

# 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

CITIZENS FOR JONATHAN M GOFF JR

ADDRESS (number and street)

PO BOX 493

Check if different than previously reported. (ACC)

FALLSTON

MD

21047

2. **FEC IDENTIFICATION NUMBER**

C C00557231

CITY

STATE

ZIP CODE

STATE DISTRICT

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

MD

01

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Mrs. Susana Y Goff

Signature of Treasurer Mrs. Susana Y Goff

[Electronically Filed]

Date

/  /

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

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

Write or Type Committee Name

**CITIZENS FOR JONATHAN M GOFF JR**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1745.61	1745.61
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1745.61	1745.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3573.31	3573.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3573.31	3573.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	72.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1900.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CITIZENS FOR JONATHAN M GOFF JR**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	30.00	30.00
(iii) TOTAL of contributions from individuals ▶	30.00	30.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1715.61	1715.61
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1745.61	1745.61
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1900.00	1900.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1900.00	1900.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3645.61	3645.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3573.31	3573.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3573.31	3573.31

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3645.61
25. SUBTOTAL (add Line 23 and Line 24).....	3645.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3573.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	72.30

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **11.34**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 19 / 2014**

**Transaction ID : SA11D.4166**

Amount of Each Receipt this Period  
**11.34**

In kind -.COM Domain Name Registration - 2 Years (recurring)

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **23.52**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 04 / 2014**

**Transaction ID : SA11D.4169**

Amount of Each Receipt this Period  
**12.18**

In-kind - Website Builder Personal - 1 year (recurring);  
COM Domain Name Registration - 1 Year (recu)

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **97.52**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 04 / 2014**

**Transaction ID : SA11D.4185**

Amount of Each Receipt this Period  
**74.00**

In-kind - New P.O.Box

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

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

**97.52**

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 04 / 2014
Mailing Address PO BOX 493		<b>Transaction ID : SA11D.4215</b>
City FALLSTON	State MD	Zip Code 21047
FEC ID number of contributing federal political committee. C H4MD01127	Amount of Each Receipt this Period 63.22	
Name of Employer Self-Employed	Occupation General Contractor, Landscaping	In-kind - Business cards
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 160.74	

Full Name (Last, First, Middle Initial) <b>Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2014
Mailing Address PO BOX 493		<b>Transaction ID : SA11D.4173</b>
City FALLSTON	State MD	Zip Code 21047
FEC ID number of contributing federal political committee. C H4MD01127	Amount of Each Receipt this Period 71.88	
Name of Employer Self-Employed	Occupation General Contractor, Landscaping	In-kind - Deluxe Linux Hosting with cPanel
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 232.62	

Full Name (Last, First, Middle Initial) <b>Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Mailing Address PO BOX 493		<b>Transaction ID : SA11D.4182</b>
City FALLSTON	State MD	Zip Code 21047
FEC ID number of contributing federal political committee. C H4MD01127	Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation General Contractor, Landscaping	In-kind - Ballet registration fee
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 332.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.10
<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 7 OF 22
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**417.09**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		02		2014

**Transaction ID : SA11D.4188**

Amount of Each Receipt this Period  
**84.47**

In-kind - Clear Acrylic sheet for signs

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**455.09**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		02		2014

**Transaction ID : SA11D.4191**

Amount of Each Receipt this Period  
**38.00**

In-kind - Fuel

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**505.09**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		03		2014

**Transaction ID : SA11D.4194**

Amount of Each Receipt this Period  
**50.00**

In-kind - Fuel

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

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

**172.47**

**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 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**605.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : SA11D.4176**

Amount of Each Receipt this Period  
**100.00**

In-kind - **New Bank Account**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**683.89**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : SA11D.4179**

Amount of Each Receipt this Period  
**78.80**

In-kind - **Blank Checks**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**743.89**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : SA11D.4200**

Amount of Each Receipt this Period  
**60.00**

In-kind - **Fuel**

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

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

**238.80**

**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 22
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **789.81**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : SA11D.4203**

Amount of Each Receipt this Period  
**45.92**

In-kind - Fuel

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **791.81**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11D.4206**

Amount of Each Receipt this Period  
**2.00**

In-kind - Parking

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address **PO BOX 493**

City **FALLSTON** State **MD** Zip Code **21047**

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer **Self-Employed** Occupation **General Contractor, Landscaping**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **866.82**

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

**Transaction ID : SA11D.4209**

Amount of Each Receipt this Period  
**75.01**

In-kind - Fuel

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

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

**122.93**

**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 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **961.91**

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

**Transaction ID : SA11D.4212**

Amount of Each Receipt this Period  
**95.09**

In-kind - Pamphlets

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1361.91**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11D.4162**

