

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <i>CHARLIS KAUFFMAN</i>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) check if different than previously reported <i>10660 PAIRSE LN</i>		
(c) City, State and ZIP Code <i>HADOVER, MN 55341</i>		
2. Occupation and Name of Employer (for Individual Filers Only) <i>V.P. K MANUFACTURING INC.</i>		

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report  July 15 Quarterly Report  24-Hour Report   
 October 15 Quarterly Report  48-Hour Report   
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on \_\_\_\_\_

5. COVERING PERIOD:  
 FROM *09 01 2014*  
 THROUGH *10 15 2014*

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES ..... *2,00000*

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<i>CHARLIS KAUFFMAN</i>	<i>Ch Kauf</i>	<i>10/1/14</i>

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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SCHEDULE 5-A  
ITEMIZED RECEIPTS

PAGE OF

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 FILER (In Full)

A. 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

Date of Receipt

Amount of Each Receipt this Period

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

Date of Receipt

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

Date of Receipt

Amount of Each Receipt this Period

D. 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

Date of Receipt

Amount of Each Receipt this Period

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

TOTAL This Period (last page carry total to Line 6).....▶

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SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**CHRISTOPHER MARK KAUFFMAN**

Full Name (Last, First, Middle Initial) of Payee <b>KAUFFMAN CHRISTOPHER M.</b>	Date of Public Distribution/Dissemination <b>09 29 2014</b>
Mailing Address <b>10660 PRADISE LN</b>	Amount <b>2,000.00</b>
City State Zip Code <b>HANOVER MN 55341</b>	

Purpose of Expenditure <b>BIR BOARD</b>	Category/Type	Office Sought: House State: <b>MN</b> Senate District: <b>6th</b> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>AL FRANKEN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: House State: _____ Senate District: _____ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: House State: _____ Senate District: _____ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>2,000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>2,000.00</b>

FROM: HND: 40-11

