

# 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 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 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

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 01 / 29 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**JENKINS FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	120425.00	678646.24
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	119425.00	677646.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23976.81	190965.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	134.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23976.81	190830.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	485355.30	
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).....	5045.46	

**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

**JENKINS FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43550.00	248700.00
(ii) Unitemized .....	625.00	13630.00
(iii) TOTAL of contributions from individuals .....	44175.00	262330.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	76250.00	416316.24
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	120425.00	678646.24
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	134.40
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	120425.00	678780.64

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23976.81	190965.13
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).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS .....	15000.00	25000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39976.81	216965.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	404907.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	120425.00
25. SUBTOTAL (add Line 23 and Line 24).....	525332.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39976.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	485355.30

**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 45
	<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)  
**STEVE ANTOLINE**

Mailing Address 303 MIDDLE COLLISON RD

City MOUNT LOOKOUT State WV Zip Code 26678

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

Name of Employer SELF EMPLOYED Occupation LAND DEVELOPMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10363**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 100 CENTRE CT RD

City CHARLESTON State WV Zip Code 25314

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

Name of Employer WV MUTUAL INSURANCE CO. Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10372**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10365**

Amount of Each Receipt this Period  
 2000.00

**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 6 OF 45
	<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)  
**DR. PAUL BLOM**

Mailing Address 449 ST ANDREWS DR

City State Zip Code  
BARBOURSVILLE WV 25504

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

Name of Employer Occupation  
RADIOLOGY-INC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2015

**Transaction ID : SA11AI.10315**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 449 ST ANDREWS DR

City State Zip Code  
BARBOURSVILLE WV 25504

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

Name of Employer Occupation  
RADIOLOGY-INC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.10418**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 131 N STANLEY DRIVE

City State Zip Code  
BEVERLY HILLS CA 90211

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SA11AI.10404**

Amount of Each Receipt this Period  
2000.00

**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 7 OF 45
	<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)  
**GREGORY A BURTON**

Mailing Address 4504 WASHINGTON AVE

City Charleston State WV Zip Code 25004

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

Name of Employer Occupation  
BRICKSTREET MUTUAL INSURANCE CO. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10379**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 404 OAKHURST AVE

City Bluefield State WV Zip Code 24701

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

Name of Employer Occupation  
COLE AUTOMOTIVE GROUP CAR DEALER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.10280**

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**

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

Mailing Address 404 OAKHURST AVE

City Bluefield State WV Zip Code 24701

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

Name of Employer Occupation  
COLE AUTOMOTIVE GROUP CAR DEALER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.10349**

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
REDESIGNATED TO G-2016

**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 8 OF 45
	<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 COLE III**

Mailing Address **404 OAKHURST AVE**

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

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

Name of Employer **COLE AUTOMOTIVE GROUP** Occupation **CAR DEALER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11AI.10350**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATED FROM P-2016**

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

Mailing Address **8 OAKWOOD ROAD**

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

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

Name of Employer **PYRAMID PROPERTIES** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.10416**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM F DOBBS JR.**

Mailing Address **PO BOX 553**

City **CHARLESTON** State **WV** Zip Code **25322**

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

Name of Employer **JACKSON KELLY PLLC** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 15 / 2015**

**Transaction ID : SA11AI.10380**

Amount of Each Receipt this Period  
**300.00**

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

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

**2900.00**

**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 45
	<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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2015

**Transaction ID : SA11AI.10364**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 381 CLARISSA DR

City State Zip Code  
SUMMERSVILLE WV 26651

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2015

**Transaction ID : SA11AI.10362**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 59 ABNEY CIRCLE

City State Zip Code  
CHARLESTON WV 25314

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

Name of Employer Occupation  
JACKSON KELLY ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2015

**Transaction ID : SA11AI.10369**

Amount of Each Receipt this Period  
250.00

**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 10 OF 45
	<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 R HALLORAN**

Mailing Address 2506 KANAWHA AVE SE

City Charleston State WV Zip Code 25304

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

Name of Employer AQUA-CLEAR INC Occupation MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.10419**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6004 PINNACLE VIEW

City HURRICANE State WV Zip Code 25826

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

Name of Employer JACKSON KELLY Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10376**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 1691 CLUBHOUSE ESTATES CT

