01/10/2014 10 : 00

PAGE 1 / 33

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	ımittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		kample: If typing ver the lines.	g, type	12FE4M5	
KUBBA FOR CO	NGRESS					1
ADDRESS (number and st	reet)	SE 				
Check if differe	nt					
than previously reported. (ACC)					VA 2	20175
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00543413		3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	
4. TYPE OF REPO	RT (Choose One)					
(a) Quarterly Report	,	(b) 12-Day PRE	E-Election Repor	rt for the:		
			Primary (12P)		General (1	2G) Runoff (12R)
April 15 Qu	arterly Report (Q1)	П	Convention (1	2C)	Special (12	2S)
July 15 Qua	arterly Report (Q2)	_			(
October 15	Quarterly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of
X January 31	Year-End Report (YE)	(c) 30-Day PO \$	ST-Election Rep	ort for the:	 :	
			General (30G)		Runoff (30	R) Special (30S)
Termination	Report (TER)	Election on	M M /	D D /	Y	in the State of
5. Covering Period	05 / D D 01	2013	through	м ^м м 12	/ 31 /	2013
I certify that I have exam	nined this Report and to	o the best of my ki	nowledge and b	pelief it is t	rue, correct and	l complete.
Type or Print Name of Ti	reasurer Ms Sandra L	ea Derr				
Signature of Treasurer	Ms Sandra Lea Derr		[Electronically F	`iled]	Date 01	10 / 2014
NOTE: Submission of false	e, erroneous, or incomple	ete information may	subject the pers	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office						FEC FORM 3
Use Only						(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 33

Write or Type Committee Name

KUBBA FOR CONGRESS

R	Report Covering the Period: From:	5 01 / 2013 To:	12 d 31 d 7 d 2013 d 7								
		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))	405.00	5.00								
	(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))	405.00	5.00								
7.	Net Operating Expenditures										
	(a) Total Operating Expenditures (from Line 17)	1846.09	0.20								
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00								
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1846.09	0.20								
8.	Cash on Hand at Close of Reporting Period (from Line 27)	20247.26									
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)	21688.35									
_											

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

PAGE 3 / 33

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KUBBA FOR CONGRESS

	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)	5.00	5.00
	(ii) Unitemized	400.00	0.00
	(iii) TOTAL of contributions from individuals	405.00	5.00
	(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
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	405.00	5.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	21688.35	114.49
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	21688.35	114.49
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	22093.35	119.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

ements PAGE 4 / 33

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	1846.09	0.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans(c) TOTAL LOAN REPAYMENTS	0.00	0.00
(add Lines 19(a) and (b))	0.00	0.00
REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(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)	1846.09	0.20
III. CASH	H SUMMARY	
23. CASH ON HAND AT BEGINNING OF R	EPORTING PERIOD	0.00
24 TOTAL RECEIPTS THIS PERIOD (from	Line 16, page 3)	22093.35
25. SUBTOTAL (add Line 23 and Line 24)		22093.35
26. TOTAL DISBURSEMENTS THIS PERIOD	O (from Line 22)	1846.09
27. CASH ON HAND AT CLOSE OF REPORT (subtract Line 26 from Line 25)	RTING PERIOD	20247.26

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

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

FOR L	LINE N	IUMBER:	PAGE	5	OF	33
(check	only	one)				
X_1	11a	11b	11c	110	d	
1	12	13a	13b	14		15

