City VIENNA State WV Zip Code 26105	Purpose of Disbursement IN-KIND: EVENT CATERING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BENJAMIN W NAPIER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 3915 BENTON ST. NW		Amount of Each Disbursement this Period 370.91 <b>Transaction ID : SB17.9517</b>
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement SEE MEMO ENTRY	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 310.91 <b>Transaction ID : SB17.9518</b> <b>[MEMO ITEM]</b>
City State Zip Code	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1404.69
<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 76 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PASQUALE'S</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>	
Mailing Address <b>224 HARPER PARK DR</b>			Amount of Each Disbursement this Period <b>250.80</b>	
City <b>BECKLEY</b>	State <b>WV</b>	Zip Code <b>25801</b>	Transaction ID : <b>SB17.9532</b>	
Purpose of Disbursement <b>MEETING EXPENSE</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PULLMAN PLAZA HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>	
Mailing Address <b>1001 3RD AVE</b>			Amount of Each Disbursement this Period <b>1230.57</b>	
City <b>HUNTINGTON</b>	State <b>WV</b>	Zip Code <b>25701</b>	Transaction ID : <b>SB17.9551</b>	
Purpose of Disbursement <b>LODGING</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SISTERS CAFE AND CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>	
Mailing Address <b>605 MIDWAY STREET</b>			Amount of Each Disbursement this Period <b>232.60</b>	
City <b>PRINCETON</b>	State <b>WV</b>	Zip Code <b>24740</b>	Transaction ID : <b>SB17.9394</b>	
Purpose of Disbursement <b>EVENT CATERING</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1713.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STIVERS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 4679 WINTERSET DRIVE		Amount of Each Disbursement this Period 765.72
City COLUMBUS	State OH Zip Code 43220	
Purpose of Disbursement IN-KIND: EVENT CATERING		Transaction ID : SB17.9584
Candidate Name STEVE STIVERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: OH District: 15		

Full Name (Last, First, Middle Initial) <b>B. STRATEGIC MEDIA SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3299 K ST NW #200		Amount of Each Disbursement this Period 145540.00
City WASHINGTON	State DC Zip Code 20007	
Purpose of Disbursement MEDIA BUY		Transaction ID : SB17.9530
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STRATEGIC MEDIA SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3299 K ST NW #200		Amount of Each Disbursement this Period 43220.00
City WASHINGTON	State DC Zip Code 20007	
Purpose of Disbursement MEDIA BUY		Transaction ID : SB17.9544
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189525.72
<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 78 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 25.94
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.9523</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 40.10
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.9525</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 83.86
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.9527</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.90
<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 79 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 18.68 <b>Transaction ID : SB17.9529</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 10.08 <b>Transaction ID : SB17.9531</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 175.32 <b>Transaction ID : SB17.9533</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	204.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 79.30
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 295.42
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 222.78
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	597.50
<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 81 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 15.27
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.9538</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 97.32
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.9540</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 331.01
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.9541</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	443.60
<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 82 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 411.00 <b>Transaction ID : SB17.9543</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 211.86 <b>Transaction ID : SB17.9545</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 248.48 <b>Transaction ID : SB17.9546</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	871.34
<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 83 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 59.85 <b>Transaction ID : SB17.9550</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE TARRANCE GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 201 N UNION STE 410		Amount of Each Disbursement this Period 9475.00 <b>Transaction ID : SB17.9396</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLLING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THEODORE COMPANY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 8616 BUCKBOARD DR		Amount of Each Disbursement this Period 13367.95 <b>Transaction ID : SB17.9397</b>
City ALEXANDIRA	State VA	
Zip Code 22308	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22902.80
<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 84 OF 92		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 58.55 <b>Transaction ID : SB17.9552</b>
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.55
<b>TOTAL</b> This Period (last page this line number only).....	309820.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 92	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ICE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address PO BOX 752		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB20C.9318</b>
City LONG LAKE	State MN	
Zip Code 55356	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type <b>010</b>
Candidate Name <b>ICE PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>

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

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>IMGE LLC</b>		Nature of Debt (Purpose): <b>MEDIA CONSULTING</b>
Mailing Address <b>603 KING STREET 4TH FLOOR</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b> Zip Code <b>22314</b>	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD9.8</b>	
Amount Incurred This Period <input type="text" value="5297.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5297.00"/>

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"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <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"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="5297.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="5297.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5297.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**EVAN H JENKINS**

Nature of Debt (Purpose):  
TRAVEL EXPENSES, MEETING EXPENSES, OFFICE SUPPLIES, PRINTING, POSTAGE

