

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

JOE FOR CONGRESS 2012

ADDRESS (number and street) ▼

355 SHREWSBURY STREET

Check if different than previously reported. (ACC)

HOLLAND

OH

43528

2. **FEC IDENTIFICATION NUMBER** ▼

C C00503433

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

OH

09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chris Marston

Signature of Treasurer Chris Marston

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JOE FOR CONGRESS 2012

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	95579.75	326626.22
(b) Total Contribution Refunds (from Line 20(d))	420.00	520.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	95159.75	326106.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	163051.85	315422.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	142.86	4048.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	162908.99	311373.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14732.27	
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).....	7143.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JOE FOR CONGRESS 2012

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33727.50	88302.50
(ii) Unitemized.....	61852.25	231073.72
(iii) TOTAL of contributions from individuals ▶	95579.75	319376.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	95579.75	326626.22
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	142.86	4048.22
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.20	0.20
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	95722.81	330674.64

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	163051.85	315422.17
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	420.00	520.00
(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)).....	420.00	520.00
21. OTHER DISBURSEMENTS	0.20	0.20
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	163472.05	315942.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	82481.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	95722.81
25. SUBTOTAL (add Line 23 and Line 24).....	178204.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	163472.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14732.27

**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Susan Aleshire

Mailing Address 4930 SW 198 Ter

City State Zip Code
Southwest Ranches FL 33332

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

Name of Employer Occupation
DebonAir Mechanical, Inc. Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11AI.17752

Amount of Each Receipt this Period
250.00

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

Mailing Address 5 Dapplegray Ln

City State Zip Code
Rolling Hills Est CA 90274

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

Name of Employer Occupation
NA NA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.17258

Amount of Each Receipt this Period
100.00

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

Mailing Address 20815 N Cave Crk

City State Zip Code
Phoenix AZ 85024

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

Name of Employer Occupation
TAG Employer Services President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.17910

Amount of Each Receipt this Period
2500.00

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

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

2850.00

**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Mark Brun
 Full Name (Last, First, Middle Initial)
 Mailing Address 3823 160th Street
 City State Zip Code
 George IA 51237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Info Req
 Info Req
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.17918
 Amount of Each Receipt this Period
 500.00

B. Billie Buchanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3805 Fox Glen Dr.
 City State Zip Code
 Irving TX 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self homemaker
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : SA11AI.17201
 Amount of Each Receipt this Period
 50.00

C. MARY BUERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 STONY RIDGE COURT
 City State Zip Code
 HILLSDALE MI 49242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 not applicable retired
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.17292
 Amount of Each Receipt this Period
 100.00

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Gloria Cain

Mailing Address 223 Montrose Dr

City McDonough State GA Zip Code 30253

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

Name of Employer Self Employed Occupation Self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.17718

Amount of Each Receipt this Period
2500.00

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

Mailing Address 223 Montrose Drive

City McDonough State GA Zip Code 30253

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

Name of Employer Self-employed Occupation Self Employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.17716

Amount of Each Receipt this Period
2500.00

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

Mailing Address 2857 PARADISE RD. 2601

City LAS VEGAS State NV Zip Code 89109

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.15769

Amount of Each Receipt this Period
500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Richard Conover

Mailing Address 5194 Kensington High St.

City Naples State FL Zip Code 34105

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

Name of Employer N/A Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.17223

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Kay S. Corwin

Mailing Address 9904 Forest View Dr.

City Woodway State TX Zip Code 76712

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2012

Transaction ID : SA11AI.16047

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Kay S. Corwin

Mailing Address 9904 Forest View Dr.

City Woodway State TX Zip Code 76712

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.17315

Amount of Each Receipt this Period
 50.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Lewis Crews

Mailing Address 8790 Park Central Drive

City Richmond State VA Zip Code 23227

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

Name of Employer Self Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11A1.17823

Amount of Each Receipt this Period
150.00

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

Mailing Address 4155 Lawrenceville Hwy # 8148

City Lilburn State GA Zip Code 30047

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

Name of Employer unemployed Occupation laborer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : SA11A1.17759

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LOIS S EDGERLY

Mailing Address 32 HIGHLAND ST

City CAMBRIDGE State MA Zip Code 02138

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

Name of Employer Info Requested Occupation Infor Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2012

Transaction ID : SA11A1.16886

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 10 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
John Eldred Jr

Mailing Address PO Box 820

City: Holland State: OH Zip Code: 43528

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

Name of Employer: Midwest Tape Occupation: Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 11 / 2012

Transaction ID : SA11AI.17558

Amount of Each Receipt this Period: 500.00

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

Mailing Address 6386 E Bluebird Ln

City: Paradise Valley State: AZ Zip Code: 85253

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

Name of Employer: self Occupation: self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 25 / 2012

Transaction ID : SA11AI.17726

Amount of Each Receipt this Period: 250.00

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

Mailing Address 16649 FM. 624

City: ROBSTOWN State: TX Zip Code: 78380

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

Name of Employer: mcwha/fischer trailer sales Occupation: small business owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 26 / 2012

Transaction ID : SA11AI.17867

Amount of Each Receipt this Period: 150.00

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

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

900.00

**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 11 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
mark getsay

Mailing Address 29761 Devonshire Oval
Westlake

City westlake State OH Zip Code 44145

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

Name of Employer Sea-land Chemical Co. Occupation CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2012

Transaction ID : SA11AI.15448

Amount of Each Receipt this Period
100.00

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

Mailing Address 29761 Devonshire Oval
Westlake

City westlake State OH Zip Code 44145

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

Name of Employer Sea-land Chemical Co. Occupation CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11AI.16804

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Joyce B. Goetz

Mailing Address 3480 Streamside Lane

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer Self Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.14763

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 12 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Richard Griffith

Mailing Address 3417 Milam St

City Houston State TX Zip Code 77002

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

Name of Employer Richard S Griffith Occupation Investor/homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.17221

Amount of Each Receipt this Period
250.00

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

Mailing Address 2801 Pinehurst Drive

City Plano State TX Zip Code 75075

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

Name of Employer Aragio Solutions Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2012

