



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**KUBBA FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>20247.26</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>21688.35</b>	

**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

**KUBBA FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	405.00	5.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	22093.35	119.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1846.09	0.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING 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 (from Line 22).....	1846.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20247.26

**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 33
	<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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sam Kubba**

Mailing Address 105 MAX CT SE

City LeESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C** H4VA20055

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 21205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11Al.4167**

Amount of Each Receipt this Period  
 5.00  
 Sam Kubba via Act Blue

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5.00

5.00

**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 33
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sam Kubba**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA20055**

Name of Employer: retired Occupation: retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 21200.00

Date of Receipt: 07 / 12 / 2013

**Transaction ID : SA13A.4099**

Amount of Each Receipt this Period: 21200.00

Loan from Sam Kubba

**B.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer: retired Occupation: retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 13.77

Date of Receipt: 08 / 12 / 2013

**Transaction ID : SA13A.4149**

Amount of Each Receipt this Period: 13.77

Office Depot, copies, Sam paid cash but wants reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer: retired Occupation: retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 18.47

Date of Receipt: 08 / 12 / 2013

**Transaction ID : SA13A.4150**

Amount of Each Receipt this Period: 4.70

SBUX - 'dream team' meeting, Sam paid but wants reimbursed

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21218.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2013

**Transaction ID : SA13A.4151**

Amount of Each Receipt this Period  
  
 Lunch 'Dream Team' Sam paid but wants reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA13A.4152**

Amount of Each Receipt this Period  
  
 Office Depot, printing, Sam paid cash but wants reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2013

**Transaction ID : SA13A.4153**

Amount of Each Receipt this Period  
  
 Office Depot printing, Sam paid Cash but wants reimbursed

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**134.32**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2013

**Transaction ID : SA13A.4154**

Amount of Each Receipt this Period  
**12.51**

Office Depot, color copies, Sam paid cash but wants reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**144.81**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : SA13A.4155**

Amount of Each Receipt this Period  
**10.49**

Office Depot, printing and copies, Sam paid cash but wants reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**173.40**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : SA13A.4156**

Amount of Each Receipt this Period  
**28.59**

Costco supplies for launching, Sam paid cash but wants reimbursed

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

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

**51.59**

**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 33
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
195.45

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2013

**Transaction ID : SA13A.4157**

Amount of Each Receipt this Period  
22.05

Office Depot, copies, Sam paid cash but wants reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
295.45

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2013

**Transaction ID : SA13A.4138**

Amount of Each Receipt this Period  
100.00

Tania Hossain's Photography of launching which Sam paid in cash and wants reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
364.37

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : SA13A.4136**

Amount of Each Receipt this Period  
68.92

Office Depot, supplies, copies, Sam paid cash but wants reimbursed

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

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

190.97

**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 10 OF 33
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**373.86**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2013

**Transaction ID : SA13A.4137**

Amount of Each Receipt this Period  
**9.49**

Party City, plastic tablecloths and utensils for launch which Sam paid and wants reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**430.03**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : SA13A.4139**

Amount of Each Receipt this Period  
**56.17**

booklets for Dem meeting 11/16 which Sam paid cash and wants reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Mailing Address 105 MAX CT SE

City LEESBURG State VA Zip Code 20175

FEC ID number of contributing federal political committee. **C H4VA10055**

Name of Employer retired Occupation retired architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**448.03**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA13A.4162**

Amount of Each Receipt this Period  
**18.00**

Union Station parking- meeting w fund raising group

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

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

**83.66**

**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 11 OF 33
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Office Depot**

Mailing Address 550 E Market Street

City Leesburg State VA Zip Code 20176

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA13A.4163**

Amount of Each Receipt this Period  
 1.25

copies

**B.** Full Name (Last, First, Middle Initial)  
**Office Depot**

Mailing Address 550 E Market Street

City Leesburg State VA Zip Code 20176

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2013

**Transaction ID : SA13A.4164**

Amount of Each Receipt this Period  
 1.25

copies

**C.** Full Name (Last, First, Middle Initial)  
**Office Depot**

Mailing Address 550 E Market Street

City Leesburg State VA Zip Code 20176

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA13A.4165**

Amount of Each Receipt this Period  
 12.51

copies

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

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

15.01

**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 12 OF 33
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KUBBA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Office Depot**

Mailing Address 550 E Market Street

City Leesburg State VA Zip Code 20176

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
40.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2013

**Transaction ID : SA13A.4166**

Amount of Each Receipt this Period  
 25.31  
 laminate

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

25.31

21688.35

**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 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**KUBBA FOR CONGRESS**

**A. Event Insurance Now**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 69508

City Portland State OR Zip Code 97239

Purpose of Disbursement  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2013