Mailing Address 121 OAK LANE

City State Zip Code  
HUNTINGTON WV 25701

Outstanding Balance Beginning This Period

5045.46

Transaction ID : SD10.1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5045.46

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

Nature of Debt (Purpose):  
STRATEGY CONSULTING

Mailing Address 1425 P ST NW #406

City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.2

Amount Incurred This Period

50000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**BULLDOG CREATIVE**

Nature of Debt (Purpose):  
PRINTING

Mailing Address 400 COMMERCE AVE

City State Zip Code  
HUNTINGTON WV 25701

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.3

Amount Incurred This Period

6592.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

6592.68

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

61638.14

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

NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COMCAST</b>	Nature of Debt (Purpose): <b>INTERNET</b>
Mailing Address <b>1701 JOHN F KENNEDY BLVD</b>	
City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19103</b>	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4</b>	
Amount Incurred This Period <input type="text" value="27.72"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="27.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CONQUEST COMMUNICATIONS</b>	Nature of Debt (Purpose): <b>COMMUNICATIONS CONSULTING</b>
Mailing Address <b>2812 EMERYWOOD PKWY</b>	
City <b>RICHMOND</b> State <b>VA</b> Zip Code <b>23294</b>	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.5</b>	
Amount Incurred This Period <input type="text" value="1633.08"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1633.08"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FRONTIER COMMUNICATIONS</b>	Nature of Debt (Purpose): <b>TELEPHONE</b>
Mailing Address <b>3 HIGH RIDGE PARK</b>	
City <b>STAMFORD</b> State <b>CT</b> Zip Code <b>06905</b>	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.6</b>	
Amount Incurred This Period <input type="text" value="45.57"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.57"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1706.37"/>
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 89 OF 92
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HARPER POLLING</b>	Nature of Debt (Purpose): POLLING
Mailing Address 121 STATE ST	
City State Zip Code HARRISBURG PA 17101	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7</b>	
Amount Incurred This Period 4091.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4091.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>JUSTIN ZINK</b>	Nature of Debt (Purpose): FIELD CONSULTING
Mailing Address 1415 4TH AVE APT 338	
City State Zip Code HUNTINGTON WV 25701	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9</b>	
Amount Incurred This Period 7500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KAP STRATEGIES</b>	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 229 EVANS LANE	
City State Zip Code ALEXANDRIA VA 22305	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.10</b>	
Amount Incurred This Period 913.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 913.40

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	12504.40
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 90 OF 92
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MARK BLANKENSHIP ENTERPRISES</b>	Nature of Debt (Purpose): RESEARCH CONSULTING
Mailing Address 723 KANAWHA BLVD EAST STE 800	
City State Zip Code CHARLESTON WV 25301	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.11</b>	
Amount Incurred This Period 1590.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1590.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MAYFAIR STREET LLC</b>	Nature of Debt (Purpose): FIELD CONSULTING
Mailing Address 3101 N HAMPTON DRIVE UNIT 404	
City State Zip Code ALEXANDRIA VA 22302	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.12</b>	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MICHAEL CHIRICO</b>	Nature of Debt (Purpose): MILEAGE
Mailing Address 32 WOODLAND DRIVE	
City State Zip Code HUNTINGTON WV 25705	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.13</b>	
Amount Incurred This Period 677.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 677.40

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	12267.40
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**

NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC ADVANCE SERVICES LLC</b>	Nature of Debt (Purpose): TRAVEL EXPENSE
Mailing Address 611 PENNSYLVANIA AVE SE #267	
City State Zip Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.14</b>	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE REGISTER-HERALD</b>	Nature of Debt (Purpose): SUBSCRIPTION
Mailing Address 801 N KANAWHA STREET	
City State Zip Code BECKLEY WV 25801	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15</b>	
Amount Incurred This Period 7.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THEODORE COMPANY LLC</b>	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 8616 BUCKBOARD DR	
City State Zip Code ALEXANDIRA VA 22308	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.16</b>	
Amount Incurred This Period 1183.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 1183.75

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3691.58
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)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**WEST VIRGINIA STATE MEDICAL ASSOCIATION**

Mailing Address PO BOX 4106

City State Zip Code  
 CHARLESTON WV 25364

Nature of Debt (Purpose):  
 GOTV WALKERS

Outstanding Balance Beginning This Period **Transaction ID : SD10.17**

0.00

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

5615.44 0.00 5615.44

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5615.44
2) <b>TOTALS</b> This Period (last page this line number only) .....	97423.33
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	97423.33