

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. Jonathan Hoffman for Congress

12FE4M5

ADDRESS (number and street) PO Box 12110 Charleston SC 29422

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00540914 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT SC 01

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

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

5. Covering Period 02 / 28 / 2013 through 03 / 31 / 2013

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 Matthew G. Watson Signature of Treasurer Matthew G. Watson [Electronically Filed] Date 04 / 17 / 2013

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Jonathan Hoffman 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))....	8200.00	63209.25
(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)).....	8200.00	63209.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33145.89	62139.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33145.89	62138.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1070.45	
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).....	7516.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jonathan Hoffman 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).....	5225.00	46364.25
(ii) Unitemized.....	2975.00	14345.00
(iii) TOTAL of contributions from individuals ▶	8200.00	60709.25
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	2500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8200.00	63209.25
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.32
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)..... ▶	8200.00	63209.57

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33145.89	62139.12
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) ▶	33145.89	62139.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26016.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8200.00
25. SUBTOTAL (add Line 23 and Line 24).....	34216.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33145.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1070.45

**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 25
	<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)
Jonathan Hoffman for Congress

A. Full Name (Last, First, Middle Initial)
Rowland Alston

Mailing Address 739 Byron Road

City Columbia State SC Zip Code 29209

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

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2013

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period
 250.00

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

Mailing Address 626 Lexington Place

City Washington State DC Zip Code 20002

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

Name of Employer General Electric Occupation Government Affairs

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
 250.00

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

Mailing Address 112 Sanctuary Cove

City Yorktown State VA Zip Code 23693

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

Name of Employer Huntington Ingalls Industrues Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2013

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jonathan Hoffman for Congress

A. Full Name (Last, First, Middle Initial)
Jackson Castleberry

Mailing Address 1721 Hummingbird Lane NE

City Atlanta State GA Zip Code 30307

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

Name of Employer Google Occupation Business

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2013

Transaction ID : SA11AI.4393

Amount of Each Receipt this Period
250.00

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

Mailing Address 7861 Murray Hill Road

City Laurel State MD Zip Code 20723

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

Name of Employer Self Occupation Real Estate

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2013

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 11682

City Columbia State SC Zip Code 29211

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

Name of Employer Grimsley Law Firm Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2013

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jonathan Hoffman for Congress

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

Mailing Address 1 Angel Oak Ct

City Greenville State SC Zip Code 29615

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

Name of Employer Retired Occupation Retired

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2013

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
 100.00

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

Mailing Address 104 Cureton Street

City Greenville State SC Zip Code 29605

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

Name of Employer Erwin Penland Advertising Occupation Advertising Executive

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2013

Transaction ID : SA11AI.4390

Amount of Each Receipt this Period
 25.00

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

Mailing Address 1521 Cambridge Place

City Anniston State AL Zip Code 36207

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

Name of Employer Operations Officer Occupation Regions

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
 250.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jonathan Hoffman for Congress

A. Full Name (Last, First, Middle Initial)
Sigal Pearl Mandelker

Mailing Address 427 E. 9th Street

City State Zip Code
New York NY 10009

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

Name of Employer Occupation
Proskauer Lawyer

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2013

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
250.00

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

Mailing Address 209 Princess St.

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Verizon Lawyer

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2013

Transaction ID : SA11AI.4387

Amount of Each Receipt this Period
250.00

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

Mailing Address 6920 Hills Forest Drive

City State Zip Code
Dallas TX 75230

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

Name of Employer Occupation
Retired Retired

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2013

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) Michael Neifach		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 07 / 2013
Mailing Address 3106 Rittenhouse St. NW		Transaction ID : SA11AI.4384
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Jackson Lewis LLP	Occupation Attorney	
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) Robert Ryan		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2013
Mailing Address 141 Parsonage Road		Transaction ID : SA11AI.4354
City Breenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Elliot Management	Occupation Finance	
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Charity Wallace		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 02 / 2013
Mailing Address 8409 Pickwick Ln #196		Transaction ID : SA11AI.4383
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer George W. Bush Institute	Occupation Director, Women's Initiative	
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	5225.00

