PAGE 1 / 12

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

| FURIVI 3 | For An A | uthorized Com | mittee | Off | ce Use Only |
|--|-----------------------|-----------------------|--|--|--|
| 1. NAME OF COMMITTEE (in full) | TYPE OR PRINT | • | cample: If typing, typer the lines. | ype 12FE4M5 | |
| Jacob Turk for Cong | ress 2014 | | | | |
| | | | | | |
| | | | | | |
| ADDRESS (number and street) | 417 SE Annette | Street | | | |
| Chapte if different | | | | | |
| Check if different than previously reported. (ACC) | Lees Summit | | | MO 640 | 063 |
| 2. FEC IDENTIFICATION | NUMBER ▼ | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| C C00563668 | | 3. IS THIS REPORT | NEW (N) C | AMENDED (A) | STATE ▼ DISTRICT MO 05 105 |
| (a) Quarterly Reports: April 15 Quarter | rly Report (Q1) | (b) 12-Day PRE | E-Election Report for Primary (12P) Convention (12C) | General (12G) | Runoff (12R) |
| July 15 Quarter October 15 Qua | arterly Report (Q3) | Election on | M 08 / D | 07 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | in the MO State of |
| January 31 Yea | r-End Report (YE) | (c) 30-Day POS | T-Election Report | for the: | |
| | | | General (30G) | Runoff (30R) | Special (30S) |
| Termination Rep | port (TER) | 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 Y 2018 | through | M M / D D / Y | Y Y Y 2018 |
| certify that I have examined | Turk, Donna, , | | nowledge and belie | of it is true, correct and co | mplete. |
| | Turk, Donna, , , | | [Electronically Filed | Date | 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false, er | roneous or incomplet | e information may | subject the person | signing this Report to the n | enalties of 52 IISC 82010 |
| Office Use | Torrous, or moomplett | o information may | Subject the person | | FEC FORM 3 (Revised 05/2016) |

SUMMARY PAGE

01

2018

of Receipts and Disbursements FEC Form 3 (Revised 05/2016)

PAGE 2 / 12

2018

07

18

Write or Type Committee Name Jacob Turk for Congress 2014

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 4741.00 24883.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 25.00 (from Line 20(d)) (c) Net Contributions (other than loans) 4741.00 24858.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 1444.40 16752.08 (from Line 17) (b) Total Offsets to Operating 205.87 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 16546.21 1444.40 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 2846.45 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 926.97 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 12

Write or Type Committee Name

Jacob Turk for Congress 2014

07 07 01 2018 18 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 1300.00 19395.00 (i) Itemized (use Schedule A)..... 5488.00 3441.00 (ii) Unitemized (iii) TOTAL of contributions 4741.00 24883.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 4741.00 24883.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 926.97 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 926.97 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 205.87 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 4741.00 26015.84 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 12

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|-----|---|-------------------------------|---------------------------------|
| 17. | OPERATING EXPENDITURES | 1444.40 | 16752.08 |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. | LOAN REPAYMENTS: | | |
| | (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 0.00 |
| | (b) Of All Other Loans | 0.00 | 0.00 |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 0.00 |
| 20. | REFUNDS OF CONTRIBUTIONS TO: | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 25.00 |
| | | 0.00 | 0.00 |
| | (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 25.00 |
| 1. | OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 2. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 1444.40 | 16777.08 |
| | III. CASH SU | JMMARY | |
| 3. | CASH ON HAND AT BEGINNING OF REPO | RTING PERIOD | - 450.15 |
| 4 | TOTAL RECEIPTS THIS PERIOD (from Line | 16, page 3) | 4741.00 |
| 5. | SUBTOTAL (add Line 23 and Line 24) | | 4290.85 |
| 6. | TOTAL DISBURSEMENTS THIS PERIOD (fro | om Line 22) | 1444.40 |
| 7. | CASH ON HAND AT CLOSE OF REPORTIN | G PERIOD | 2846.45 |

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ≠ H9 A = N5 H= CB

Form/Schedule: F3A Transaction ID:

In response to the RFAI dated May 12, 2019 we are filing this amended report so the befginning and ending balnaces of each report match. The discrepancy was causded by our audting of the campaign finances in anticipation of clsoing this committee. As we have gone through the reports of this election year we have been preparing amended reports using FECfile. We did not realize the unfiled amended reports would impact the balances of the reports we were filing for the post general and beyond reports. We are now in the process of filing the amended reports for 2018 to fix the discrepancy. We apologize for any confusion this may have caused. The original reason for the the Pre-Primary amended filing is some small expenses and receipts were incorrectly entered in the data entry for the original report.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

| F | OR | LINE | NU | MBER: | PAGE | U | OF | 12 | |
|----|-----|---------|----|-------|------|----|----|--------|--|
| (0 | che | ck only | or | ne) | | | | | |
| | X | 11a | | 11b | 11c | 11 | d | | |
| | | 12 | | 13a | 13h | 14 | L | 15 | |

ITEMIZED RECEIPTS **Detailed Summary Page** 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) Jacob Turk for Congress 2014 Full Name (Last, First, Middle Initial) Greenspan, Peter, , , Date of Receipt Mailing Address 3661 NW Winding Woods Dr 03 City State Zip Code Transaction ID: SA11AI.5339 MO 64064 Lees Summit FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 300.00 Name of Employer Occupation Physician Self Memo Item Receipt For: 2018 Election Cycle-to-Date Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) Hodgdon, Bob, , , Date of Receipt Mailing Address 21405 W 73rd Terr 2018 07 05 City State Zip Code Transaction ID: SA11AI.5348 Shawnee KS 66218 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation owner Hodgdon Powder Memo Item Receipt For: 2018 Election Cycle-to-Date **✗** Primary General 1000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... 1300.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 7 12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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) Jacob Turk for Congress 2014 Full Name (Last, First, Middle Initial) Date of Disbursement A. Square Space 2018 Mailing Address 459 Broadway City State Zip Code FEC Identification Number NY New York 10013 Purpose of Disbursement Website hosting C00563668 001 Candidate Name Amount of Each Disbursement this Period Category/ Jacob Turk for Congress 2014 Type Office Sought: House Disbursement For: 2018 5.00 Senate Primary General Transaction ID: SB17.5424 Other (specify) President Memo Item MO State: District: Full Name (Last, First, Middle Initial) Turk, Jacob, , , Date of Disbursement Mailing Address 417 SE Annette Street 01 2018 City State Zip Code **FEC Identification Number** MO Lees Summit 64063 Purpose of Disbursement C00563668 Mileage reimbursement through 6/30 002 Candidate Name Amount of Each Disbursement this Period Category/ Jacob Turk for Congress 2014 Type 1044.76 Office Sought: Disbursement For: House 2018 Senate Primary General Transaction ID: SB17.5422 Other (specify) President Memo Item State: MO District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1049.76 TOTAL This Period (last page this line number only)..... 1049.76

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

FOR LINE NUMBER: (check only one)