Transaction ID : SA11AI.14916

Amount of Each Receipt this Period
100.00

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

Mailing Address 2801 Pinehurst Drive

City Plano State TX Zip Code 75075

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

Name of Employer Aragio Solutions Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11AI.17239

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	450.00
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 13 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
David Haley

Mailing Address PO Box 65349

City Tacoma State WA Zip Code 98464

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

Name of Employer Retired Occupation Former Small Business Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : SA11Al.14682

Amount of Each Receipt this Period
500.00

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

Mailing Address 635 E Shoreline Dr

City Holland State OH Zip Code 43528

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

Name of Employer Marcall Restaurant Services, I Occupation Restaurant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012

Transaction ID : SA11Al.14604

Amount of Each Receipt this Period
0.00

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

Mailing Address 635 E Shoreline Dr

City Holland State OH Zip Code 43528

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

Name of Employer Marcall Restaurant Services, I Occupation Restaurant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2012

Transaction ID : SA11Al.15430

Amount of Each Receipt this Period
100.00

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

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

600.00

**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 14 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Marc Hall

Mailing Address 635 E Shoreline Dr

City: Holland State: OH Zip Code: 43528

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

Name of Employer: Marcall Restaurant Services, I Occupation: Restaurant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 05 / 25 / 2012

Transaction ID : SA11AI.15837

Amount of Each Receipt this Period: 0.00

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

Mailing Address 635 E Shoreline Dr

City: Holland State: OH Zip Code: 43528

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

Name of Employer: Marcall Restaurant Services, I Occupation: Restaurant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 800.00

Date of Receipt: 06 / 05 / 2012

Transaction ID : SA11AI.16791

Amount of Each Receipt this Period: 100.00

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

Mailing Address 635 E Shoreline Dr

City: Holland State: OH Zip Code: 43528

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

Name of Employer: Marcall Restaurant Services, I Occupation: Restaurant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 900.00

Date of Receipt: 06 / 05 / 2012

Transaction ID : SA11AI.16793

Amount of Each Receipt this Period: 100.00

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

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

200.00

**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 15 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Jenean Hampton

Mailing Address 820 Mooreland Dr.

City Bowling Green State KY Zip Code 42103

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

Name of Employer International Paper Occupation Sales rep

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.15068

Amount of Each Receipt this Period
250.00

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

Mailing Address 70 KENDALL DR

City RINGWOOD State NJ Zip Code 07456

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

Name of Employer The Shaw Group Occupation Nuclear Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.16860

Amount of Each Receipt this Period
100.00

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

Mailing Address 70 KENDALL DR

City RINGWOOD State NJ Zip Code 07456

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

Name of Employer The Shaw Group Occupation Nuclear Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.17316

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 16 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Richard Selby Heyman

Mailing Address 228 E.Broadway

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
Self Employed Real Estate owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11Al.17559

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6250 N Hogahn Dr

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
BT Leasing Corp President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11Al.17420

Amount of Each Receipt this Period
250.00

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

Mailing Address 6250 N Hogahn Dr

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
BT Leasing Corp President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2012

Transaction ID : SA11Al.17422

Amount of Each Receipt this Period
2000.00

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

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

3250.00

**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 17 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Dianne Horwitz		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address 590 Briar Lane		Transaction ID : SA11AI.15601
City Northfield	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Housewife	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) B. Dianne Horwitz		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012
Mailing Address 590 Briar Lane		Transaction ID : SA11AI.17127
City Northfield	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Housewife	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) C. Dianne Horwitz		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012
Mailing Address 590 Briar Lane		Transaction ID : SA11AI.17230
City Northfield	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Housewife	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	175.00
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 18 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
joseph Howe

Mailing Address 20 Siesta Way

City Sedona State AZ Zip Code 86336

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

Name of Employer Retired Occupation None

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.16854

Amount of Each Receipt this Period
55.00

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

Mailing Address 100 Jamison Ct

City Hagerstown State MD Zip Code 21740

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

Name of Employer Merkle Occupation Postal Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **372.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.17443

Amount of Each Receipt this Period
272.50

C. Full Name (Last, First, Middle Initial)
CHRISTINE F IOTT

Mailing Address 5245 KEENER RD

City MONCLOVA State OH Zip Code 43542

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

Name of Employer SELF EMPLOYED Occupation BUSINESS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.17906

Amount of Each Receipt this Period
2500.00

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

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

2827.50

**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 19 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Rich Iott		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 5245 Keener Rd		Transaction ID : SA11AI.17905
City Monclova	State OH	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00
Name of Employer Self	Occupation Investor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Stephen Jackson		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 6655 S Lewis Ave Suite 222		Transaction ID : SA11AI.17380
City Tulsa	State OK	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer eLynx Technologies	Occupation Business Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Roz Jacobson		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 4665 S Ash Ave		Transaction ID : SA11AI.17424
City Phoenix	State AZ	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	3900.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 20 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Chris Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2012	
Mailing Address 738 S 52nd Street		Transaction ID : SA11Al.17418	
City State Zip Code Tempe AZ 85281	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Info Req _____		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. Chris Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2012	
Mailing Address 738 S 52nd Street		Transaction ID : SA11Al.17421	
City State Zip Code Tempe AZ 85281	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Info Req _____		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. John Juhasz		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2012	
Mailing Address 1530 Frank St		Transaction ID : SA11Al.17560	
City State Zip Code Montpelier OH 43543	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Info Req Kraft Fluid Systems Salesman/ Territory Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 750.00
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 21 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
fred kapetansky

Mailing Address 2599 sonata drive

City columbus State OH Zip Code 43209

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

Name of Employer fmkapetansky,md,inc Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11AI.15397

Amount of Each Receipt this Period
100.00

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

Mailing Address 1316 Wilmington Island Rd

City Savannah State GA Zip Code 31410

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

Name of Employer Info Req Occupation Info Req

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11AI.17848

Amount of Each Receipt this Period
250.00

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

Mailing Address 304 Magnolia Ave

City Frederick State MD Zip Code 21701

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.17581

Amount of Each Receipt this Period
200.00

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

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

550.00

**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 22 OF 145	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Thomas Lauer

Mailing Address 18 Ordway Rd.