City WEST PALM BEACH State FL Zip Code 33411

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11AI.10401**

Amount of Each Receipt this Period  
 2700.00

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 11 OF 45  
(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)  
**DOROTHY JENKINS**

Mailing Address 1691 CLUBHOUSE ESTATES CT

City State Zip Code  
WEST PALM BEACH FL 33411

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11AI.10402**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 224 E LAKEWOOD RD

City State Zip Code  
WEST PALM BEACH FL 33405

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.10417**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address 1550 MT ALPHA RD

City State Zip Code  
CHARLESTON WV 25304

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10367**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6100.00**

**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 12 OF 45
	<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 LETNAUNCHYN**

Mailing Address 225 ARIEL HEIGHTS

City Charleston State WV Zip Code 25311

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

Name of Employer WEST VIRGINIA HOSPITAL ASSOC. Occupation PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10370**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 8704 PLYMOUTH RD

City Alexandria State VA Zip Code 22308

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

Name of Employer BGR Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : SA11AI.10302**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2232 WESTWOOD PL

City Falls Church State VA Zip Code 22043

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

Name of Employer D. MAJOR GROUP Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.10325**

Amount of Each Receipt this Period  
**500.00**

**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 13 OF 45
	<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)  
**DR. CHARLES H. MCKOWN JR.**

Mailing Address 3 WILLOW GLEN

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer JOAN C. EDWARDS SCHOOL OF MEDICINE Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11A1.10400**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 1869 LOUDEN HEIGHTS RD

City CHARLESTON State WV Zip Code 25314

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

Name of Employer JACKSON KELLY Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11A1.10382**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT O. NAEGELE JR.**

Mailing Address 7993 VIA VECCHIA

City NAPLES State FL Zip Code 34108

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11A1.10385**

Amount of Each Receipt this Period  
 2700.00

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 14 OF 45  
(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)  
**ELLIS F. NAEGELE**

Mailing Address 7993 VIA VECCHIA

City State Zip Code  
NAPLES FL 34108

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

Name of Employer Occupation  
SELF EMPLOYED HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10386**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 1557 QUARRIER STREET

City State Zip Code  
CHARLESTON WV 25311

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

Name of Employer Occupation  
STEPTOE & JOHNSON ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.10361**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6001 PINNACLE VIEW RD

City State Zip Code  
HURRICANE WV 25526

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

Name of Employer Occupation  
BRICKSTREET COO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.10377**

Amount of Each Receipt this Period  
100.00

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

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

3800.00

**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 45
	<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 OBROKTA JR.**

Mailing Address 6001 PINNACLE VIEW RD

City State Zip Code  
HURRICANE WV 25526

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

Name of Employer Occupation  
BRICKSTREET COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SA11AI.10378**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO BOX 480

City State Zip Code  
PETERSTOWN WV 24963

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

Name of Employer Occupation  
PROFESSIONAL IMAGING PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SA11AI.10337**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 52 PORTLAND PLACE

City State Zip Code  
ST LOUIS MO 63108

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

Name of Employer Occupation  
CIVIC SERVICE INC. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SA11AI.10335**

Amount of Each Receipt this Period  
2700.00

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

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

6400.00

**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 45
	<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)  
**ROY PFAUTCH**

Mailing Address 52 PORTLAND PLACE

City State Zip Code  
ST LOUIS MO 63108

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

Name of Employer Occupation  
CIVIC SERVICE INC. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : SA11AI.10336**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 132 DUFFY HILL DRIVE

City State Zip Code  
MOOREFIELD WV 26836

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

Name of Employer Occupation  
LOVE MEMORIAL CLINIC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : SA11AI.10334**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO BOX 340

City State Zip Code  
PECKSMILL WV 25547

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

Name of Employer Occupation  
THORNHILL AUTO GROUP OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.10413**

Amount of Each Receipt this Period  
1000.00

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

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

4200.00

43550.00

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

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

FOR LINE NUMBER: PAGE 17 OF 45  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