PAGE

8

13a 13b

| | | | | Detailed Summary | raye | | 13b |
|---|-------------------------|--------------------|---------------|----------------------------|---------------|------------------------|------------|
| NAME OF COMMITTEE (In Full) Jacob Turk for Congres | | | | Trai | nsaction ID : | SC/10.5048 | · |
| | | | | | | | |
| LOAN SOURCE Full Name | (Last, First, Mic | ddle Initial) | | ☐ Memo I | | n: 2018 | |
| Turk, Jacob, , , | | | | | 1 | mary neral | |
| Mailing Address 417 SE Annette Street | | | | | | ner (specify) ▼ | |
| 417 SE Annette Street | | | | | | (- | |
| City | | State | ZIP Code | 9 | V D | aroonal Funda of the (| Sandidata |
| Lees Summit | | MO | 64063 | | X Pe | ersonal Funds of the (| zandidate |
| Original Amount of Loan | | Cumulative Pay | yment To D | ate | | tanding at Close of T | his Period |
| | 200.00 | | | 0.00 | | | .00 |
| 7 7 | | 7 | | | | 1 | |
| TERMS Date Incurred | ı | | ate Due | Interest (If none, | | Secured | : |
| M03M / D31D / Y | ž017 ^Y | M M / D D | / Y 8/7 | 7/2018 ^Y | 0.00 | % (apr) Yes | x No |
| List All Endorsers or Guar | antors (if any) t | o Loan Source | | | | | |
| 1. Full Name (Last, First, M | fiddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | - 1 | Occupation | | | |
| | | | - | Amount | | | _ |
| City | State | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | |
| 2. Full Name (Last, First, M | iddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | (| Occupation | | | |
| | | | | Amount | | | _ |
| City | State | ZIP Code | | Guaranteed Outstanding: | 7 | , | |
| 3. Full Name (Last, First, M | iddle Initial) | | 1 | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | _ |
| City | State | ZIP Code | | Guaranteed Outstanding: | , | | |
| 4. Full Name (Last, First, M | iddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | _ |
| City | State | ZIP Code | | Guaranteed Outstanding: | 7 | , | |
| | | 1 | <u> </u> | | | | |
| SUBTOTALS This Period This | Page (optional) | | | ······ | | 200 | .00 |
| TOTALS This Period (last page | in this line only | Λ | | | - | | |
| TOTALS THIS FEHOU (last page | , iii iiiio iiiie Ofii) | () | | ····· | | 7 | |
| Carry outstanding balance onl | y to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward to a | ppropriate line of Su | mmary. |

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

FOR LINE NUMBER: (check only one)

PAGE

9

X 13a

| | | | | , 191 | 13b |
|---|-------------------|--------------|--------------------------|---|----------|
| NAME OF COMMITTEE (In Full) Jacob Turk for Congress 2014 | | | Tra | ansaction ID : SC/10.5067 | |
| LOAN SOURCE Full Name (Last, First, Mic | Idle Initial) | | | Item Election: 2018 | |
| Turk, Jacob, , , | idie iliitalj | | Memo | Trimary General | |
| Mailing Address 417 SE Annette Street | | | | Other (specify) ▼ | |
| City | State | ZIP Code | ; | Personal Funds of the C | andidate |
| Lees Summit | МО | 64063 | | To occurate a made of the oc | |
| Original Amount of Loan | Cumulative Pay | yment To D | | Balance Outstanding at Close of Th | |
| 220.00 | | , , | 0.00 | 220 | .00 |
| TERMS Date Incurred | D | ate Due | Interest (If none, | , enter 0) | |
| M06M / D30D / Y Z017 Y | M M / D D | / Y 8/7 | 7/2018 ^Y | 0.00 % (apr) Yes | x No |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | 1 | Amount | | _ |
| City State | ZIP Code | | Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | ' | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | | Amount | | _ |
| City | ZIP Code | | Guaranteed Outstanding: | y y y | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | | Amount | | _ |
| City | ZIP Code | | Guaranteed Outstanding: | y y x | |
| 4. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | | Amount | | |
| City | ZIP Code | (| Guaranteed Outstanding: | 7 | |
| SUBTOTALS This Period This Page (optional). | | | ······ | 220 | 00 |
| TOTALS This Period (last page in this line only | /) | | ····· | 7 7 | |
| Carry outstanding balance only to LINE 3. Sch | nedule D for this | s line If no | Schedule D. carry | y forward to appropriate line of Su | mmary |