City Wellesley State MA Zip Code 02481

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

Name of Employer Advent International Corporati Occupation Managing Partner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2012

Transaction ID : SA11AI.15625

Amount of Each Receipt this Period
500.00

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

Mailing Address 700 N Bentsen Palm Dr Lot 2

City Mission State TX Zip Code 78572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.15526

Amount of Each Receipt this Period
5.00

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

Mailing Address 700 N Bentsen Palm Dr Lot 2

City Mission State TX Zip Code 78572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2012

Transaction ID : SA11AI.17535

Amount of Each Receipt this Period
50.00

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

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

555.00

**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 23 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Sharon Lechter

Mailing Address 6611 N 64th Place

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Info Req Occupation Info Req

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11AI.17416

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4974RIO VERDE DR

City SANJOSE State CA Zip Code 95118

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

Name of Employer Info Req Occupation Info Req
 SOCIAL SERVICES PROVIDER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2012

Transaction ID : SA11AI.14904

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5502 W Washington Blvd.

City Milwaukee State WI Zip Code 53208

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

Name of Employer Info Req Occupation Info Req
 Milwaukee Area Technical Coll Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.15549

Amount of Each Receipt this Period
 150.00

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

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

500.00

**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 24 OF 145	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Deanne Mazzochi

Mailing Address 156 S Sunnyside

City Elmhurst State IL Zip Code 60126

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : SA11AI.14711

Amount of Each Receipt this Period

500.00

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

Mailing Address 7355 East SH 154

City Winnsboro State TX Zip Code 75494

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

Name of Employer C. Miller Drilling Occupation business owner/manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.15833

Amount of Each Receipt this Period

100.00

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

Mailing Address P.O. Box 3384

City Torrance State CA Zip Code 90510

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

Name of Employer self Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.17826

Amount of Each Receipt this Period

150.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
David Nippert

Mailing Address 76 Tarkiln Rd SW

City Lancaster State OH Zip Code 43130

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

Name of Employer Nippert Enterprises Occupation CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11AI.16911

Amount of Each Receipt this Period
10.00

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

Mailing Address 76 Tarkiln Rd SW

City Lancaster State OH Zip Code 43130

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

Name of Employer Nippert Enterprises Occupation CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.17256

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
John F Pearson

Mailing Address 21626 CR 3747

City Splendora State TX Zip Code 77372

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

Name of Employer T H Hill Associates, Inc. Occupation QA/QC Technical Representative

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2012

Transaction ID : SA11AI.15103

Amount of Each Receipt this Period
500.00

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 26 OF 145
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11AI.14536

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.14760

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.14982

Amount of Each Receipt this Period
25.00

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

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

75.00

**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 27 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11A1.15306

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11A1.15485

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11A1.15546

Amount of Each Receipt this Period
25.00

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

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

100.00

**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 28 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City: Beaverton State: OR Zip Code: 97007

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 475.00

Date of Receipt: 05 / 20 / 2012

Transaction ID : SA11AI.15713

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City: Beaverton State: OR Zip Code: 97007

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 23 / 2012

Transaction ID : SA11AI.15772

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City: Beaverton State: OR Zip Code: 97007

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 550.00

Date of Receipt: 05 / 25 / 2012

Transaction ID : SA11AI.15853

Amount of Each Receipt this Period: 50.00

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

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

100.00

**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 29 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11AI.16574

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City State Zip Code
Beaverton OR 97007

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11AI.16954

Amount of Each Receipt this Period
25.00

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

Mailing Address 3 Franklin St

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Self Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.17301

Amount of Each Receipt this Period
50.00

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

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

125.00

**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 30 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Jay Reynolds

Mailing Address 1230FM112

City Lexington State TX Zip Code 78947

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

Name of Employer Retired Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11A1.16924

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MICHAEL P ROGERS

Mailing Address 76 DOW RD

City HOLLIS State NH Zip Code 03049

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

Name of Employer ARUBA NETWORKS Occupation TECHNICAL DIR., CUSTOMER ENGINEERIN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11A1.15173

Amount of Each Receipt this Period
250.00

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

Mailing Address 654 Rudgate Road Penthouse 409

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer none Occupation none

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11A1.15182

Amount of Each Receipt this Period
100.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 145	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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

NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Thomas Salmon

Mailing Address 273 Enclaves Ct.

City Coppel State TX Zip Code 75019

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

Name of Employer self Occupation small businessman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.17095

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 North Primrose Point

City Sedona State AZ Zip Code 86336

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

Name of Employer dsi distributing Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.14753

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 North Primrose Point

City Sedona State AZ Zip Code 86336

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

Name of Employer dsi distributing Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.17195

Amount of Each Receipt this Period
100.00

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

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

600.00

**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 32 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Michael Schroeder

Mailing Address 100 North Primrose Point

City Sedona State AZ Zip Code 86336

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

Name of Employer dsi distributing Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.17306

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address 7500 Bluebell Drive

City Wausau State WI Zip Code 54401

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

Name of Employer Grounding Home Base Occupation Domestic Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.15520

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address 1 Pine Ave

City Belvedere State CA Zip Code 94920

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

Name of Employer Self Employed Occupation real estae

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.17671

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 2100.00

**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 33 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Joseph W. Shrader

Mailing Address 9338 Mulberry

City Blissfield State MI Zip Code 49228

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

Name of Employer Shrader Tire & Oil Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11AI.16822

Amount of Each Receipt this Period
250.00

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

Mailing Address 2644 Algonquin Pkwy.