**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 10 OF 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Arnold Group Communications		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2013
Mailing Address 520 N. Ave. I		Amount of Each Disbursement this Period 1125.00 Transaction ID : SB17.4409
City Crowley	State LA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

Full Name (Last, First, Middle Initial) B. Arnold Group Communications		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address 520 N. Ave. I		Amount of Each Disbursement this Period 651.46 Transaction ID : SB17.4424
City Crowley	State LA	
Purpose of Disbursement Operating Expense Reimbursement	001	Category/ Type
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

Full Name (Last, First, Middle Initial) c. Arnold Group Communications		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address 520 N. Ave. I		Amount of Each Disbursement this Period 1125.00 Transaction ID : SB17.4429
City Crowley	State LA	
Purpose of Disbursement Consulting	001	Category/ Type
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2901.46
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 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Joshua Baumgartner		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4410
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Joshua Baumgartner		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 31.08 Transaction ID : SB17.4423
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Joshua Baumgartner		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4428
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	531.08
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 12 OF 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Joshua Baumgartner		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4434
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Joshua Baumgartner		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.4435
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Joshua Baumgartner		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 73.45 Transaction ID : SB17.4436
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	393.45
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 13 OF 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. David Field		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address PO Box 12110		Amount of Each Disbursement this Period 382.41 Transaction ID : SB17.4444
City Charleston	State SC	
Zip Code 29422	Purpose of Disbursement Reimbursement	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. David Field		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address PO Box 12110		Amount of Each Disbursement this Period 126.51 Transaction ID : SB17.4442
City Charleston	State SC	
Zip Code 29422	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Reed Galen		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 1815 Newport Hills Drive East		Amount of Each Disbursement this Period 729.14 Transaction ID : SB17.4450
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement Travel Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1238.06
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 14 OF 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Reed Galen		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 1815 Newport Hills Drive East		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4451
City Newport Beach	State CA	
Purpose of Disbursement Web Ads		Category/ Type 004
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary
State: SC	District: 01	

Full Name (Last, First, Middle Initial) B. Taylor Haulsee		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address PO Box 12110		Amount of Each Disbursement this Period 228.33 Transaction ID : SB17.4443
City Charleston	State SC	
Purpose of Disbursement Reimbursement		Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary
State: SC	District: 01	

Full Name (Last, First, Middle Initial) C. JONATHAN HOFFMAN		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2013
Mailing Address PO BOX 12110		Amount of Each Disbursement this Period 368.51 Transaction ID : SB17.4415
City CHARLESTON	State SC	
Purpose of Disbursement Reimbursement		Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary
State: SC	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	5596.84
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 15 OF 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Legare Jones Jr.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address PO Box 12110		Amount of Each Disbursement this Period 352.60 Transaction ID : SB17.4445
City Charleston	State SC	
Zip Code 29422	Purpose of Disbursement Reimbursement	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4411
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4425
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1852.60
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 16 OF 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 70.31 Transaction ID : SB17.4426
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Reimbursement	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4431
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.4432
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1030.31
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 17 OF 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 424.13 Transaction ID : SB17.4433
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Expense Reimbursement	Category/ Type 001
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Zachary Lamb		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address P.O. Box 12110		Amount of Each Disbursement this Period 264.45 Transaction ID : SB17.4437
City Charleston	State NC	
Zip Code 29422	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Life Productions		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2013
Mailing Address 1608 Wood Nymph Trail		Amount of Each Disbursement this Period 931.83 Transaction ID : SB17.4416
City Lookout Mountain	State GA	
Zip Code 30750	Purpose of Disbursement Video Recording	Category/ Type 004
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1620.41
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 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Main Street Media Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address PO BOX 25093		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4408
City Alexandria	State VA	
Purpose of Disbursement Television Advertising	Category/ Type 004	
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