Amount of Each Receipt this Period  
**400.00**

In-kind - Website design, first payment

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3296.91**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11D.4221**

Amount of Each Receipt this Period  
**35.00**

In-kind - Payment for MDGOP Pathfinder training

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

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

**530.09**

**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 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3346.52**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11D.4197**

Amount of Each Receipt this Period  
**49.61**

In-kind - Fuel

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3397.58**

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

**Transaction ID : SA11D.4218**

Amount of Each Receipt this Period  
**51.06**

In-kind - Fuel

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3469.45**

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

**Transaction ID : SA11D.4224**

Amount of Each Receipt this Period  
**71.87**

In-kind - Fuel

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

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

**172.54**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3615.61**

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

**Transaction ID : SA11D.4226**

Amount of Each Receipt this Period  
**146.16**  
 In-kind - Lumber for 4"x8" signs

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**146.16**

**1715.61**

**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 22
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR JONATHAN M GOFF JR**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2961.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA13A.4101**

Amount of Each Receipt this Period  
 1600.00

Loan for political signs

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JONATHAN MARVIN JR GOFF Jr.**

Mailing Address PO BOX 493

City FALLSTON State MD Zip Code 21047

FEC ID number of contributing federal political committee. **C H4MD01127**

Name of Employer Self-Employed Occupation General Contractor, Landscaping

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3261.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA13A.4147**

Amount of Each Receipt this Period  
 300.00

Loan for Pamphlets

**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).....

1900.00

1900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 22	
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 71.88
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Deluxe Linux Hosting with cPanel	Transaction ID : SB17.4174
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 100.00
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Ballet registration fee	Transaction ID : SB17.4183
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>C. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 84.47
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Clear Acrylic sheet for signs	Transaction ID : SB17.4189
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	256.35
<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 15 OF 22	
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 38.00 <b>Transaction ID : SB17.4192</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4195</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4177</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - New Bank Account	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	188.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22			
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 78.80
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Blank Checks	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MD District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 60.00
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MD District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 45.92
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MD District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.72
<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 17 OF 22	
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 2.00 <b>Transaction ID : SB17.4207</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Parking	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 75.01 <b>Transaction ID : SB17.4210</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>C. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 95.09 <b>Transaction ID : SB17.4213</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Pamphlets	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	172.10
<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 18 OF 22			
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4163</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Website design, first payment	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.4222</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Payment for MDGOP Pathfinder training	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>C. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 49.61 <b>Transaction ID : SB17.4198</b>
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	484.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 22	
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 51.06
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Transaction ID : SB17.4219
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 71.87
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Fuel	Transaction ID : SB17.4225
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>C. Mr. JONATHAN MARVIN JR GOFF Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 146.16
City FALLSTON	State MD	
Zip Code 21047	Purpose of Disbursement In-kind - Lumber for 4"x8" signs	Transaction ID : SB17.4227
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	269.09
<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 20 OF 22	
	<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)  
**CITIZENS FOR JONATHAN M GOFF JR**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 618 Boulton Str		Amount of Each Disbursement this Period 270.30 <b>Transaction ID : SB17.4146</b>
City State Zip Code Bel Air MD 21014	Purpose of Disbursement Pamphlets 004 Category/Type	
Candidate Name <b>CITIZENS FOR JONATHAN M GOFF JR</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Speedysignsusa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 162 SW Spencer Court		Amount of Each Disbursement this Period 1587.40 <b>Transaction ID : SB17.4144</b>
City State Zip Code Lake City FL 32024	Purpose of Disbursement Political Signs 25# 4'x8', 250# 18'x24' 004 Category/Type	
Candidate Name <b>CITIZENS FOR JONATHAN M GOFF JR</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

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).....	1857.70
<b>TOTAL</b> This Period (last page this line number only).....	3412.57

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

CITIZENS FOR JONATHAN M GOFF JR

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. JONATHAN MARVIN JR GOFF Jr.

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 493

City

State

ZIP Code

FALLSTON

MD

21047

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1600.00

0.00

1600.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 18 /

Y 2014 Y

M M /

D D /

Y demand Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1600.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR JONATHAN M GOFF JR** Transaction ID : **SC/10.4147**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Mr. JONATHAN MARVIN JR GOFF Jr.**  Primary  
 Mailing Address PO BOX 493  General  
 Other (specify) ▼

City State ZIP Code  
 FALLSTON MD 21047

Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
-----------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 03 / D 19 / Y 2014	Date Due M M / D D / Y demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 300.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 1900.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.