Transaction ID : SA11C.10420

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1625 MASSACHUSETTS AVE. NW

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

Transaction ID : SA11C.10409

Amount of Each Receipt this Period  
 4000.00

C. Full Name (Last, First, Middle Initial)  
**AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'**

Mailing Address 100 WEST THIRD AVE SUITE 350

City State Zip Code  
COLUMBUS OH 43201

FEC ID number of contributing federal political committee. **C C00489419**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

Transaction ID : SA11C.10344

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... 7500.00  
**TOTAL** 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 18 OF 45
	<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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11C.10371**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address PO BOX 66

City DANIA BEACH State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11C.10333**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION PAC**

Mailing Address 25 MASSACHUSETTS AVE. NW, STE. 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10360**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 45  
(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)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**

Mailing Address 520 N NORTHWEST HWY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SA11C.10403**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address 208 S AKARD ST STE 2701

City State Zip Code  
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11C.10394**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS**

Mailing Address 101 CONSTIUTION AVENUE, NW  
10TH FLOOR WEST

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11C.10395**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 45
	<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)  
CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATION

Mailing Address 6101 BOLLINGER CANYON ROAD  
ROOM 3418

City SAN RAMON State CA Zip Code 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11C.10407**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
COLUMBIA PIPELINE GROUP INC PAC

Mailing Address 10 G STREET NE  
STE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00575340

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11C.10368**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11C.10408**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

**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 45
	<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)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.10421**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
DISTRICT NO. 1-PCD, MARINE ENGINEERS' BENEFICIAL ASSOC. - POLITICAL ACTION FUND (MEBA-PAF)

Mailing Address 444 NORTH CAPITOL STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.10392**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DOMINION RESOURCES INC. PAC - CT**

Mailing Address ONE JAMES RIVER PLAZA  
20TH FLOOR

City RICHMOND State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00545319

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.10414**

Amount of Each Receipt this Period  
2500.00

**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 22 OF 45
	<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)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11C.10327**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City State Zip Code  
MEMPHIS TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10355**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City State Zip Code  
MEMPHIS TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.10391**

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 23 OF 45
	<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)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11C.10384**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HIGHMARK HEALTH PAC OF HIGHMARK INC.**

Mailing Address 1800 CENTER STREET

City CAMP HILL State PA Zip Code 17089

FEC ID number of contributing federal political committee. **C C00302844**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10353**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address 1750 NEW YORK AVENUE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11C.10330**

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 24 OF 45
<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)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address 1750 NEW YORK AVENUE NW

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

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

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		30		2015

**Transaction ID : SA11C.10411**

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

**B.** Full Name (Last, First, Middle Initial)  
**K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)**

Mailing Address 1601 K STREET, NW

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2015

**Transaction ID : SA11C.10357**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW  
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		18		2015

**Transaction ID : SA11C.10393**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4000.00

**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 25 OF 45
	<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)  
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000  
MC2250

City State Zip Code  
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 22 2015

**Transaction ID : SA11C.10399**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 24 2015

**Transaction ID : SA11C.10342**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2015

**Transaction ID : SA11C.10366**

Amount of Each Receipt this Period  
1000.00

**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: PAGE 26 OF 45  
(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)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11C.10415**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (NECAPAC)**

Mailing Address 3 BETHESDA METRO CENTER SUITE #110

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 18 2015

**Transaction ID : SA11C.10390**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code  
IRVING TX 75038

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 23 2015

**Transaction ID : SA11C.10331**

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 27 OF 45
	<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 MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 1850 M STREET, NW  
SUITE 540

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11C.10326**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1630 DUKE STREET  
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.10388**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC**

Mailing Address 630 MORRISON ROAD  
SUITE 110

City GAHANNA State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C C00488262**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11C.10332**

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 28 OF 45
	<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)  
**NFIB THE VOICE OF FREE ENTERPRISE INC.**

Mailing Address 1201 F STREET  
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C90013509

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 Y Y  
 11 / 24 / 2015

**Transaction ID : SA11C.10340**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address ONE CONSTITUTION AVE NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00009282

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 Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.10412**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NORTH AMERICA'S BUILDING TRADES UNIONS POLITICAL EDUCATIONAL FUND**

Mailing Address 815 16TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00003160

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 Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.10389**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 45
	<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)  
**POLITICAL ACTION COMMITTEE OF THE AAOS**