City Toledo State OH Zip Code 43606

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

Name of Employer Hylant Group Occupation Client Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : SA11AI.15468

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Roni S Smith

Mailing Address 203 Northside Ave

City Marion State SC Zip Code 29571

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11AI.15272

Amount of Each Receipt this Period
25.00

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

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

775.00

**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 34 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Roni S Smith

Mailing Address 203 Northside Ave

City Marion State SC Zip Code 29571

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : SA11AI.16399

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Roni S Smith

Mailing Address 203 Northside Ave

City Marion State SC Zip Code 29571

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11AI.17121

Amount of Each Receipt this Period
25.00

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

Mailing Address 7559 Olde Sturbridge Tr

City Clarkston State MI Zip Code 48348

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

Name of Employer Thomas M Smith PS Occupation Land Surveyor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.15583

Amount of Each Receipt this Period
100.00

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

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

175.00

**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 35 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Cathy Spano		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012	
Mailing Address 711 Seagate Drive		Transaction ID : SA11AI.17129	
City Delray Beach	State FL	Zip Code 33483	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer n/a	Occupation N/a		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. lionel stewart		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2012	
Mailing Address 1529 parkland dr		Transaction ID : SA11AI.16656	
City lancaster	State OH	Zip Code 43130	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer retired	Occupation retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Kevin Vander Hyde		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2012	
Mailing Address 32 John Ball Park Dr. NW		Transaction ID : SA11AI.17748	
City Grand Rapids	State MI	Zip Code 49504	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Vander Hyde Mechanical Inc.	Occupation Plumber		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 36 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
L.K. WALES

Mailing Address 10815
SEABOARD LOOP

City HOUSTON State TX Zip Code 77099

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

Name of Employer SELF Occupation UNPAID TAX COLLECTOR / CITIZEN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11AI.16388

Amount of Each Receipt this Period
500.00

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

Mailing Address 6630 Richardson Road

City Houston State TX Zip Code 77069

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2012

Transaction ID : SA11AI.16259

Amount of Each Receipt this Period
250.00

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

Mailing Address 15 Chestnut Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : SA11AI.15464

Amount of Each Receipt this Period
50.00

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

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

800.00

**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 37 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Janis T Weidner		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2012	
Mailing Address 5458 Dayna Court		Transaction ID : SA11A1.14502	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Janis T Weidner		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2012	
Mailing Address 5458 Dayna Court		Transaction ID : SA11A1.15416	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) C. Janis T Weidner		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012	
Mailing Address 5458 Dayna Court		Transaction ID : SA11A1.16778	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 38 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Colbert Wilhite

Mailing Address 209 Sugarberry Circle

City Houston State TX Zip Code 77024

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11AI.15375

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mark Thomas Witte

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012

Transaction ID : SA11AI.14610

Amount of Each Receipt this Period
100.00

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

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.15676

Amount of Each Receipt this Period
20.00

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

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

370.00

**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 39 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Mark Thomas Witte

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.15677

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Mark Thomas Witte

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.15678

Amount of Each Receipt this Period
20.00

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

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.15679

Amount of Each Receipt this Period
20.00

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

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

60.00

**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 40 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Mark Thomas Witte

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.15680

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Mark Thomas Witte

Mailing Address 2800 N. Lakeshore Drive
Unit 1603

City Chicago State IL Zip Code 60657

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

Name of Employer General Growth Properties, Inc Occupation Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.15681

Amount of Each Receipt this Period
20.00

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).....

40.00

33727.50

**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 41 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. 3DNA CORP			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 1100 S HOPE ST STE 1513			Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.17930
City LOS ANGELES	State CA	Zip Code 90015	
Purpose of Disbursement WEBSITE EXPENSE		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. 3DNA CORP			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 1100 S HOPE ST STE 1513			Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.17931
City LOS ANGELES	State CA	Zip Code 90015	
Purpose of Disbursement WEBSITE EXPENSE		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) C. 3DNA CORP			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 1100 S HOPE ST STE 1513			Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.17932
City LOS ANGELES	State CA	Zip Code 90015	
Purpose of Disbursement WEBSITE EXPENSE		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:			

SUBTOTAL of Disbursements This Page (optional).....	1512.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AFRICAN AMERICAN FESTIVAL		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 2801 W BANCROFT ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.17934
City TOLEDO State OH Zip Code 43606	Purpose of Disbursement BOOTH FEE	
Candidate Name	Category/Type	
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. AIRTRAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 200 GLEN EAGLES CT		Amount of Each Disbursement this Period 579.20 Transaction ID : SB17.17936
City CARROLLTON State GA Zip Code 30117	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
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) C. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 154.19 Transaction ID : SB17.17939
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	983.39
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 43 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 92.00
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name		Transaction ID : SB17.17940
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 128.80
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name		Transaction ID : SB17.17941
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 487.60
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name		Transaction ID : SB17.17942
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	708.40
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 44 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 448.96 Transaction ID : SB17.17943
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 178.48 Transaction ID : SB17.17944
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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) C. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 66.24 Transaction ID : SB17.17945
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	693.68
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 45 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 552.00 Transaction ID : SB17.17946
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.17947
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING FEE	
Candidate Name	Category/Type	
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) C. AMERICAN VISION		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 184.00 Transaction ID : SB17.17948
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	986.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. APPLE INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1 INFINITE LOOP		Amount of Each Disbursement this Period 983.85 Transaction ID : SB17.17954
City CUPERTINO	State CA	
Zip Code 95014	Purpose of Disbursement OFFICE EQUIPMENT	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. APPLE INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 1 INFINITE LOOP		Amount of Each Disbursement this Period 21.68 Transaction ID : SB17.17955
City CUPERTINO	State CA	
Zip Code 95014	Purpose of Disbursement OFFICE EQUIPMENT	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) C. APPLE INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 1 INFINITE LOOP		Amount of Each Disbursement this Period 765.45 Transaction ID : SB17.17956
City CUPERTINO	State CA	
Zip Code 95014	Purpose of Disbursement OFFICE EQUIPMENT	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:	