Amount of Each Disbursement this Period: 265.00

Transaction ID : SB17.4108

Category/Type: 007

**B. International Graphics Printing Co**

Full Name (Last, First, Middle Initial)  
Mailing Address 10710 Tucker St

City Beltsville State MD Zip Code 20705

Purpose of Disbursement  
business cards, flyers etc

Candidate Name  
**KUBBA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: VA District: 10

Date of Disbursement: 07 / 26 / 2013

Amount of Each Disbursement this Period: 461.10

Transaction ID : SB17.4113

Category/Type: 006

**c. Northern Virginia Community College**

Full Name (Last, First, Middle Initial)  
Mailing Address 1000 Harry Flood Byrd Highway

City Sterling State VA Zip Code 20164

Purpose of Disbursement  
Waddell Theater rental

Candidate Name  
**KUBBA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: VA District: 10

Date of Disbursement: 09 / 19 / 2013

Amount of Each Disbursement this Period: 603.55

Transaction ID : SB17.4110

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 1329.55

**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 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

NAME OF COMMITTEE (In Full)  
**KUBBA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Northern Virginia Community College</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address 1000 Harry Flood Byrd Highway		Amount of Each Disbursement this Period 175.50 <b>Transaction ID : SB17.4112</b>
City Sterling State VA Zip Code 20164	Purpose of Disbursement use of parking lot for guests Category/Type 007	
Candidate Name <b>KUBBA FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 10		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	175.50
<b>TOTAL</b> This Period (last page this line number only).....	1505.15

**SCHEDULE C (FEC Form 3)  
LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

**KUBBA FOR CONGRESS**

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

[PERSONAL FUNDS]

Election: 2014

Sam Kubba

Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan 21200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 21200.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 07 / D 12 / Y 2013  
Date Due: M / D / Y ASAP  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4149

**KUBBA FOR CONGRESS**

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

**SAM A.A. KUBBA**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
13.77 0.00 13.77

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
08 / 12 / 2013 M M / D D / Y ASAP 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)..... ▶ 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4150**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4.70	0.00	4.70

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 12 / Y 2013 Y	M / D / Y ASAP Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	4.70
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4151**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
56.75	0.00	56.75

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 12 / 2013	ASAP	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	56.75
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4152

**KUBBA FOR CONGRESS**

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

**SAM A.A. KUBBA**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
31.93 0.00 31.93

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 10 / 2013 M M / D D / Y ASAP 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)..... ▶ 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4153

**KUBBA FOR CONGRESS**

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

**SAM A.A. KUBBA**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
14.66 0.00 14.66

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 11 / 2013 M M / D D / Y ASAP 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)..... ▶ 14.66  
**TOTALS** This Period (last page in this line only)..... ▶

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4154**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12.51	0.00	12.51

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 12 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	12.51
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4155**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

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:
09 / 15 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10.49
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4156**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28.59	0.00	28.59

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 17 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	28.59
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4157

**KUBBA FOR CONGRESS**

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

**SAM A.A. KUBBA**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
22.05 0.00 22.05

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 21 / 2013 M M / D D / Y Y Y Y asap 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)..... ▶ 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4138**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 22 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4136**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
68.92	0.00	68.92

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 27 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	68.92
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4137**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SAM A.A. KUBBA</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 105 MAX CT SE	

City	State	ZIP Code
LEESBURG	VA	20175

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9.49	0.00	9.49

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 28 / Y 2013 Y	M / D / Y asap Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	9.49
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4139

**KUBBA FOR CONGRESS**

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

**SAM A.A. KUBBA**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
56.17 0.00 56.17

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 11 / D 15 / Y 2013 M M / D D / Y Y asap 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)..... ▶ 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4162**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**SAM A.A. KUBBA**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
105 MAX CT SE

City State ZIP Code  
LEESBURG VA 20175

Original Amount of Loan 18.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18.00
----------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 12 / D 05 / Y 2013  
Date Due: M / D / Y asap  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 18.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4163**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Office Depot**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
550 E Market Street

City State ZIP Code  
Leesburg VA 20176

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1.25	0.00	1.25

**TERMS**

Date Incurred: M 11 / D 18 / Y 2013  
Date Due: M / D / Y asap  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4164**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Office Depot</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 550 E Market Street	

City	State	ZIP Code
Leesburg	VA	20176

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:
11 / 21 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1.25
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4165**  
**KUBBA FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Office Depot</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 550 E Market Street	

City	State	ZIP Code
Leesburg	VA	20176

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12.51	0.00	12.51

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 23 / 2013	asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	12.51
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KUBBA FOR CONGRESS** Transaction ID : **SC/10.4166**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Office Depot</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 550 E Market Street	

City	State	ZIP Code
Leesburg	VA	20176

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.31	0.00	25.31

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 12 / Y 2013	M M / D D / Y asap	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	25.31
<b>TOTALS</b> 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.**