

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.
JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
STATE DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer KAUFMAN, JOE, , ,
Signature of Treasurer KAUFMAN, JOE, , , [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
JOE KAUFMAN 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)).... | 41050.00 | 159299.76 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 41050.00 | 159299.76 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 245838.00 | 495121.19 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 245838.00 | 495121.19 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 46060.39 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 89862.53 | |

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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

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

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2018"/> (date of general election) | COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2018"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2018"/> (last day of reporting period) |
|---|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other than Political Committees | | |
| (i) Itemized (use Schedule A) | | |
| <input type="text" value="38475.00"/> | <input type="text" value="141255.31"/> | <input type="text" value="1000.00"/> |
| (ii) Unitemized | | |
| <input type="text" value="2575.00"/> | <input type="text" value="18044.45"/> | <input type="text" value="350.00"/> |
| (iii) Total of contributions from individuals | | |
| <input type="text" value="41050.00"/> | <input type="text" value="159299.76"/> | <input type="text" value="1350.00"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| (d) The Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 41050.00 | 159299.76 | 1350.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) | | |
| 0.00 | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| 0.00 | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 41050.00 | 159299.76 | 1350.00 |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

II. DISBURSEMENTS

| | COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|--|
| 17. OPERATING EXPENDITURES | <input type="text" value="245838.00"/> | <input type="text" value="495121.19"/> | <input type="text" value="8567.97"/> |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 19. LOAN REPAYMENTS: | | | |
| (a) Of Loans Made or Guaranteed by the Candidate | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Of All Other Loans | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | | |
| (a) Individuals/Persons Other Than Political Committees | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Political Party Committees | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 48

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

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

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

21. OTHER DISBURSEMENTS

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

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

| | | |
|-----------|-----------|---------|
| 245838.00 | 495121.19 | 8567.97 |
|-----------|-----------|---------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

| | | |
|----------|-----------|---------|
| 41050.00 | 159299.76 | 1350.00 |
|----------|-----------|---------|

IV. NET OPERATING EXPENDITURES

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

| | | |
|-----------|-----------|---------|
| 245838.00 | 495121.19 | 8567.97 |
|-----------|-----------|---------|

V. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 250848.39 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... | 41050.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 291898.39 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 245838.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 46060.39 |

**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 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLACK, VICTORIA, , ,

Mailing Address 15068 FM 766

| | | |
|-------------------|-------------|-------------------|
| City GONZLALES | State TX | Zip Code 78629 |
|-------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 26 / 2018

Transaction ID : SA11AI.63154

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Estrada, Anna Maria, , ,

Mailing Address 6000 Island Blvd.
Unit 1401

| | | |
|------------------|-------------|-------------------|
| City Aventura | State FL | Zip Code 33160 |
|------------------|-------------|-------------------|

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

| | |
|---|-----------------------|
| Name of Employer Triangle financial services | Occupation Manager |
|---|-----------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2018

Transaction ID : SA11AI.63090

Amount of Each Receipt this Period
2300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Estrada, Anna Maria, , ,

Mailing Address 6000 Island Blvd.
Unit 1401

| | | |
|------------------|-------------|-------------------|
| City Aventura | State FL | Zip Code 33160 |
|------------------|-------------|-------------------|

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

| | |
|---|-----------------------|
| Name of Employer Triangle financial services | Occupation Manager |
|---|-----------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63067

Amount of Each Receipt this Period
2300.00

Memo Item
Contribution

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5600.00 |
| 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 8 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Florida Congressional Committee

Mailing Address 6100 Hollywood Blvd.
Ste. 305

| | | |
|------------------|-------------|-------------------|
| City Hollywod | State FL | Zip Code 33024 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------|-------------------|
| Name of Employer PAC | Occupation PAC |
|-------------------------|-------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63071

Amount of Each Receipt this Period
2000.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Florida Congressional Committee

Mailing Address 6100 Hollywood Blvd.
Ste. 305

| | | |
|------------------|-------------|-------------------|
| City Hollywod | State FL | Zip Code 33024 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------|-------------------|
| Name of Employer PAC | Occupation PAC |
|-------------------------|-------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63122

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Folsom, Gleora, , ,

Mailing Address 7816 196TH ST SW APT D7

| | | |
|-----------------|-------------|-------------------|
| City EDMONDS | State WA | Zip Code 98026 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.63101