SUBTOTAL of Disbursements This Page (optional).....	1770.98
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 47 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.17960
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name		Category/ Type
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 51.21 Transaction ID : SB17.17961
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name		Category/ Type
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) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 16.02 Transaction ID : SB17.17962
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name		Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....	97.23
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 48 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 16.02 Transaction ID : SB17.17963
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name	Category/Type	
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 16.02 Transaction ID : SB17.17964
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name	Category/Type	
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) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.17965
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	62.04
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 49 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.17966
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name	Category/Type	
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 26.69 Transaction ID : SB17.17967
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name	Category/Type	
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) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 208 S AKARD ST STE 110		Amount of Each Disbursement this Period 26.69 Transaction ID : SB17.17968
City DALLAS State TX Zip Code 75202	Purpose of Disbursement COMMUNICATIONS SERVICE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	83.38
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 50 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. BARNEYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 497 W DUSSEL DR		Amount of Each Disbursement this Period 83.57
City MAUMEE	State OH Zip Code 43537	
Purpose of Disbursement MEETING MEAL EXEPNSE	Candidate Name	Transaction ID : SB17.17972
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 1405 SPRING MEADOWS DR		Amount of Each Disbursement this Period 157.49
City HOLLAND	State OH Zip Code 43528	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	Transaction ID : SB17.17975
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 1405 SPRING MEADOWS DR		Amount of Each Disbursement this Period 1195.59
City HOLLAND	State OH Zip Code 43528	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	Transaction ID : SB17.17976
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1436.65
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 51 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 1405 SPRING MEADOWS DR		Amount of Each Disbursement this Period 49.08
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement OFFICE EQUIPMENT	Transaction ID : SB17.17977
Candidate Name	Category/Type	
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. BP		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 3735 FULTON RD		Amount of Each Disbursement this Period 35.00
City CLEVELAND	State OH	
Zip Code 44145	Purpose of Disbursement GAS	Transaction ID : SB17.17982
Candidate Name	Category/Type	
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) C. BP		Date of Disbursement MM / DD / YYYY 05 / 23 / 2012
Mailing Address 3735 FULTON RD		Amount of Each Disbursement this Period 54.37
City CLEVELAND	State OH	
Zip Code 44145	Purpose of Disbursement GAS	Transaction ID : SB17.17983
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	138.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 3735 FULTON RD		Amount of Each Disbursement this Period 49.92
City CLEVELAND	State OH	
Zip Code 44145	Purpose of Disbursement GAS	Transaction ID : SB17.17984
Candidate Name	Category/Type	
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. BP		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 3735 FULTON RD		Amount of Each Disbursement this Period 51.35
City CLEVELAND	State OH	
Zip Code 44145	Purpose of Disbursement GAS	Transaction ID : SB17.17985
Candidate Name	Category/Type	
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) C. BUCKEYE CABLESYSTEM		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 5566 SOUTHWYCK BLVD		Amount of Each Disbursement this Period 24.95
City TOLEDO	State OH	
Zip Code 43614	Purpose of Disbursement CABLE SERVICE	Transaction ID : SB17.17989
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	126.22
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 53 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. BUCKEYE CABLESYSTEM		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 5566 SOUTHWYCK BLVD		Amount of Each Disbursement this Period 24.95 Transaction ID : SB17.17990
City TOLEDO State OH Zip Code 43614	Purpose of Disbursement CABLE SERVICE	
Candidate Name	Category/Type	
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. BUFFALO WILD WINGS		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 6710 W CENTRAL AVE		Amount of Each Disbursement this Period 75.51 Transaction ID : SB17.17992
City TOLEDO State OH Zip Code 43615	Purpose of Disbursement MEETING MEAL EXPENSE	
Candidate Name	Category/Type	
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) C. CALLFIRE.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 1335 4TH STREET, SUITE 200		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18002
City SANTA MONICA State CA Zip Code 90401	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	150.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CALLFIRE.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1335 4TH STREET, SUITE 200		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18003
City SANTA MONICA State CA Zip Code 90401	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name	Category/Type	
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. CALLFIRE.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 1335 4TH STREET, SUITE 200		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18004
City SANTA MONICA State CA Zip Code 90401	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name	Category/Type	
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) C. CALLFIRE.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 1335 4TH STREET, SUITE 200		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18005
City SANTA MONICA State CA Zip Code 90401	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CALLFIRE.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 1335 4TH STREET, SUITE 200		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18006
City SANTA MONICA State CA Zip Code 90401	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name	Category/Type	
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. CALLFIRE.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 1335 4TH STREET, SUITE 200		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18007
City SANTA MONICA State CA Zip Code 90401	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.18008
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 118 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314-3110

Purpose of Disbursement
ONLINE FUNDRAISING COMMISSION

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 09 / 2012

Amount of Each Disbursement this Period
49.40

Transaction ID : SB17.18009

B. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 118 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314-3110

Purpose of Disbursement
CC PROCESSING

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 09 / 2012

Amount of Each Disbursement this Period
50.12

Transaction ID : SB17.18010

C. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 118 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314-3110