Mailing Address 317 MASSACHUSETTS AVE. NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2016  
 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  
 11 / 23 / 2015

**Transaction ID : SA11C.10329**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 1006 PENDLETON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2016  
 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  
 12 / 30 / 2015

**Transaction ID : SA11C.10410**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW  
SUITE 320

City State Zip Code  
WASHINGTON DC 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  
7000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : SA11C.10341**

Amount of Each Receipt this Period  
1000.00

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

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

7500.00

**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 45
	<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)  
SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU

A. Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

Transaction ID : SA11C.10397

Amount of Each Receipt this Period  
 1000.00

B. Full Name (Last, First, Middle Initial)  
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address 601 THIRTEENTH STREET NW  
STE 910 S

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

Transaction ID : SA11C.10343

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address 601 THIRTEENTH STREET NW  
STE 910 S

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

Transaction ID : SA11C.10396

Amount of Each Receipt this Period  
 1000.00

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

3000.00

**TOTAL** 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: PAGE 31 OF 45  
(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)  
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 THIRD ST. NW 9TH FLOOR

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00008268

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 Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10354**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 815 16TH ST NW  
4TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

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 Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10359**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR  
SUITE 200

City TRIANGLE State VA Zip Code 22172

FEC ID number of contributing federal political committee. **C** C00013342

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 Y Y  
 11 / 23 / 2015

**Transaction ID : SA11C.10328**

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 32 OF 45
	<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)  
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR  
SUITE 200

City TRIANGLE State VA Zip Code 22172

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10356**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City NORTH OLMSTED State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016  
 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 / 2015

**Transaction ID : SA11C.10338**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City NORTH OLMSTED State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11C.10358**

Amount of Each Receipt this Period  
1000.00

**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 33 OF 45
	<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)  
**UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)**

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City NORTH OLMSTED      State OH      Zip Code 44070

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.10387**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES**

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

City WASHINGTON      State DC      Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11C.10398**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1201 N ORANGE ST  
STE 700 #7427

City WILMINGTON      State DE      Zip Code 19601

FEC ID number of contributing federal political committee. **C** C00574681

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11C.10405**

Amount of Each Receipt this Period  
250.00

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

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

2750.00

**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 45
	<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)  
**WOOLPERT INC PAC**

Mailing Address 4454 IDEA CENTER BLVD.

City State Zip Code  
DAYTON OH 45430

FEC ID number of contributing federal political committee. **C** C00479899

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 Y Y  
 11 / 24 / 2015

**Transaction ID : SA11C.10339**

Amount of Each Receipt this Period  
 1000.00

**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).....

1000.00

76250.00

**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 35 OF 45			
	<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. REBECCA BLAINE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 119 OAK LANE VILLAS			Amount of Each Disbursement this Period 1500.00	
City DANIELS	State WV	Zip Code 25832	Transaction ID : SB17.10318	
Purpose of Disbursement FIELD 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:				

Full Name (Last, First, Middle Initial) <b>B. MICHAEL CHIRICO</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015	
Mailing Address 32 WOODLAND DRIVE			Amount of Each Disbursement this Period 553.37	
City HUNTINGTON	State WV	Zip Code 25705	Transaction ID : SB17.10305	
Purpose of Disbursement MILEAGE		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. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address PO BOX 23715			Amount of Each Disbursement this Period 750.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.10307	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2803.37
<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 36 OF 45	
	<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 11 / 24 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.10345</b>
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE	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. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.10348</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>C. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 517 9TH STREET		Amount of Each Disbursement this Period 63.00 <b>Transaction ID : SB17.10316</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1563.00
<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 37 OF 45		
	<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. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 517 9TH STREET		Amount of Each Disbursement this Period 31.50 <b>Transaction ID : SB17.10428</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>B. HUNTINGTON TURKEY TROT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 202 12TH AVE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.10427</b>
City HUNTINGTON	State WV	
Zip Code 25701	Purpose of Disbursement EVENT SPONSORSHIP	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. EVAN H JENKINS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 121 OAK LANE		Amount of Each Disbursement this Period 399.90 <b>Transaction ID : SB17.10351</b>
City HUNTINGTON	State WV	
Zip Code 25701	Purpose of Disbursement SEE MEMO ENTRY	Category/ Type 001
Candidate Name <b>EVAN JENKINS</b>	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)	State: WV District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	731.40
<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 38 OF 45			
	<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. DUNBAR PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 1310 OHIO AVE			Amount of Each Disbursement this Period 399.90
City DUNBAR	State WV	Zip Code 25064	
Purpose of Disbursement PRINTING		Category/ Type 001	<b>Transaction ID : SB17.10352</b>  <b>[MEMO ITEM]</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. PROFESSIONAL DATA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 824 S MILLEDGE AVE STE 101			Amount of Each Disbursement this Period 1500.00
City ATHENS	State GA	Zip Code 30605	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	<b>Transaction ID : SB17.10308</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. ANDREW SERE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1425 P ST NW #406			Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20005	
Purpose of Disbursement MEDIA CONSULTING		Category/ Type 001	<b>Transaction ID : SB17.10303</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).....	2500.00
<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 39 OF 45			
	<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. ANDREW SERE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015		
Mailing Address 1425 P ST NW #406			Amount of Each Disbursement this Period 1000.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SB17.10313		
Purpose of Disbursement MEDIA 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:					