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 4500.00 |
| 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 9 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Forsythe, Gerald, , ,
 Mailing Address 11125 Gulf Shore Dr.
512
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2018
Transaction ID : SA11AI.63091
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Forsythe, Gerald, , ,
 Mailing Address 11125 Gulf Shore Dr.
512
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2018
Transaction ID : SA11AI.63063
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Contribution

C. Full Name (Last, First, Middle Initial)
HARING, ANGELINE, , ,
 Mailing Address 825 ALEXANDER RD W
 City BELLVILLE State OH Zip Code 44813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2018
Transaction ID : SA11AI.63114
 Amount of Each Receipt this Period
 75.00
 Memo Item

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

2075.00

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

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

FOR LINE NUMBER: PAGE 10 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARRIS, STUART, , ,
 Mailing Address 2851 SEMINOLE ST
 City: Coconut Grove State: FL Zip Code: 33133
 FEC ID number of contributing federal political committee: C
 Name of Employer: SEAVIEW RESEARCH, INC Occupation: PHYSICIAN
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 750.00

Date of Receipt: 10 / 25 / 2018
 Transaction ID : SA11AI.63099
 Amount of Each Receipt this Period: 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
HILLMAN, Roberta, , ,
 Mailing Address 504 W BLEEKER ST.
 City: ASPEN State: CO Zip Code: 81611
 FEC ID number of contributing federal political committee: C
 Name of Employer: Retired Occupation: Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 5400.00

Date of Receipt: 11 / 02 / 2018
 Transaction ID : SA11AI.63127
 Amount of Each Receipt this Period: 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
HILLMAN, Roberta, , ,
 Mailing Address 504 W BLEEKER ST.
 City: ASPEN State: CO Zip Code: 81611
 FEC ID number of contributing federal political committee: C
 Name of Employer: Retired Occupation: Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 8100.00

Date of Receipt: 11 / 03 / 2018
 Transaction ID : SA11AI.63074
 Amount of Each Receipt this Period: 2700.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 5650.00
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 11 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hillman, Tatnall, , ,

Mailing Address 504 W. Bleeker St.

City: Aspen State: CO Zip Code: 81611

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

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 8100.00

Date of Receipt: 11 / 02 / 2018

Transaction ID : SA11AI.63128

Amount of Each Receipt this Period: 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hillman, Tatnall, , ,

Mailing Address 504 W. Bleeker St.

City: Aspen State: CO Zip Code: 81611

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

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 10800.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63075

Amount of Each Receipt this Period: 2700.00

Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Johnson, Ray, H., ,

Mailing Address 4607 Roxbury Rd

City: Corona Del Mar State: CA Zip Code: 92625

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

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 25 / 2018

Transaction ID : SA11AI.63095

Amount of Each Receipt this Period: 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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 12 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Khoury, Amin, , ,
 Mailing Address 1300 Corporate Center Way
 City Wellington State FL Zip Code 33414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2018
Transaction ID : SA11AI.63073
 Amount of Each Receipt this Period
 1000.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Khoury, Amin, , ,
 Mailing Address 1300 Corporate Center Way
 City Wellington State FL Zip Code 33414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2018
Transaction ID : SA11AI.63104
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
KOLBER, VINCENT, , ,
 Mailing Address 2245 N MAGNOLIA AVE
 City CHICAGO State IL Zip Code 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 18
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2018
Transaction ID : SA11AI.63110
 Amount of Each Receipt this Period
 500.00
 Memo Item

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mellott, John, , ,

Mailing Address 4338 Redwood Ave
Apt B308

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer Retired Occupation Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
735.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2018

Transaction ID : SA11AI.63111

Amount of Each Receipt this Period
 490.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MENDEZ, CARLOS, , ,

Mailing Address 13450 w sunrise blvd
suite 310

City sunrise State FL Zip Code 33323

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

Name of Employer plexus consultants llc Occupation director/owner

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2018

Transaction ID : SA11AI.63161

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
olemberg, roberto, , ,

Mailing Address 580 golden beach drive

City golden beach State FL Zip Code 33160

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

Name of Employer olem shoe corp Occupation businessman

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2018

Transaction ID : SA11AI.63167

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1490.00

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 14 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rosen, Jeffrey, , ,

