

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street) 2645 EXECUTIVE PARK DRIVE STE 512

Check if different than previously reported. (ACC)

WESTON

FL

33331

2. **FEC IDENTIFICATION NUMBER** ▼

C C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

20

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 JOE KAUFMAN

Signature of Treasurer JOE KAUFMAN

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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))....	9958.18	65839.02
(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)).....	9958.18	65839.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11945.56	31701.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1150.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11945.56	30551.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	399843.76	
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).....	99362.53	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8255.59	23146.71
(ii) Unitemized.....	1702.59	42692.31
(iii) TOTAL of contributions from individuals ▶	9958.18	65839.02
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9958.18	65839.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5745.93
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5745.93
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1150.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9958.18	72734.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11945.56	31701.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11945.56	31701.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	401831.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9958.18
25. SUBTOTAL (add Line 23 and Line 24).....	411789.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11945.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	399843.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS ELLOINE M CLARK

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code
DALLAS TX 75205

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.58704

Amount of Each Receipt this Period
2700.00

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

Mailing Address 622 Jasmine La

City State Zip Code
Sunset Beach NC 28468

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.52

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2015

Transaction ID : SA11AI.58762

Amount of Each Receipt this Period
33.42

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

Mailing Address 622 Jasmine La

City State Zip Code
Sunset Beach NC 28468

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
233.94

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SA11AI.58768

Amount of Each Receipt this Period
33.42

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

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

2766.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
jorge linkewer

Mailing Address 18205 biscane blvd.

City State Zip Code
aventura FL 33160

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.58701

Amount of Each Receipt this Period
250.00

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

Mailing Address 21520 Pioneer Blvd.
Ste. 205

City State Zip Code
Hawaiian Gardens CA 90716

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.58706

Amount of Each Receipt this Period
2700.00

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

Mailing Address 21520 Pioneer Blvd.
Ste. 205

City State Zip Code
Hawaiian Gardens CA 90716

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.58708

Amount of Each Receipt this Period
2300.00

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

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

5250.00

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

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

FOR LINE NUMBER: PAGE 7 OF 26
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
bernard Murciano

Mailing Address 4000 Hollywood Blvd
Suite 555-S

City Hollywood State FL Zip Code 33021

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

Name of Employer 123 EDI Occupation Software Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11Al.58757

Amount of Each Receipt this Period
 238.75

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

238.75

8255.59

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 8 OF 26	
	<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. T-MOBILE.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address online		Amount of Each Disbursement this Period 179.76 Transaction ID : SB17.58785
City	State Zip Code	
Purpose of Disbursement Cell phone	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. T-MOBILE.COM		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address online		Amount of Each Disbursement this Period 403.01 Transaction ID : SB17.58820
City	State Zip Code	
Purpose of Disbursement Cell phone	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kim Johnson		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 10275 Collins Ave. #832		Amount of Each Disbursement this Period 630.00 Transaction ID : SB17.58819
City	State Zip Code	
Bal Harbor	FL 33154	
Purpose of Disbursement Fundraising	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1212.77
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 9 OF 26			
	<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. Joseph Kaufman		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 8708 NW 82 ST.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.58778
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Reimburse loan	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Joseph Kaufman		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 8708 NW 82 ST.		Amount of Each Disbursement this Period 3700.00 Transaction ID : SB17.58788
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Reimburse loan	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Joseph Kaufman		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 8708 NW 82 ST.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.58796
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Reimburse loan	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5200.00
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 10 OF 26			
	<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. Joseph Kaufman			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015	
Mailing Address 8708 NW 82 ST.			Amount of Each Disbursement this Period 4300.00	
City Tamarac	State FL	Zip Code 33321	Transaction ID : SB17.58826	
Purpose of Disbursement Reimburse loan		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. LAKESIDE EXECUTIVE			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 2645 Executive Park Dr			Amount of Each Disbursement this Period 112.36	
City Weston	State FL	Zip Code 33331	Transaction ID : SB17.58777	
Purpose of Disbursement Office rent		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. LAKESIDE EXECUTIVE			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015	
Mailing Address 2645 Executive Park Dr			Amount of Each Disbursement this Period 112.36	
City Weston	State FL	Zip Code 33331	Transaction ID : SB17.58808	
Purpose of Disbursement Office rent		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4524.72
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 11 OF 26			
	<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. LAKESIDE EXECUTIVE		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 2645 Executive Park Dr		Amount of Each Disbursement this Period 112.36
City Weston	State FL Zip Code 33331	
Purpose of Disbursement Office rent	Candidate Name	Transaction ID : SB17.58821
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	112.36
TOTAL This Period (last page this line number only).....	11049.85