		tatements may not be sold or used by any per- name and address of any political committee t	
\rangle	NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS		
۹.	Full Name (Last, First, Middle Initial) Sam Kubba Mailing Address 105 MAX CT SE		Date of Receipt
	City	State Zip Code	12 23 2013
	LEESBURG	VA 20175	Transaction ID : SA11AI.4167
	FEC ID number of contributing federal political committee.	C H4VA20055	Amount of Each Receipt this Period 5.00
	Name of Employer retired	Occupation retired architect	Sam Kubba via Act Blue
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 21205.00	
_	Full Name (Last, First, Middle Initial)		Date of Receipt
٥.	Mailing Address		M M
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	,
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
	Full Name (Last, First, Middle Initial)		Date of Receipt
Э.	Mailing Address		M M / D D / Y Y Y Y
	Full Name (Last, First, Middle Initial) Sam Kubba Mailing Address 105 MAX CT SE City LEESBURG FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2014 Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Feceipt For: Primary General Other (specify) FEC ID number of contributing federal political committee. Name of Employer Receipt For: General Other (specify) General Other (specify)	State Zip Code	
		C	Amount of Each Receipt this Period
	Name of Employer	Occupation	, ,
	Primary General	Election Cycle-to-Date	
s	SUBTOTAL of Receipts This Page (optional)		5.00
	OTAL This Period (last page this line number o		5.00

Other (specify)

| Primary

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

General

lmage# 14960008039		
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	pory of the 11a 11b 11c 11d
		r used by any person for the purpose of soliciting contributions olitical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS		
Full Name (Last, First, Middle Initial) Sam Kubba Mailing Address 105 MAX CT SE		Date of Receipt 07 12 2013
City LEESBURG	State Zip Code VA 20175	Transaction ID : SA13A.4099
FEC ID number of contributing federal political committee.	C H4VA20055	Amount of Each Receipt this Period
Name of Employer retired	Occupation retired architect	Loan from Sam Kubba
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	21200.00
Full Name (Last, First, Middle Initial) SAM A.A. KUBBA		Date of Receipt
Mailing Address 105 MAX CT SE		08 12 2013
City LEESBURG	State Zip Code VA 20175	Transaction ID : SA13A.4149
FEC ID number of contributing federal political committee.	C H4VA10055	Amount of Each Receipt this Period
Name of Employer	Occupation retired architect	Office Depot, copies, Sam paid cash but wants
Receipt For: 2014	Election Cycle-to-Date	reimbursed

Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 2013 12 City State Zip Code Transaction ID: SA13A.4150 VA **LEESBURG** 20175 FEC ID number of contributing C H4VA10055 Amount of Each Receipt this Period

federal political committee. 4.70 Name of Employer Occupation retired retired architect SBUX - 'dream team' meeting, Sam paid but wants reimbursed Receipt For: 2014 Election Cycle-to-Date Primary General 18.47 Other (specify)

13.77

SUBTOTAL of Receipts This Page (optional)			Ξ	,	I		,	Ι	2121	18.47	7
TOTAL This Period (last page this line number only)		_		-5-	-	-	-5-	-	-	-	_

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE 7 OF 33									
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page	11a 11b	11c 11d									
Detailed Suffilliary Fage	12 X 13a	13b 14 15									
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad-NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 80 2013 12 City State Zip Code Transaction ID: SA13A.4151 VA 20175 **LEESBURG** FEC ID number of contributing Amount of Each Receipt this Period H4VA10055 federal political committee. 56.75 Name of Employer Occupation Lunch 'Dream Team' Sam paid but wants reimbursed retired retired architect Receipt For: 2014 Election Cycle-to-Date | Primary General 75.22 Other (specify) Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 10 2013 Citv State Zip Code Transaction ID: SA13A.4152 **LEESBURG** VA 20175 FEC ID number of contributing C H4VA10055 Amount of Each Receipt this Period federal political committee. 31.93 Name of Employer Occupation retired architect Office Depot, printing, Sam paid cash but wants retired reimbursed Receipt For: 2014 Election Cycle-to-Date | Primary General 107.15 Other (specify) Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 2013 11 City Zip Code State Transaction ID: SA13A.4153 VA **LEESBURG** 20175 FEC ID number of contributing C H4VA10055 Amount of Each Receipt this Period federal political committee. 14.66 Name of Employer Occupation retired retired architect Office Depot printing, Sam paid Cash but wants reimbursed Receipt For: 2014 Election Cycle-to-Date Primary General 121.81 Other (specify) 103.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