Mailing Address 6000 Island Blvd.
1401

City Aventura State FL Zip Code 33160

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2018

Transaction ID : SA11AI.63088

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Rosen, Jeffrey, , ,

Mailing Address 6000 Island Blvd.
1401

City Aventura State FL Zip Code 33160

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2018

Transaction ID : SA11AI.63089

Amount of Each Receipt this Period
1700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Rosen, Jeffrey, , ,

Mailing Address 6000 Island Blvd.
1401

City Aventura State FL Zip Code 33160

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA11AI.63064

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00

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 15 OF 48
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rosen, Jeffrey, , ,

Mailing Address 6000 Island Blvd.
1401

City: Aventura State: FL Zip Code: 33160

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5400.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63065

Amount of Each Receipt this Period: 1700.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Wills, Matthew, , ,

Mailing Address 101 Marland Rd S

City: Colorado Springs State: CO Zip Code: 80906

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

Name of Employer: Retired Occupation: Retired

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 25 / 2018

Transaction ID : SA11AI.63103

Amount of Each Receipt this Period: 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Zieve, Peter, , ,

Mailing Address 4413 Chennault Beach Rd

City: Mukilteo State: WA Zip Code: 98275

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

Name of Employer: Electroimpact Occupation: engineer

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2630.00

Date of Receipt: 11 / 03 / 2018

Transaction ID : SA11AI.63069

Amount of Each Receipt this Period: 2630.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 4830.00

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 16 OF 48 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12 | 13a | 13b | 14 |
| | | | 15 |

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Zieve, Peter, , ,

Mailing Address 4413 Chennault Beach Rd

| | | |
|------------------|-------------|-------------------|
| City Mukilteo | State WA | Zip Code 98275 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|-----------------------------------|------------------------|
| Name of Employer Electroimpact | Occupation engineer |
|-----------------------------------|------------------------|

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.63087

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | <input type="text" value="2630.00"/> |
| TOTAL This Period (last page this line number only)..... ▶ | <input type="text" value="38475.00"/> |

**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 17 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BJ's Gas | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2018 |
| Mailing Address 620 Riverside Dr | | FEC Identification Number C |
| City Coral Springs | State FL | Zip Code 33071 |
| Purpose of Disbursement gas | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 29.82 | |
| 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) ▼ | Transaction ID : SB17.63306 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BJ's Gas | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2018 |
| Mailing Address 620 Riverside Dr | | FEC Identification Number C |
| City Coral Springs | State FL | Zip Code 33071 |
| Purpose of Disbursement gas | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 27.46 | |
| 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) ▼ | Transaction ID : SB17.63276 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Cinnante, Steven, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018 |
| Mailing Address 5187 NE 12th. Ave. | | FEC Identification Number C |
| City Oakland Park | State FL | Zip Code 33334 |
| Purpose of Disbursement Printing | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 1340.00 | |
| 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) ▼ | Transaction ID : SB17.63179 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1397.28 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 18 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. Cinnante, Steven, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018 | |