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) JOE KAUFMAN FOR CONGRESS	[PERSONAL FUNDS]	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	State	ZIP Code
WESTON	FL	33331

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 24 / 2014	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).....	2000.00
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/10.48979**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) JOE KAUFMAN FOR CONGRESS	[PERSONAL FUNDS]	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	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 30 / 2014	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).....	▶	11000.00
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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE
STE 512

City

State

ZIP Code

WESTON

FL

33331

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 Y

Date Due

M M / D D / Y Upon Demand Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9126

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE
STE 512

City

State

ZIP Code

WESTON

FL

33331

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 / D / Y Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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) **JOE KAUFMAN** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2645 EXECUTIVE PARK DRIVE # 512

City State ZIP Code
 WESTON FL 33331

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 / D / Y Upon Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	-----------------------------------	-------------------------------	---

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

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22542

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

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 Y

Date Due

M / D / Y Upon Demand Y Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22543

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

07 / 13 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22544

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

07 / 16 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26611

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

3200.00

Cumulative Payment To Date

823.50

Balance Outstanding at Close of This Period

2376.50

TERMS

Date Incurred

MM / DD / YYYY
08 / 15 / 2012

Date Due

MM / DD / YYYY
Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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) **JOE KAUFMAN** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 2645 EXECUTIVE PARK DRIVE # 512

City State ZIP Code
 WESTON FL 33331

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 M / D D / Y Y Y Y 08 / 20 / 2014	Date Due M M / D D / Y Y Y Y Upon Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	-------------------------------	---

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

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.50921

JOE KAUFMAN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

JOE KAUFMAN

Primary
 General
 Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

20

2014

Upon Demand

0.00

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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) **Joseph Kaufman** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
8708 NW 82 ST.
 City State ZIP Code
 Tamarac FL 33321

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

TERMS
 Date Incurred: M 03 / D 05 / Y 2015
 Date Due: M M / D D / Y on demand
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	5745.93
TOTALS This Period (last page in this line only).....	49070.64

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BASE CONNECT, INC.

Mailing Address 1155 15th St NW
STE 410

City State Zip Code
Washington DC 20005

Nature of Debt (Purpose):
Direct Mail Creative Fees

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

Mailing Address 1155 - 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

Nature of Debt (Purpose):
Direct Mail Program Postage

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.

Mailing Address 2976 Penwick Lane

City State Zip Code
Dunkirk MD 20754

Nature of Debt (Purpose):
Direct Mail Program Postage

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	State	Zip Code
Dulles	VA	20166

Outstanding Balance Beginning This Period	Transaction ID : SD10.33910	
<input type="text" value="10210.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	State	Zip Code
WASHINGTON	DC	20005

Outstanding Balance Beginning This Period	Transaction ID : SD10.33911	
<input type="text" value="6327.81"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	State	Zip Code
Washington	FL	20005

Outstanding Balance Beginning This Period	Transaction ID : SD10.33912	
<input type="text" value="6769.75"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6769.75"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="23308.01"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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 State	Zip Code	
UNIONVILLE VA	22567	

Outstanding Balance Beginning This Period	Transaction ID : SD10.33913	
<input type="text" value="93.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="93.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="50291.89"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="49070.64"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="99362.53"/>