

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                |                                                             |                                       |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>JOE KAUFMAN FOR CONGRESS                                                                                                                |                                                             |                                       |                                                                                                                                                                |
| ADDRESS (number and street) 2645 EXECUTIVE PARK DRIVE STE 512                                                                                                                  |                                                             |                                       |                                                                                                                                                                |
| CITY, STATE, and ZIP CODE<br>WESTON FL 33331                                                                                                                                   |                                                             |                                       |                                                                                                                                                                |
| <b>2. NAME OF CANDIDATE</b><br>JOE KAUFMAN                                                                                                                                     | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 20 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00501205                                                                                                               |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |                                                             |                                       |                                                                                                                                                                |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |                                                             |                                       |                                                                                                                                                                |
| Name of Employer<br>Retired                                                                                                                                                    |                                                             | Date (month, day, year)<br>10/19/2014 | Amount<br>1000.00                                                                                                                                              |
| Transaction ID : F6.54063                                                                                                                                                      |                                                             |                                       |                                                                                                                                                                |
| Occupation<br>Retired                                                                                                                                                          |                                                             |                                       |                                                                                                                                                                |
| Mr. Robert T Martin<br>9 Diamond Dr<br>Key West FL 33040                                                                                                                       |                                                             |                                       |                                                                                                                                                                |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |                                                             |                                       |                                                                                                                                                                |
| Name of Employer                                                                                                                                                               |                                                             | Date (month, day, year)               | Amount                                                                                                                                                         |
| Occupation                                                                                                                                                                     |                                                             |                                       |                                                                                                                                                                |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |                                                             |                                       |                                                                                                                                                                |
| Name of Employer                                                                                                                                                               |                                                             | Date (month, day, year)               | Amount                                                                                                                                                         |
| Occupation                                                                                                                                                                     |                                                             |                                       |                                                                                                                                                                |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |                                                             |                                       |                                                                                                                                                                |
| Name of Employer                                                                                                                                                               |                                                             | Date (month, day, year)               | Amount                                                                                                                                                         |
| Occupation                                                                                                                                                                     |                                                             |                                       |                                                                                                                                                                |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |                                                             |                                       |                                                                                                                                                                |
| Name of Employer                                                                                                                                                               |                                                             | Date (month, day, year)               | Amount                                                                                                                                                         |
| Occupation                                                                                                                                                                     |                                                             |                                       |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>JOE KAUFMAN                                                                                                                                     |                                                             | <b>DATE</b><br>10/21/2014             | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| <i>[Electronically Filed]</i>                                                                                                                                                  |                                                             |                                       |                                                                                                                                                                |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)