		FOR LINE NUMBER: PAGE 8 OF 33 (check only one) 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS	ne name and address of any political committe	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Mailing Address 105 MAX CT SE City LEESBURG FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2014 Primary General Other (specify)	State Zip Code VA 20175 C H4VA10055 Occupation retired architect Election Cycle-to-Date	Date of Receipt 99 12 2013 Transaction ID : SA13A.4154 Amount of Each Receipt this Period 12.51 Office Depot, color copies, Sam paid cash but wants reimbursed
Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Mailing Address 105 MAX CT SE City LEESBURG FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2014 Primary General Other (specify)	State Zip Code VA 20175 C H4VA10055 Occupation retired architect Election Cycle-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Mailing Address 105 MAX CT SE City LEESBURG FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2014 Primary General Other (specify)	State Zip Code VA 20175 C H4VA10055 Occupation retired architect Election Cycle-to-Date	Date of Receipt M M M / D D / 2013 Transaction ID : SA13A.4156 Amount of Each Receipt this Period 28.59 Costco supplies for launching, Sam paid cash but want reimbursed
SURTOTAL of Receipts This Page (optional)		51.59

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Full Name (Last, First, Middle Initial)

SAM A.A. KUBBA

Date of Receipt

Detailed Summary Page **X** 13a 13b 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) KUBBA FOR CONGRESS Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 2013 21 City State Zip Code Transaction ID: SA13A.4157 VA 20175 **LEESBURG** FEC ID number of contributing Amount of Each Receipt this Period H4VA10055 federal political committee. 22.05 Name of Employer Occupation Office Depot, copies, Sam paid cash but wants retired retired architect reimbursed Receipt For: 2014 Election Cycle-to-Date | Primary General 195.45 Other (specify) Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 22 2013 City State Zip Code Transaction ID: SA13A.4138 **LEESBURG** VA 20175 FEC ID number of contributing C H4VA10055 Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation retired architect Tania Hossain's Photography of launching which Sam retired paid in cash and wants reimbursed Receipt For: 2014 Election Cycle-to-Date | Primary General 295.45 Other (specify)

Mailing Address 105 MAX CT SE		09 27 2013
City LEESBURG	State Zip Code VA 20175	Transaction ID : SA13A.4136
FEC ID number of contributing federal political committee.	C H4VA10055	Amount of Each Receipt this Period
Name of Employer	Occupation	68.92
retired	retired architect	Office Depot, supplies, copies, Sam paid cash but wants
Receipt For: 2014	Election Cycle-to-Date	reimbursed
Primary General Other (specify)	364.37	

SUBTOTAL of Receipts This Page (optional)		Ξ	Ξ	,	Ξ	Ι	,	Ι	19	90.9	7	
	П	7	7	7						7		٦
TOTAL This Period (last page this line number only)	_			-5			-5	-	-	-	-	_

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE 10 OF 33						
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	11a 11b	11c 11d						
	12 X 13a	13b 14 15						
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.								

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad-NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 2013 28 City State Zip Code Transaction ID: SA13A.4137 VA 20175 **LEESBURG** FEC ID number of contributing Amount of Each Receipt this Period H4VA10055 federal political committee. Name of Employer Occupation Party City, plastic tablecloths and utensils for launch retired retired architect which Sam paid and wants reimbursed Receipt For: 2014 Election Cycle-to-Date | Primary General 373.86 Other (specify) Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 15 2013 Citv State Zip Code Transaction ID: SA13A.4139 **LEESBURG** VA 20175 FEC ID number of contributing C H4VA10055 Amount of Each Receipt this Period federal political committee. 56.17 Name of Employer Occupation retired architect booklets for Dem meeting 11/16 which Sam paid cash retired and wants reimbursed Receipt For: 2014 Election Cycle-to-Date | Primary General 430.03 Other (specify) Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Date of Receipt Mailing Address 105 MAX CT SE 2013 12 05 City State Zip Code Transaction ID: SA13A.4162 VA **LEESBURG** 20175 FEC ID number of contributing С H4VA10055 Amount of Each Receipt this Period federal political committee. 18.00 Name of Employer Occupation retired retired architect Union Station parking- meeting w fund raising group Receipt For: 2014 Election Cycle-to-Date Primary General 448.03 Other (specify) 83.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:			PAGE	1	1 OF	:	33		
Use separate schedule(s)	(check only one)									
for each category of the		11a		11b		11c		11d		
Detailed Summary Page		12	X	13a		13b		14		15
not be sold or used by any person for the purpose of soliciting contributions										