Full Name (Last, First, Middle Initial) B. Main Street Media Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address PO BOX 25093		Amount of Each Disbursement this Period 2838.00 Transaction ID : SB17.4421
City Alexandria	State VA	
Purpose of Disbursement Television Advertising	Category/ Type 004	
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

Full Name (Last, First, Middle Initial) c. Allison Meyers		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address 200 2nd Ave S #214		Amount of Each Disbursement this Period 307.26 Transaction ID : SB17.4420
City St. Petersburg	State FL	
Purpose of Disbursement Reimbursement - Mileage	Category/ Type 002	
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	13145.26
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 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Allison Meyers		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address 200 2nd Ave S #214		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4422
City St. Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Consulting	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Allison Meyers		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013
Mailing Address 200 2nd Ave S #214		Amount of Each Disbursement this Period 367.23 Transaction ID : SB17.4430
City St. Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Allison Meyers		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address 200 2nd Ave S #214		Amount of Each Disbursement this Period 243.12 Transaction ID : SB17.4438
City St. Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3610.35
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 20 OF 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 63.27 Transaction ID : SB17.4397
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 03 / 01 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 102.94 Transaction ID : SB17.4398
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 03 / 04 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 37.38 Transaction ID : SB17.4399
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: SC	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	203.59
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 25			
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 75.65 Transaction ID : SB17.4400
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 109.26 Transaction ID : SB17.4401
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 264.57 Transaction ID : SB17.4402
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	449.48
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 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 153.00 Transaction ID : SB17.4458
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 7.20 Transaction ID : SB17.4403
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

Full Name (Last, First, Middle Initial) c. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 35.96 Transaction ID : SB17.4404
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees	Category/ Type 003
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: SC District: 01	

SUBTOTAL of Disbursements This Page (optional).....	196.16
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 25	
	<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)
Jonathan Hoffman for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 20.13 Transaction ID : SB17.4405
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees 003 Category/Type	
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.4406
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees 003 Category/Type	
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) c. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.4407
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Merchan Fees 003 Category/Type	
Candidate Name Jonathan Hoffman for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		

SUBTOTAL of Disbursements This Page (optional).....	31.63
TOTAL This Period (last page this line number only).....	32800.68

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

NAME OF COMMITTEE (In Full)

Jonathan Hoffman for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arena Communications		Nature of Debt (Purpose): Mail List
Mailing Address 1780 Sequoia Vista Circle		
City State	Zip Code	
Salt Lake City	UT 84104	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4362	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1300.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arnold Group Communications		Nature of Debt (Purpose): Consulting
Mailing Address 520 N. Ave. I		
City State	Zip Code	
Crowley	LA 70526	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4365	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1125.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1125.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arnold Group Communications		Nature of Debt (Purpose): Consulting
Mailing Address 520 N. Ave. I		
City State	Zip Code	
Crowley	LA 70526	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4366	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="367.00"/>	<input type="text" value="0.00"/>	<input type="text" value="367.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2792.00"/>
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 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Jonathan Hoffman for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arnold Group Communications	Nature of Debt (Purpose): Expense Reimbursement
Mailing Address 520 N. Ave. I	
City State Zip Code Crowley LA 70526	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4367	
Amount Incurred This Period 129.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 129.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC	Nature of Debt (Purpose): Compliance
Mailing Address 2101 Cedar Springs Rd. Ste. 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4364	
Amount Incurred This Period 2595.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2595.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jack Wagnor Film	Nature of Debt (Purpose): Video Edit
Mailing Address 1534 N. Oakley Blvd #1f	
City State Zip Code Chicago IL 60622	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4363	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) SUBTOTALS This Period This Page (optional)	4724.00
2) TOTALS This Period (last page this line number only)	7516.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	7516.00