| Mailing Address 5187 NE 12th. Ave. | | FEC Identification Number C | |
| City Oakland Park | State FL | Zip Code 33334 | Amount of Each Disbursement this Period 990.00 |
| Purpose of Disbursement Printing | | Category/ Type | Transaction ID : SB17.63196 |
| Candidate Name | | <input type="checkbox"/> Memo Item | |
| 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. Cinnante, Steven, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2018 | |
| Mailing Address 5187 NE 12th. Ave. | | FEC Identification Number C | |
| City Oakland Park | State FL | Zip Code 33334 | Amount of Each Disbursement this Period 405.00 |
| Purpose of Disbursement Printing | | Category/ Type | Transaction ID : SB17.63201 |
| Candidate Name | | <input type="checkbox"/> Memo Item | |
| 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) C. Cinnante, Steven, , , | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2018 | |
| Mailing Address 5187 NE 12th. Ave. | | FEC Identification Number C | |
| City Oakland Park | State FL | Zip Code 33334 | Amount of Each Disbursement this Period 660.00 |
| Purpose of Disbursement Printing | | Category/ Type | Transaction ID : SB17.63277 |
| Candidate Name | | <input type="checkbox"/> Memo Item | |
| 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: | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2055.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 19 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. COLORTREE GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018 | |
| Mailing Address PO BOX 28960 | | | FEC Identification Number C | |
| City HENRICO | State VA | Zip Code 23228 | Amount of Each Disbursement this Period 21519.00 | |
| Purpose of Disbursement Program:Printing | | Category/ Type | Transaction ID : SB17.63188 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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. COLORTREE GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018 | |
| Mailing Address PO BOX 28960 | | | FEC Identification Number C | |
| City HENRICO | State VA | Zip Code 23228 | Amount of Each Disbursement this Period 32544.00 | |
| Purpose of Disbursement Program:Printing | | Category/ Type | Transaction ID : SB17.63212 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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) C. COLORTREE GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2018 | |
| Mailing Address PO BOX 28960 | | | FEC Identification Number C | |
| City HENRICO | State VA | Zip Code 23228 | Amount of Each Disbursement this Period 18778.00 | |
| Purpose of Disbursement Program:Printing | | Category/ Type | Transaction ID : SB17.63258 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 72841.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 48 | | | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. COLORTREE GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018 | | |
| Mailing Address PO BOX 28960 | | | FEC Identification Number C | | |
| City HENRICO | State VA | Zip Code 23228 | Amount of Each Disbursement this Period 41794.00 | | |
| Purpose of Disbursement Program:Printing | | Category/ Type | Transaction ID : SB17.63232 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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. COLORTREE GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018 | | |
| Mailing Address PO BOX 28960 | | | FEC Identification Number C | | |
| City HENRICO | State VA | Zip Code 23228 | Amount of Each Disbursement this Period 12179.00 | | |
| Purpose of Disbursement Program:Printing | | Category/ Type | Transaction ID : SB17.63240 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) C. CONSOLIDATED MAILING SERVICES | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2018 | | |
| Mailing Address 504 SHAW ROAD | | | FEC Identification Number C | | |
| City STERLING | State VA | Zip Code 20166 | Amount of Each Disbursement this Period 12523.03 | | |
| Purpose of Disbursement Program: Mailshop | | Category/ Type | Transaction ID : SB17.63187 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 66496.03 |
| TOTAL 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 21 OF 48 | | | |
| | <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)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 10746.61