Purpose of Disbursement
CC PROCESSING

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 09 / 2012

Amount of Each Disbursement this Period
21.77

Transaction ID : SB17.18011

SUBTOTAL of Disbursements This Page (optional)..... 121.29

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 57 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 17.21
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name		Transaction ID : SB17.18012
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 31.20
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name		Transaction ID : SB17.18013
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 33.52
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name		Transaction ID : SB17.18014
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	81.93
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 58 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.18015
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.18016
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 69.80 Transaction ID : SB17.18017
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	81.80
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 59 OF 145
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 66.67 Transaction ID : SB17.18018
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.18019
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 13.60 Transaction ID : SB17.18020
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	100.27
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 60 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 28.00 Transaction ID : SB17.18021
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.18022
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 3.60 Transaction ID : SB17.18023
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	43.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.18024
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 51.00 Transaction ID : SB17.18025
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 40.92 Transaction ID : SB17.18026
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	103.92
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 62 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 118 N SAINT ASAPH ST			Amount of Each Disbursement this Period 106.00 Transaction ID : SB17.18027
City ALEXANDRIA	State VA	Zip Code 22314-3110	
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		Candidate Name	Category/ Type
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. CAMPAIGN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 118 N SAINT ASAPH ST			Amount of Each Disbursement this Period 100.40 Transaction ID : SB17.18028
City ALEXANDRIA	State VA	Zip Code 22314-3110	
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		Candidate Name	Category/ Type
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) C. CAMPAIGN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 118 N SAINT ASAPH ST			Amount of Each Disbursement this Period 97.60 Transaction ID : SB17.18029
City ALEXANDRIA	State VA	Zip Code 22314-3110	
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		Candidate Name	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	304.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 44.96 Transaction ID : SB17.18030
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 123.40 Transaction ID : SB17.18031
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 115.71 Transaction ID : SB17.18032
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	284.07
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 64 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 38.80 Transaction ID : SB17.18033
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 35.60 Transaction ID : SB17.18034
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 14.40 Transaction ID : SB17.18035
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	88.80
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 65 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 41.63 Transaction ID : SB17.18036
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 12.40 Transaction ID : SB17.18037
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 74.62 Transaction ID : SB17.18038
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	128.65
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 66 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 28.40 Transaction ID : SB17.18039
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 29.01 Transaction ID : SB17.18040
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 44.17 Transaction ID : SB17.18041
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	101.58
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 67 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 136.16 Transaction ID : SB17.18042
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 144.64 Transaction ID : SB17.18043
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 1146.10 Transaction ID : SB17.18044
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1426.90
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 68 OF 145			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 44.80
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name		Transaction ID : SB17.18045
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 165.68
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name		Transaction ID : SB17.18046
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 250.00
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement REVENUE SHARING FEE	
Candidate Name		Transaction ID : SB17.18047
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	460.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 183.00 Transaction ID : SB17.18048
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 187.12 Transaction ID : SB17.18049
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 70.02 Transaction ID : SB17.18050
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	440.14
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 70 OF 145		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 55.60 Transaction ID : SB17.18051
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.18052
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CHARGEBACK FEE	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 175.26 Transaction ID : SB17.18053
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	255.86
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 71 OF 145
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 170.20 Transaction ID : SB17.18054
City ALEXANDRIA	State VA	Zip Code 22314-3110
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 504.22 Transaction ID : SB17.18055
City ALEXANDRIA	State VA	Zip Code 22314-3110
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 57.48 Transaction ID : SB17.18056
City ALEXANDRIA	State VA	Zip Code 22314-3110
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		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: _____	

SUBTOTAL of Disbursements This Page (optional)	731.90
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 72 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 44.90 Transaction ID : SB17.18057
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.18058
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 86.80 Transaction ID : SB17.18059
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	251.70
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 73 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 68.73 Transaction ID : SB17.18060
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 112.80 Transaction ID : SB17.18061
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 39.60 Transaction ID : SB17.18062
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	221.13
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 74 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.18063
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 10.40 Transaction ID : SB17.18064
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 11.70 Transaction ID : SB17.18065
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	27.70
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 75 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 2.80 Transaction ID : SB17.18066
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.18067
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 4.80 Transaction ID : SB17.18068
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	11.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 11.60 Transaction ID : SB17.18069
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 41.44 Transaction ID : SB17.18070
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 92.92 Transaction ID : SB17.18071
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	145.96
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 77 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 100.52 Transaction ID : SB17.18072
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 42.43 Transaction ID : SB17.18073
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 37.41 Transaction ID : SB17.18074
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	180.36
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 78 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 93.80 Transaction ID : SB17.18075
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 44.19 Transaction ID : SB17.18076
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 911.01 Transaction ID : SB17.18077
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	995.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 81.25 Transaction ID : SB17.18078
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 22.25 Transaction ID : SB17.18079
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.18080
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	81.25
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 80 OF 145			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement <table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>06 / 25 / 2012</td> </tr> </table>	M M / D D / Y Y Y Y	06 / 25 / 2012
M M / D D / Y Y Y Y				
06 / 25 / 2012				
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period <table border="1"> <tr> <td>33.60</td> </tr> </table> Transaction ID : SB17.18081	33.60	
33.60				
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION			
Candidate Name	Category/Type			
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. CAMPAIGN SOLUTIONS		Date of Disbursement <table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>06 / 25 / 2012</td> </tr> </table>	M M / D D / Y Y Y Y	06 / 25 / 2012
M M / D D / Y Y Y Y				
06 / 25 / 2012				
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period <table border="1"> <tr> <td>28.00</td> </tr> </table> Transaction ID : SB17.18082	28.00	
28.00				
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION			
Candidate Name	Category/Type			
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement <table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>06 / 25 / 2012</td> </tr> </table>	M M / D D / Y Y Y Y	06 / 25 / 2012
M M / D D / Y Y Y Y				
06 / 25 / 2012				
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period <table border="1"> <tr> <td>24.96</td> </tr> </table> Transaction ID : SB17.18083	24.96	
24.96				
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION			
Candidate Name	Category/Type			
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:				

SUBTOTAL of Disbursements This Page (optional).....	86.56
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 81 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 66.40 Transaction ID : SB17.18084
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 116.40 Transaction ID : SB17.18085
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 16.56 Transaction ID : SB17.18086
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	199.36
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 82 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 196.40 Transaction ID : SB17.18087
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement ONLINE FUNDRAISING COMMISSION	
Candidate Name	Category/Type	
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. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 194.15 Transaction ID : SB17.18088
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST		Amount of Each Disbursement this Period 3985.52 Transaction ID : SB17.18089
City ALEXANDRIA State VA Zip Code 22314-3110	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4376.07
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 83 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST			Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.18090
City ALEXANDRIA	State VA	Zip Code 22314-3110	
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		Candidate Name	Category/ Type
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. CAMPAIGN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST			Amount of Each Disbursement this Period 0.80 Transaction ID : SB17.18091
City ALEXANDRIA	State VA	Zip Code 22314-3110	
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		Candidate Name	Category/ Type
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) C. CAMPAIGN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 118 N SAINT ASAPH ST			Amount of Each Disbursement this Period 2.00 Transaction ID : SB17.18092
City ALEXANDRIA	State VA	Zip Code 22314-3110	
Purpose of Disbursement ONLINE FUNDRAISING COMMISSION		Candidate Name	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	10.80
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 84 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 118 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314-3110

Purpose of Disbursement
ONLINE FUNDRAISING COMMISSION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2012