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Substotals This Period This Page (optional) Name of Employer | | | | Detailed S | Summary Pa | age | | 13b |
|--|--|--------------------|---------------|--------------------|--------------|-----------------------------|---------------|-------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Turk, Jacob, , , Mailing Address 417 SE Annete Street City Lees Summit Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric (in rone, enter o) (| · · · | | | | Transa | action ID : SC/10.5080 | | |
| Turk, Jacob, , , Mailing Address Arnoste Street | Jacob Turk for Congress 2014 | | | | | | | |
| Mailing Address A17 SE Annette Street City Less Summit Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric 180.00 TERMS Date Incurred 180.00 Date Due Interest Rate (if nons, enter 0) 180.00 TERMS Date Incurred 180.00 TERMS Date Incurred 180.00 TERMS Date Incurred Date Due Interest Rate (if nons, enter 0) 180.00 Yes IN List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Cocupation Amount Guaranteed Outstanding: City State ZIP Code Custanding City State ZIP Code Custanding City State ZIP Code Custanding Cocupation Amount Guaranteed Outstanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: City State ZIP Code Custanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: Cocupation Amount Guaranteed Outstanding: Amount City State ZIP Code Custanding: Cocupation Amount Custanding: Amount Custanding: Cocupation Amount Custanding: Amount Custanding: Cocupation Cocupation Custanding: Cocupation Cocupation Custanding: Cocup | | ddle Initial) | | | Memo Item | ' | | |
| City State ZIP Code Ga063 Personal Funds of the Candidate Coriginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Perick Tends of the Candidate Coriginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Perick Close of This Perick Tends of the Candidate Coriginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Perick Tends of the Candidate Coriginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Perick Tends of the Candidate Coriginal Amount of Loan Coriginal Amount | Turk, Jacob, , , | | | | | | | |
| Lees Summit MO 64063 Personal Funds of the Candidat Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric 180.00 180.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) **Mo9a** / **2017 * * * * * * * * * * * * * * * * * * * | Mailing Address 417 SE Annette Street | | | | | Other (specify) ▼ | | |
| City State ZIP Code Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: | City | State | ZIP Code |) | | | | |
| TERMS Date Incurred Date Due Interest Rate (If none, enter 0) MogN | Lees Summit | MO | 64063 | | | Personal Funds of t | ne Cano | |
| TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured: (If none, enter 0) Secured: (If none, enter 0) V 8/7/2018 V Date Due Interest Rate (If none, enter 0) Secured: (If none, enter 0) V 8/7/2018 V Name of Employer List All Endorsers or Guarantors (If any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Display State ZIP Code Outstanding: | Original Amount of Loan | Cumulative Pag | yment To D | ate | Bal | lance Outstanding at Close | of This I | Period |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Name of Employer | 180.00 | | | 0.00 | | 2 2 | 180.00 | _ |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 180.00 TOTALS This Period (last page in this line only) | TERMS Date Incurred | C | Date Due | | | | ıred: | |
| 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: | M09 ^M / D30 ^D / Y Z017 Y | M M / D D | / Y 8/7 | /2018 ^Y | (| | Yes x | ∢ No |
| Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Gity State ZIP Code Guaranteed Outstanding: 180,00 FOTALS This Period (last page in this line only) | List All Endorsers or Guarantors (if any) | to Loan Source | | | | | | |
| City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Substotals This Period This Page (optional) TOTALS This Period (last page in this line only) | 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Emp | ployer | | | |
| City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: | Mailing Address | | (| Occupation | | | | |
| 2. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: | | | | | | | 一 | |
| Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mame of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) POTALS This Period (last page in this line only) | City State | ZIP Code | | | | y | | |
| City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) | 2. Full Name (Last, First, Middle Initial) | | 1 | Name of Emp | ployer | | | |
| City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) | Mailing Address | | (| Occupation | | | | |
| City State ZIP Code Outstanding: Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) Page (optional) 180.00 | | | | | | | $\overline{}$ | |
| Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) | City | ZIP Code | | | | 7 7 | | |
| City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) | 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Emp | ployer | | | |
| City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional) 180.00 | Mailing Address | | (| Occupation | | | | |
| Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) | | | | | | | $\overline{}$ | |
| Mailing Address Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 180.00 TOTALS This Period (last page in this line only) | City | ZIP Code | | | | 7 7 7 | | |
| City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 180.00 | 4. Full Name (Last, First, Middle Initial) | • | 1 | Name of Emp | ployer | | | |
| City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 180.00 TOTALS This Period (last page in this line only) | Mailing Address | | (| Occupation | | | | |
| Outstanding: SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) | | | - | | | | | |
| FOTALS This Period (last page in this line only) | City | ZIP Code | | | | 7 7 | | |
| FOTALS This Period (last page in this line only) | · | · | · | | | | | |
| | SUBTOTALS This Period This Page (optional) | | | | ▶ | 7 | 180.00 | |
| Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary | TOTALS This Period (last page in this line onl | y) | | | ▶ | 7 7 | | |
| | Carry outstanding balance only to LINE 3. Sc | hedule D. for this | s line. If no | Schedule I | D, carry for | rward to appropriate line o | f Summ | narv. |