Transaction ID : SB17.63202

Memo Item

Full Name (Last, First, Middle Initial)
B. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 12623.03

Transaction ID : SB17.63234

Memo Item

Full Name (Last, First, Middle Initial)
C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement Program: Mailshop

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 10846.61

Transaction ID : SB17.63217

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 34216.25

TOTAL 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 22 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CONSOLIDATED MAILING SERVICES | | Date of Disbursement |
| Mailing Address 504 SHAW ROAD | | M M / D D / Y Y Y Y 11 / 01 / 2018 |
| City STERLING | State VA | Zip Code 20166 |
| Purpose of Disbursement Program: Mailshop | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 12600.03 |
| 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) ▼ | Transaction ID : SB17.63241 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CONSOLIDATED MAILING SERVICES | | Date of Disbursement |
| Mailing Address 504 SHAW ROAD | | M M / D D / Y Y Y Y 11 / 04 / 2018 |
| City STERLING | State VA | Zip Code 20166 |
| Purpose of Disbursement Program: Mailshop | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 10950.61 |
| 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) ▼ | Transaction ID : SB17.63293 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Delivery Signs | | Date of Disbursement |
| Mailing Address 40 W Crystal Lake St | | M M / D D / Y Y Y Y 10 / 24 / 2018 |
| City Orlando | State FL | Zip Code 32806 |
| Purpose of Disbursement Yard sign | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 905.25 |
| 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) ▼ | Transaction ID : SB17.63198 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 24455.89 |
| TOTAL 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 23 OF 48 | | | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. DonorBureau | | Date of Disbursement |
| Mailing Address 1900 N CULPEPER STREET | | <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2018"/> |
| City ARLINGTON | State VA | Zip Code 22207 |
| Purpose of Disbursement Program | <input type="text"/> | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <input type="text" value="5648.00"/> Transaction ID : SB17.63218 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DonorBureau | | Date of Disbursement |
| Mailing Address 1900 N CULPEPER STREET | | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2018"/> |
| City ARLINGTON | State VA | Zip Code 22207 |
| Purpose of Disbursement Program | <input type="text"/> | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <input type="text" value="4110.96"/> Transaction ID : SB17.63233 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DonorBureau | | Date of Disbursement |
| Mailing Address 1900 N CULPEPER STREET | | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2018"/> |
| City ARLINGTON | State VA | Zip Code 22207 |
| Purpose of Disbursement Program | <input type="text"/> | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <input type="text" value="5417.74"/> Transaction ID : SB17.63186 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | <input type="text" value="15176.70"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 24 OF 48 | | | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Drive Media Branding | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018 |
| Mailing Address 6903 Cypress Rd. Unit C24 | | FEC Identification Number C |
| City Plantation | State FL | Zip Code 33317 |
| Purpose of Disbursement Advertisement | | Amount of Each Disbursement this Period 3750.00 |
| Candidate Name | Category/ Type | Transaction ID : SB17.63266 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Drive Media Branding | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 |
| Mailing Address 6903 Cypress Rd. Unit C24 | | FEC Identification Number C |
| City Plantation | State FL | Zip Code 33317 |
| Purpose of Disbursement Advertisement | | Amount of Each Disbursement this Period 700.00 |
| Candidate Name | Category/ Type | Transaction ID : SB17.63288 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Dunkin' Donuts | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018 |
| Mailing Address 2091 Griffin Rd | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33312 |
| Purpose of Disbursement Meeting | | Amount of Each Disbursement this Period 4.75 |
| Candidate Name | Category/ Type | Transaction ID : SB17.63180 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 4454.75 |
| TOTAL 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 25 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dunkin' Donuts | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018 |
| Mailing Address 2091 Griffin Rd | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33312 |
| Purpose of Disbursement Meeting | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 2.75 | |
| 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) ▼ | Transaction ID : SB17.63183 <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dunkin' Donuts | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018 |
| Mailing Address 2091 Griffin Rd | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33312 |
| Purpose of Disbursement Snack | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 2.10 | |
| 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) ▼ | Transaction ID : SB17.63192 <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Dunkin' Donuts | | Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018 |
| Mailing Address 2091 Griffin Rd | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33312 |
| Purpose of Disbursement Snack | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 2.12 | |
| 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) ▼ | Transaction ID : SB17.63307 <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6.97 |
| TOTAL 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 26 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dunkin' Donuts | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2018 |
| Mailing Address 2091 Griffin Rd | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33312 |
| Purpose of Disbursement Snack | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 2.12 | |
| 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) ▼ | Transaction ID : SB17.63310 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dunkin' Donuts | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018 |
| Mailing Address 2091 Griffin Rd | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33312 |
| Purpose of Disbursement Snack | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 2.96 | |
| 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) ▼ | Transaction ID : SB17.63219 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. JOE'S OLD SCHOOL PIZZA | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018 |
| Mailing Address 2711 N Hiatus Rd | | FEC Identification Number C |
| City Hollywood | State FL | Zip Code 33026 |
| Purpose of Disbursement Lunch | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 36.97 | |
| 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) ▼ | Transaction ID : SB17.63236 |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 42.05 |
| TOTAL 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 27 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. JOE'S OLD SCHOOL PIZZA | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2018 | |
| Mailing Address 2711 N Hiatus Rd | | | FEC Identification Number C | |