Amount of Each Disbursement this Period
4.00

Transaction ID : SB17.18093

B. PHIL CHRISTOFANELLI

Full Name (Last, First, Middle Initial)
Mailing Address 1509 S MEADOWBROOK RD

City SPRINGFIELD State IL Zip Code 62711

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 14 / 2012

Amount of Each Disbursement this Period
1500.00

Transaction ID : SB17.18103

C. CLARK HILL PLC

Full Name (Last, First, Middle Initial)
Mailing Address 500 WOODWARD AVE #3

City DETROIT State MI Zip Code 48226

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
04 / 01 / 2012

Amount of Each Disbursement this Period
2600.00

Transaction ID : SB17.18106

SUBTOTAL of Disbursements This Page (optional)..... 4104.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CLARK HILL PLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 500 WOODWARD AVE #3		Amount of Each Disbursement this Period 2913.00 Transaction ID : SB17.18107
City DETROIT	State MI	
Zip Code 48226	Purpose of Disbursement LEGAL SERVICES	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. CLARK HILL PLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 500 WOODWARD AVE #3		Amount of Each Disbursement this Period 6199.61 Transaction ID : SB17.18108
City DETROIT	State MI	
Zip Code 48226	Purpose of Disbursement LEGAL SERVICES	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) C. CLEAR CHANNEL COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 200 EAST BASSE ROAD		Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.18110
City SAN ANTONIO	State TX	
Zip Code 78209	Purpose of Disbursement RADIO ADVERTISING	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:	

SUBTOTAL of Disbursements This Page (optional).....	9922.61
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 86 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CLEAR CHANNEL COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012	
Mailing Address 200 EAST BASSE ROAD			Amount of Each Disbursement this Period 390.00	
City SAN ANTONIO	State TX	Zip Code 78209	Transaction ID : SB17.18111	
Purpose of Disbursement RADIO ADVERTISING		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. CONBYTE			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012	
Mailing Address 645 ALWICK AVE			Amount of Each Disbursement this Period 143.52	
City WEST ISLIP	State NY	Zip Code 11795	Transaction ID : SB17.18114	
Purpose of Disbursement REVENUE SHARING		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) C. CONBYTE			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012	
Mailing Address 645 ALWICK AVE			Amount of Each Disbursement this Period 62.56	
City WEST ISLIP	State NY	Zip Code 11795	Transaction ID : SB17.18115	
Purpose of Disbursement REVENUE SHARING		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:				

SUBTOTAL of Disbursements This Page (optional).....	596.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CONBYTE		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 461.84
City WEST ISLIP	State NY Zip Code 11795	
Purpose of Disbursement REVENUE SHARING	Candidate Name	Transaction ID : SB17.18116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CONBYTE		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 163.76
City WEST ISLIP	State NY Zip Code 11795	
Purpose of Disbursement REVENUE SHARING	Candidate Name	Transaction ID : SB17.18117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CONBYTE		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 399.28
City WEST ISLIP	State NY Zip Code 11795	
Purpose of Disbursement REVENUE SHARING	Candidate Name	Transaction ID : SB17.18118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1024.88
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 88 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. CONBYTE		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 18.40
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	Transaction ID : SB17.18119
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. CONBYTE		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 154.56
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	Transaction ID : SB17.18120
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) C. CONNELL DONATELLI		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 117 N SAINT ASAPH ST		Amount of Each Disbursement this Period 1590.52
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.18121
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:		

SUBTOTAL of Disbursements This Page (optional).....	1763.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Rodney Conover			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012		
Mailing Address PO Box 216			Amount of Each Disbursement this Period 4080.00		
City Llano	State CA	Zip Code 93544	Transaction ID : SB17.18122		
Purpose of Disbursement ?? CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Rodney Conover			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012		
Mailing Address PO Box 216			Amount of Each Disbursement this Period 2500.00		
City Llano	State CA	Zip Code 93544	Transaction ID : SB17.18123		
Purpose of Disbursement ?? CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. DELTA			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012		
Mailing Address PO BOX 20706			Amount of Each Disbursement this Period 269.60		
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.18135		
Purpose of Disbursement AIRFARE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	6849.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 260.40
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	Transaction ID : SB17.18136
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. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 154.80
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	Transaction ID : SB17.18137
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) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 154.80
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	Transaction ID : SB17.18138
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:		

SUBTOTAL of Disbursements This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 25.00
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	Transaction ID : SB17.18139
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. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 25.00
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	Transaction ID : SB17.18140
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) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 25.00
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	Transaction ID : SB17.18141
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:		

SUBTOTAL of Disbursements This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 29.00
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name		Transaction ID : SB17.18142
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 29.00
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name		Transaction ID : SB17.18143
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. ELECTION CFO LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO BOX 26141		Amount of Each Disbursement this Period 1500.00
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.18155
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1558.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 145		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. ELECTION CFO LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address PO BOX 26141		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.18156
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	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. EVERLASTING DESIGNS		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 1220 MADISON AVE		Amount of Each Disbursement this Period 425.00 Transaction ID : SB17.18160
City TOLEDO	State OH	
Zip Code 43604	Purpose of Disbursement PRINTING	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) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 1380 WEST PATRICK ST		Amount of Each Disbursement this Period 83.84 Transaction ID : SB17.18163
City FREDERICK	State MD	
Zip Code 21703	Purpose of Disbursement GAS	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:	

SUBTOTAL of Disbursements This Page (optional).....	2008.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. FEDERAL ELECTION COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 999 E ST NW		Amount of Each Disbursement this Period 505.00 Transaction ID : SB17.18171
City WASHINGTON	State DC	
Zip Code 20463	Purpose of Disbursement FINE	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. FIRST ENERGY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 507 PRUDENTIAL ROAD		Amount of Each Disbursement this Period 55.78 Transaction ID : SB17.18175
City HORSHAM	State PA	
Zip Code 19044	Purpose of Disbursement UTILITY	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) C. FIRST ENERGY		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 507 PRUDENTIAL ROAD		Amount of Each Disbursement this Period 50.29 Transaction ID : SB17.18176
City HORSHAM	State PA	
Zip Code 19044	Purpose of Disbursement UTILITY	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:	