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

FOR LINE NUMBER: (check only one)

PAGE 11

13a

OF

| | | 100 |
|---|--------------------|---|
| NAME OF COMMITTEE (In Full) Jacob Turk for Congress 2014 | | Transaction ID : SC/10.5089 |
| | 4. 1 11 1 17 | |
| LOAN SOURCE Full Name (Last, First, Mark, Jacob, , , | liddie initial) | ☐ Memo Item |
| Mailing Address 417 SE Annette Street | | General Other (specify) ▼ |
| City | State | ZIP Code |
| Lees Summit | МО | 64063 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| 56.97 | ļ, | 0.00 56.97 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M12M / D30D / Y Ž01Ť Y | M M / D D | 0.00 |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | · | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| SUPTOTALS This Period This Page (entioned | 1 | |
| SUBTOTALS This Period This Page (optional |) | 56.97 |
| TOTALS This Period (last page in this line or | nly) | ······································ |
| Carry outstanding balance only to LINE 3, S | chedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

PAGE 12
FOR LINE NUMBER: (check only one)

13a

| | | | Detailed Guillinary | 1 agc | | 13b |
|---|--------------------|---------------|--|-------------------|----------------------|----------|
| NAME OF COMMITTEE (In Full) | | | Tran | saction ID : SC/1 | 10.5099 | |
| Jacob Turk for Congress 2014 | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | ☐ Memo It | em Election: | 2018 | |
| Turk, Jacob, , , | | | | ★ Primary | / | |
| | | | | Genera | | |
| Mailing Address 417 SE Annette Street | | | | Other (| specify) ▼ | |
| City | State | ZIP Code | <u> </u> | | | |
| Lees Summit | МО | 64063 | | X Person | nal Funds of the Ca | andidate |
| Original Amount of Loan | Cumulative Pay | yment To D | ate | Balance Outstand | ding at Close of Thi | s Period |
| 270.00 | | | 0.00 | | 270.0 | 00 |
| TERMS Date Incurred | C | Date Due | Interest I | | Secured: | |
| M03M / D31D / Y Ž018 Y | M M / D D |) / Y 8/7 | (If none, 6 | 0.00 | | |
| | | <u> </u> | | % (| (apr) Yes | × No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | |
| Mailing Address | | (| Occupation | | | |
| | | 1 | Amount | | | _ |
| City State | ZIP Code | | Guaranteed Outstanding: | 7 | 9 | |
| 2. Full Name (Last, First, Middle Initial) | 1 | 1 | Name of Employer | | | |
| Mailing Address | | (| Occupation | | | |
| | | 1 | Amount | | | _ |
| City State | ZIP Code | | Guaranteed Outstanding: | , | , , , , | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | |
| Mailing Address | | (| Occupation | | | |
| | | | | | | |
| 011 | 710.0.1 | | Amount Guaranteed | | | 1 |
| City | ZIP Code | | Outstanding: | , | , , , | 4 |
| 4. Full Name (Last, First, Middle Initial) | ' | 1 | Name of Employer | | | |
| Mailing Address | | (| Occupation | | | |
| | | | Amount | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 9 | 9 | |
| | | l. | | | | |
| SUBTOTALS This Period This Page (optional) | | | ······································ | , | 270.0 |)0 |
| TOTALS This Period (last page in this line only | /) | | ······ | , . | 926.9 | 97 |
| Carry outstanding balance only to LINE 3, Sch | nedule D. for this | s line. If no | Schedule D. carry | forward to appre | opriate line of Sun | nmarv. |