		I I	
	ly information copied from such Reports and St for commercial purposes, other than using the		
\rangle	NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS		
۱.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 550 E Market Street City Leesburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify)	State Zip Code VA 20176 C Occupation Election Cycle-to-Date	Date of Receipt 11 18 2013 Transaction ID: SA13A.4163 Amount of Each Receipt this Period 1.25 copies
3.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 550 E Market Street City Leesburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify)	State Zip Code VA 20176 C Occupation Election Cycle-to-Date	Date of Receipt 11 21 2013 Transaction ID: SA13A.4164 Amount of Each Receipt this Period 1.25 copies
> -	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 550 E Market Street City Leesburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify)	State Zip Code VA 20176 C Occupation Election Cycle-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	UBTOTAL of Receipts This Page (optional)		15.01
T	OTAL This Period (last page this line number o	nly)	

SCHEDULE A (FEC Form 3)

33 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page

ITEMIZED RECEIPTS **X** 13a 12 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS Full Name (Last, First, Middle Initial) Office Depot Date of Receipt Mailing Address 550 E Market Street 2013 12 City State Zip Code Transaction ID: SA13A.4166 VA 20176 Leesburg FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.31 Name of Employer Occupation laminate Receipt For: 2014 Election Cycle-to-Date Primary General 40.32 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee.

Name of Employer	Occupation	L,,
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	L,,
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
UBTOTAL of Receipts This Page (optional)	25.31

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE		PAGE	13	OF	33		
Use separate schedule(s)	(check on							
for each category of the Detailed Summary Page	X	17		18		19a		191
Detailed Suffillary 1 age		20a		20b		20c		21

- '		Detailed Summa	ry Page	20a 20b 20c 21		
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and			rson for the purpose of soliciting contributions		
\rangle	NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS					
	Full Name (Last, First, Middle Initial)					
۹.	Event Insurance Now			Date of Disbursement		
	Mailing Address PO Box 69508			09 29 2013		
	City State	Zip Code		Amount of Each Disbursement this Period		
	Portland OR	97239	Т	265.00		
	Purpose of Disbursement		007	265.00		
	Candidate Name		Category/ Type	Transaction ID : SB17.4108		
	Office Sought: House Disbursement Formation		, , ,			
	Full Name (Last, First, Middle Initial)					
3.	International Graphics Printing Co			Date of Disbursement		
	Mailing Address 10710 Tucker St			07		
	City State	Zip Code		Amount of Each Disbursement this Period		
	Beltsville MD	20705	ı	461.10		
	Purpose of Disbursement business cards, flyers etc		006	461.10 Transaction ID : SB17.4113		
	Candidate Name KUBBA FOR CONGRESS		Category/ Type			
	Office Sought: Senate Disbursement Formation		, ,,			
	Full Name (Last, First, Middle Initial)					
Э.	Northern Virginia Community College			Date of Disbursement		
	Mailing Address 1000 Harry Flood Byrd Highway			09 19 2013		
	•	Zip Code		Amount of Each Disbursement this Period		
		20164		603 EE		
	Purpose of Disbursement Waddell Theater rental		007	603.55		
	Candidate Name KUBBA FOR CONGRESS		Category/ Type	Transaction ID : SB17.4110		
_	Office Sought: Senate President Other		-			
s	SUBTOTAL of Disbursements This Page (optional)					
	J (, , ,					
Т	TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