| City Hollywood | State FL | Zip Code 33026 | Amount of Each Disbursement this Period 31.79 | |
| Purpose of Disbursement Lunch | | Category/ Type | Transaction ID : SB17.63278 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 1030.21 | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63205 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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) C. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 791.02 | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63206 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1853.02 |
| TOTAL 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 28 OF 48 | | | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018 | | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 6500.00 | | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63209 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018 | | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 2500.00 | | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63264 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) C. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 | | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 400.00 | | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63231 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 9400.00 |
| TOTAL 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 29 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 514.63 | |
| Purpose of Disbursement Reimburse loan | | | Transaction ID : SB17.63238 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 97.38 | |
| Purpose of Disbursement Reimburse loan | | | Transaction ID : SB17.63239 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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) C. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 5700.00 | |
| Purpose of Disbursement Reimburse loan | | | Transaction ID : SB17.63289 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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: | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6312.01 |
| TOTAL 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 30 OF 48 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input 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)
JOE KAUFMAN FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 262.00 | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63290 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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. Kaufman, Joe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2018 | |
| Mailing Address 2645 Executive Park Dr 512 | | | FEC Identification Number C | |
| City Weston | State FL | Zip Code 33331 | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement Reimburse loan | | Category/ Type | Transaction ID : SB17.63301 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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) c. LCS Miling | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018 | |
| Mailing Address 5055 NE 13th Ave | | | FEC Identification Number C | |
| City Oakland Park | State FL | Zip Code 33334 | Amount of Each Disbursement this Period 1060.60 | |
| Purpose of Disbursement Printing | | Category/ Type | Transaction ID : SB17.63191 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1422.60 |
| TOTAL 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 31 OF 48 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input 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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. OFFICE DEPOT | | Date of Disbursement |
| Mailing Address 651 N University Dr | | M M / D D / Y Y Y Y 10 / 22 / 2018 |
| City CORAL SPRINGS | State FL | Zip Code 33071 |
| Purpose of Disbursement Printing | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 89.83 |
| 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) ▼ | Transaction ID : SB17.63189 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. OFFICE DEPOT | | Date of Disbursement |
| Mailing Address 651 N University Dr | | M M / D D / Y Y Y Y 11 / 05 / 2018 |
| City CORAL SPRINGS | State FL | Zip Code 33071 |
| Purpose of Disbursement Printing | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 19.92 |
| 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) ▼ | Transaction ID : SB17.63272 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. OFFICE DEPOT | | Date of Disbursement |
| Mailing Address 651 N University Dr | | M M / D D / Y Y Y Y 11 / 05 / 2018 |
| City CORAL SPRINGS | State FL | Zip Code 33071 |
| Purpose of Disbursement Printing | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 17.60 |
| 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) ▼ | Transaction ID : SB17.63273 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 127.35 |
| TOTAL 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 32 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Speedway | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018 |
| Mailing Address 4695 N University Dr | | FEC Identification Number C |
| City Lauderhill | State FL | Zip Code 33351 |
| Purpose of Disbursement gas | | Amount of Each Disbursement this Period 25.58 |
| Candidate Name | | Transaction ID : SB17.63303 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018 |
| Mailing Address 1900 W Oakland Park Blvd Ste 100 | | FEC Identification Number C |
| City Fort Lauderdale | State FL | Zip Code 33310 |
| Purpose of Disbursement postage | | Amount of Each Disbursement this Period 3344.00 |
| Candidate Name | | Transaction ID : SB17.63203 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Wawa | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2018 |
| Mailing Address 4401 NW 76th Ave | | FEC Identification Number C |
| City Lauderhill | State FL | Zip Code 33351 |
| Purpose of Disbursement gas | | Amount of Each Disbursement this Period 27.55 |
| Candidate Name | | Transaction ID : SB17.63311 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3397.13 |
| TOTAL 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 33 OF 48 | |
| | <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)
JOE KAUFMAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Wawa | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018 |
| Mailing Address 4401 NW 76th Ave | | FEC Identification Number C |
| City Lauderhill | State FL | Zip Code 33351 |
| Purpose of Disbursement gas | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 31.46 | |
| 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) ▼ | Transaction ID : SB17.63220 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Wawa | | Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2018 |
| Mailing Address 4401 NW 76th Ave | | FEC Identification Number C |
| City Lauderhill | State FL | Zip Code 33351 |
| Purpose of Disbursement gas | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 29.16 | |
| 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) ▼ | Transaction ID : SB17.63279 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Ynakey, Bob, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018 |
| Mailing Address 6660 SW 8 St. | | FEC Identification Number C |
| City Pembroke Pines | State FL | Zip Code 33023 |
| Purpose of Disbursement Expenses | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 400.00 | |
| 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) ▼ | Transaction ID : SB17.63197 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 460.62 |
| TOTAL This Period (last page this line number only).....▶ | 244114.65 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.48978
JOE KAUFMAN FOR CONGRESS