Full Name (Last, First, Middle Initial) <b>B. ANDREW SERE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015		
Mailing Address 1425 P ST NW #406			Amount of Each Disbursement this Period 1000.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SB17.10347		
Purpose of Disbursement MEDIA 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:					

Full Name (Last, First, Middle Initial) <b>C. SIBERIAN STORAGE LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015		
Mailing Address 2500 8TH AVE			Amount of Each Disbursement this Period 70.00		
City WEST HUNTINGTON	State WV	Zip Code 25701	Transaction ID : SB17.10319		
Purpose of Disbursement STORAGE FACILITY RENTAL		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).....	2070.00
<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 40 OF 45			
	<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 / 12 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 857.88
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.10321</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 12 / 28 / 2015
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 : SB17.10425</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. THE CONGRESSIONAL INSTITUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 1700 DIAGONAL ROAD #730		Amount of Each Disbursement this Period 150.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement MEMBERSHIP DUES	<b>Transaction ID : SB17.10424</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).....	1091.74
<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 41 OF 45			
	<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. THEODORE COMPANY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>
Mailing Address <b>8616 BUCKBOARD DR</b>		Amount of Each Disbursement this Period <b>2950.64</b> <b>Transaction ID : SB17.10309</b>
City <b>ALEXANDIRA</b> State <b>VA</b> Zip Code <b>22308</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. THEODORE COMPANY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2015</b>
Mailing Address <b>8616 BUCKBOARD DR</b>		Amount of Each Disbursement this Period <b>9778.60</b> <b>Transaction ID : SB17.10324</b>
City <b>ALEXANDIRA</b> State <b>VA</b> Zip Code <b>22308</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 09 / 2015</b>
Mailing Address <b>1200 VETERANS MEMORIAL BLVD</b>		Amount of Each Disbursement this Period <b>147.00</b> <b>Transaction ID : SB17.10423</b>
City <b>HUNTINGTON</b> State <b>WV</b> Zip Code <b>25701</b>	Purpose of Disbursement <b>POSTAGE</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12876.24</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 42 OF 45	
	<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 10 / 07 / 2015
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 74.10
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10322</b>

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 43.66
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10323</b>

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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	117.76
<b>TOTAL</b> This Period (last page this line number only).....	23753.51

**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 43 OF 45	
	<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. REPUBLICAN MAINSTREET PARTNERSHIP PAC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2015</b>
Mailing Address C/O G&W 2201 WISCONSIN AVE., NW SUITE 320			Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB20C.10306</b>
City WASHINGTON	State DC	Zip Code 20007	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type <b>010</b>	
Candidate Name <b>REPUBLICAN MAINSTREET PARTNERSHIP PAC</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>

**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 44 OF 45
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB21.10311</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONTRIBUTION Category/Type 011	
Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WEST VIRGINIA GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address PO BOX 2711		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB21.10304</b>
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name WEST VIRGINIA GOP	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" 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).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	15000.00

**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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 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) ▶

5045.46

5045.46

0.00

5045.46