			20a 20b 20c 21
	y information copied from such Reports and Statements may not be sold or u for commercial purposes, other than using the name and address of any political purposes.		
\	NAME OF COMMITTEE (In Full)		
\rangle	KUBBA FOR CONGRESS		
	Full Name (Last, First, Middle Initial)		
۹.	Northern Virginia Community College		Date of Disbursement
	Mailing Address 1000 Harry Flood Byrd Highway		09 20 2013
	City State Zip Code Sterling VA 20164		Amount of Each Disbursement this Period
	Purpose of Disbursement		175.50
	use of parking lot for guests	007	Transaction ID : SB17.4112
	Candidate Name KUBBA FOR CONGRESS	Category/ Type	
	Office Sought: Disbursement For: 2014		
	Senate Primary General		
	President Other (specify) State: VA District: 10		
	Full Name (Last, First, Middle Initial)		
3.			Date of Disbursement
	Mailing Address		M M / D D / Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category/ Type	
	Office Sought: House Disbursement For:		
	Senate Primary General		
	President Other (specify) State: District:		
	Full Name (Last, First, Middle Initial)		
Э.			Date of Disbursement
	Mailing Address		M M / D D / Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category/ Type	
	Office Sought: House Disbursement For:		
	Senate Primary General President Other (specify)		
	State: District:		
	1		475.50
S	UBTOTAL of Disbursements This Page (optional)		175.50
_	OTAL This Devied (lock some this line provides and)		1505.15
Τ	OTAL This Period (last page this line number only)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

15

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4099 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Sam Kubba General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 21200.00 0.00 21200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D12 2013 0.00 **ASAP** % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 21200.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

16 OF

	1
X	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4149 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 13.77 0.00 13.77 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M ^D12 2013 0.00 **ASAP** % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 13.77 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

17

X 13a

33

DAN5	Detailed Summary Page (Check only one) 13a
AME OF COMMITTEE (In Full) KUBBA FOR CONGRESS	Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, Middle Initial) SAM A.A. KUBBA	Election: 2014 Primary General
Mailing Address 105 MAX CT SE	Other (specify)
City State ZIP Co	
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period
4.70	0.00
Date Incurred Date Due	e Interest Rate Secured: AŠAP 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)	4.70
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	, , , , , , , , , , , , , , , , , , , ,

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

18

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4151 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 56.75 0.00 56.75 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M ^D12 2013 0.00 **ASAP** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 56.75 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

19

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4152 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 31.93 0.00 31.93 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D10^D 2013 0.00 **ASAP** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 31.93 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.

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

FOR LINE NUMBER: (check only one)

PAGE 20

13a 13b

OF

33

LOAITO		Detailed Summary Page	13b
NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS		Transact	ion ID : SC/10.4153
LOAN SOURCE Full Name (Last, First, Midd SAM A.A. KUBBA	dle Initial)		Election: 2014 Primary General
Mailing Address 105 MAX CT SE			Other (specify)
City	State ZIP Code)	
LEESBURG	VA 20175		
Original Amount of Loan	Cumulative Payment To D	ate Balar	nce Outstanding at Close of This Period
14.66		0.00	14.66
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 11 D / Y Ž013 Y	M / D D / Y A	SAP 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		ies No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)			14.66
Carry outstanding balance only to LINE 3. Sche	adula D for this line If no	Schedule D. carry forw	and to appropriate line of Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

21

×	13a
	13b

33

OF

Detailed Summary Page Transaction ID: SC/10.4154 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12.51 0.00 12.51 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D12 2013 0.00 åsap % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12.51 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

22

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4155 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10.49 0.00 10.49 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 09^M 2013 0.00 åsap % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10.49 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

23

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4156 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 28.59 0.00 28.59 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D 17 2013 0.00 åsap % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 28.59 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.

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

FOR LINE NUMBER: (check only one)

PAGE

24

X	13a
	13h

33

Transaction ID: SC/10.4157 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 22.05 0.00 22.05 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D ^M 09^M 2013 0.00 åsap % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 22.05 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.

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

FOR LINE NUMBER: (check only one)

PAGE

25

×	13a
	13b

33

Transaction ID: SC/10.4138 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D22 2013 0.00 åsap % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

26 OF

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4136 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 68.92 0.00 68.92 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 2013 0.00 åsap % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 68.92 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.