| | | |
|---|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item JOE KAUFMAN FOR CONGRESS | | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512 | | |
| City WESTON | State FL | ZIP Code 33331 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 04 / D 24 / Y 2014 | Date Due M M / D D / Upon demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|---|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional).....▶ | <input style="width: 100%;" type="text" value="2000.00"/> |
| TOTALS This Period (last page in this line only)▶ | <input style="width: 100%;" type="text"/> |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.48979
JOE KAUFMAN FOR CONGRESS

| | | |
|--|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item JOE KAUFMAN FOR CONGRESS | | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512 | | |
| City WESTON | State FL | ZIP Code 33331 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 11000.00 | 9500.00 | 1500.00 |

| | | | | |
|--------------|----------------------|-------------------------|----------------------------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M 04 / D 30 / Y 2014 | M M / D D / Upon demand | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional)..... | 1500.00 |
| TOTALS This Period (last page in this line only) | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.5512**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 3248.21 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 3248.21 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 01 / Y 2011 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 3248.21 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.9126**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|---------------------------------------|--|
| Original Amount of Loan 5000.00 | Cumulative Payment To Date 3800.00 | Balance Outstanding at Close of This Period 1200.00 |
|------------------------------------|---------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 12 / D 31 / Y 2011 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 1200.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.20680**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 06 / D 20 / Y 2012 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 5000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22542**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 500.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 05 / Y 2012 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 500.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.22543**
JOE KAUFMAN FOR CONGRESS

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 13 / Y 2012 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 5000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22544**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 16 / Y 2012 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|-------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 1000.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.26611**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|--------------------------------------|--|
| Original Amount of Loan 3200.00 | Cumulative Payment To Date 823.50 | Balance Outstanding at Close of This Period 2376.50 |
|------------------------------------|--------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 15 / Y 2012 | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 2376.50 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50920**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 6000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 6000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---|-------------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 20 / Y 2014 Y | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 6000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50921**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 | | | |
| City WESTON | State FL | ZIP Code 33331 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 6000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 6000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---|-------------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 20 / Y 2014 Y | Date Due M M / D D / Upon Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---|-------------------------------------|--|---|

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 6000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.58526**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Kaufman, Joseph, , , | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 8708 NW 82 ST. | | | |
| City Tamarac | State FL | ZIP Code 33321 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5745.93 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5745.93 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------------|--|---|
| TERMS | Date Incurred M 03 / D 05 / Y 2015 | Date Due M M / D D / Y on demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------------|--|---|

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

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

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 5745.93 |
| TOTALS This Period (last page in this line only).....▶ | 39570.64 |

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC. | | | Nature of Debt (Purpose): Direct Mail Creative Fees |
| Mailing Address 1155 15th St NW STE 410 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 20235.44 | Transaction ID : SD10.33907 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20235.44 |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA SYSTEMS CORP | | | Nature of Debt (Purpose): Direct Mail Program Postage |
| Mailing Address 1155 - 15TH STREET, NW | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 6552.89 | Transaction ID : SD10.33908 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6552.89 |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECT MAIL PROCESSORS, INC. | | | Nature of Debt (Purpose): Direct Mail Program Postage |
| Mailing Address 2976 Penwick Lane | | | |
| City Dunkirk | State MD | Zip Code 20754 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 102.55 | Transaction ID : SD10.33909 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 102.55 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 26890.88 |
| 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) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM | | | Nature of Debt (Purpose): Direct Mail Program Printing & Mailshop |
| Mailing Address 22695 Commerce Center Court | | | |
| City Dulles | State VA | Zip Code 20166 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 10210.45 | Transaction ID : SD10.33910 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 10210.45 |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC. - BROKERAGE | | | Nature of Debt (Purpose): Direct Mail List Rental |
| Mailing Address 1155 - 15TH STREET, NW SUITE 410 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 6327.81 | Transaction ID : SD10.33911 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6327.81 |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC. - MANAGEMENT | | | Nature of Debt (Purpose): Direct Mail List Management |
| Mailing Address 1155 15th St NW | | | |
| City Washington | State FL | Zip Code 20005 | |

| | | |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 6769.75 | Transaction ID : SD10.33912 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6769.75 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 23308.01 |
| 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) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIMPKINS ESCROW LLC | | | Nature of Debt (Purpose): Indirect Prog Exp Caging & Escrow |
| Mailing Address 29243 St Just Dr | | | |
| City UNIONVILLE | State VA | Zip Code 22567 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.33913 | |
| 93.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 93.00 | |

| | | | |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| | | | |
| Amount Incurred This Period | Payment 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 | | Outstanding Balance at Close of This Period | |
| | | | |
| Amount Incurred This Period | Payment This Period | | |
| | | | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 93.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | 50291.89 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | 39570.64 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 89862.53 |