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

FOR LINE NUMBER: (check only one)

PAGE 27

13a 13b

OF

33

	Detailed Summary Page 13b
AME OF COMMITTEE (In Full) KUBBA FOR CONGRESS	Transaction ID : SC/10.4137
LOAN SOURCE Full Name (Last, First, Middle Initial) SAM A.A. KUBBA Mailing Address 105 MAX CT SE	Election: 2014
City State ZIP Co LEESBURG VA 20175	ode
Original Amount of Loan Cumulative Payment To 9.49	Date Balance Outstanding at Close of This Period 0.00 9.49
Date Incurred Date Due M 09 / D 28 D / Y 2013 Y M M / D D / Y	Interest Rate Secured: y asap Y 0.00
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employee
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:
FOTALS 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

28 OF

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4139 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary SAM A.A. KUBBA General Mailing Address Other (specify) \blacktriangledown 105 MAX CT SE City State ZIP Code VA 20175 **LEESBURG** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 56.17 0.00 56.17 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D 15 2013 0.00 åsap % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 56.17 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE 29

X 13a I

33

DANS			Detailed Sumr	mary Page	(oncorr only one)	13b
AME OF COMMITTEE (In Full) (UBBA FOR CONGRESS				Transaction	ID : SC/10.4162	1 1
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial)				ection: 2014 Primary General	
Mailing Address 105 MAX CT SE					Other (specify)	
City	State	ZIP Code				
LEESBURG	VA	20175				
Original Amount of Loan	Cumulative	Payment To D	ate	Balance	Outstanding at Clos	e of This Period
18.0	0	, ,	0.00			18.00
TERMS Date Incurred		Date Due	Inte	rest Rate	S	ecured:
M 12 D 05 D / Y 2013	M M / D	D / Y Y	sap	0.00	% (apr)	Yes No
List All Endorsers or Guarantors (if	any) to Loan Sour	ce				res ino
1. Full Name (Last, First, Middle Init	ial)	1	lame of Employe	er		
Mailing Address		(Occupation			
City	state ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initia	al)	1	lame of Employe	er		
Mailing Address		(Occupation			
City	state ZIP Code	(Amount Guaranteed Outstanding:	7	7	
3. Full Name (Last, First, Middle Initia	al)	1	Name of Employe	er		
Mailing Address		(Occupation			
City	tate ZIP Code		Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial	al)	1	lame of Employe	er		
Mailing Address		(Occupation			
City	state ZIP Code		Amount Guaranteed Outstanding:	7	7	
SUBTOTALS This Period This Page (op	tional)		······································		7 7	18.00
TOTALS This Period (last page in this li	ne only)				7	
Carry outstanding balance only to LINE	3. Schedule D. for	this line. If no	Schedule D. ca	arry forward	to appropriate line	of Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

30 OF

X 13a

33

Detailed Summary Page 13b Transaction ID: SC/10.4163 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Office Depot General Mailing Address Other (specify) 550 E Market Street City State ZIP Code VA 20176 Leesburg Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1.25 0.00 1.25 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D18 2013 0.00 åsap % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1.25 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.

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

FOR LINE NUMBER: (check only one)

PAGE

31

X 13a

OF

33

13b Transaction ID: SC/10.4164 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Office Depot General Mailing Address Other (specify) 550 E Market Street City State ZIP Code VA 20176 Leesburg Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1.25 0.00 1.25 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D21 ^D 2013 0.00 åsap % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1.25 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

32

×	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4165 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Office Depot General Mailing Address Other (specify) 550 E Market Street City State ZIP Code VA 20176 Leesburg Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 12.51 0.00 12.51 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 23 2013 0.00 åsap % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12.51 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

33

\	40-
X	13a
	13b

33

Detailed Summary Page Transaction ID: SC/10.4166 NAME OF COMMITTEE (In Full) KUBBA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Office Depot General Mailing Address Other (specify) 550 E Market Street State ZIP Code City VA 20176 Leesburg Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 25.31 0.00 25.31 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 12^M ^D12 2013 0.00 åsap % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25.31 TOTALS This Period (last page in this line only) 21688.35 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.