SUBTOTAL of Disbursements This Page (optional).....	611.07
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 95 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. FIRST ENERGY		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 507 PRUDENTIAL ROAD		Amount of Each Disbursement this Period 7,000.00 Transaction ID : SB17.18177
City HORSHAM State PA Zip Code 19044	Purpose of Disbursement UTILITY	
Candidate Name	Category/Type	
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. FREELY CREATIVE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 996 S MAIN ST		Amount of Each Disbursement this Period 685.00 Transaction ID : SB17.18182
City STOWE State VT Zip Code 05672	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	
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) C. FRONT PORCH POLITICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 3150 A FLORENCE RD STE 1		Amount of Each Disbursement this Period 27.60 Transaction ID : SB17.18183
City POWDER SPRINGS State GA Zip Code 30127	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	742.27
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 96 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. FRONT PORCH POLITICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 3150 A FLORENCE RD STE 1		Amount of Each Disbursement this Period 55.20
City POWDER SPRINGS	State GA	
Zip Code 30127	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18184
Candidate Name	Category/Type	
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. FRONT PORCH POLITICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 3150 A FLORENCE RD STE 1		Amount of Each Disbursement this Period 191.50
City POWDER SPRINGS	State GA	
Zip Code 30127	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18185
Candidate Name	Category/Type	
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) C. FRONT PORCH POLITICS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 3150 A FLORENCE RD STE 1		Amount of Each Disbursement this Period 316.16
City POWDER SPRINGS	State GA	
Zip Code 30127	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18186
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	562.86
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 97 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. FRONT PORCH POLITICS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 3150 A FLORENCE RD STE 1		Amount of Each Disbursement this Period 114.82
City POWDER SPRINGS	State GA	
Zip Code 30127	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18187
Candidate Name	Category/Type	
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. GODFATHERPOLITICS.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 117 N SAINT ASAPH ST		Amount of Each Disbursement this Period 518.88
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18189
Candidate Name	Category/Type	
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) C. GODFATHERPOLITICS.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 117 N SAINT ASAPH ST		Amount of Each Disbursement this Period 22.08
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18190
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	655.78
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 98 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. GODFATHERPOLITICS.COM			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 117 N SAINT ASAPH ST			Amount of Each Disbursement this Period 305.44 Transaction ID : SB17.18191
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement REVENUE SHARING	Candidate Name		Category/ Type
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. GODFATHERPOLITICS.COM			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 117 N SAINT ASAPH ST			Amount of Each Disbursement this Period 3.68 Transaction ID : SB17.18192
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement REVENUE SHARING	Candidate Name		Category/ Type
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) C. GOOGLE APPS			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 1600 AMPHITHEATRE PKWY			Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.18194
City MOUNTAIN VIEW	State CA	Zip Code 94043	
Purpose of Disbursement COMPUTER SERVICE	Candidate Name		Category/ Type
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:			

SUBTOTAL of Disbursements This Page (optional).....	359.12
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 99 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. GOOGLE APPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1600 AMPHITHEATRE PKWY		Amount of Each Disbursement this Period 48.53
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement COMPUTER SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.18195
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. GOPUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 18 SANCUTARY TRL		Amount of Each Disbursement this Period 27.60
City MISSOURI CITY State TX Zip Code 77549	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	Transaction ID : SB17.18196
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) C. GOPUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 18 SANCUTARY TRL		Amount of Each Disbursement this Period 16.56
City MISSOURI CITY State TX Zip Code 77549	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	Transaction ID : SB17.18197
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:		

SUBTOTAL of Disbursements This Page (optional).....	92.69
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 100 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. GOPUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 18 SANCUTARY TRL		Amount of Each Disbursement this Period 57.04
City MISSOURI CITY	State TX	
Zip Code 77549	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18198
Candidate Name	Category/ Type	
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. GOPUSA		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 18 SANCUTARY TRL		Amount of Each Disbursement this Period 206.08
City MISSOURI CITY	State TX	
Zip Code 77549	Purpose of Disbursement REVENUE SHARING	Transaction ID : SB17.18199
Candidate Name	Category/ Type	
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) C. GOPUSA		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 18 SANCUTARY TRL		Amount of Each Disbursement this Period 250.00
City MISSOURI CITY	State TX	
Zip Code 77549	Purpose of Disbursement REVENUE SHARING FEE	Transaction ID : SB17.18200
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	513.12
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 101 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. GOPUSA		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 18 SANCUTARY TRL		Amount of Each Disbursement this Period 9.20 Transaction ID : SB17.18201
City MISSOURI CITY State TX Zip Code 77549	Purpose of Disbursement REVENUE SHARING FEE	
Candidate Name	Category/Type	
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. TINA HENOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1507 HAGLEY RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.18414
City TOLEDO State OH Zip Code 43612	Purpose of Disbursement GRASSROOTS CONSULTING	
Candidate Name	Category/Type	
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) C. HUNTINGTON BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 1311 SOUTH MCCORD RD		Amount of Each Disbursement this Period 184.00 Transaction ID : SB17.18210
City HOLLAND State OH Zip Code 43528	Purpose of Disbursement BANK CHARGE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1193.20
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 102 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. HUNTINGTON BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 1311 SOUTH MCCORD RD		Amount of Each Disbursement this Period 68.00 Transaction ID : SB17.18211
City HOLLAND State OH Zip Code 43528	Purpose of Disbursement BANK CHARGE	
Candidate Name	Category/Type	
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. HUNTINGTON BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 1311 SOUTH MCCORD RD		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.18212
City HOLLAND State OH Zip Code 43528	Purpose of Disbursement BANK CHARGE	
Candidate Name	Category/Type	
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) C. HUNTINGTON BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 1311 SOUTH MCCORD RD		Amount of Each Disbursement this Period 6.50 Transaction ID : SB17.18213
City HOLLAND State OH Zip Code 43528	Purpose of Disbursement BANK CHARGE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	68.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount of Each Disbursement this Period 5918.60 Transaction ID : SB17.18468
City AKRON State OH Zip Code 44333	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
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. JOS. A. BANKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 500 HANOVER PIKE		Amount of Each Disbursement this Period 325.05 Transaction ID : SB17.18222
City HAMPSTEAD State MD Zip Code 21074	Purpose of Disbursement CLOTHING	
Candidate Name	Category/Type	
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) C. JOS. A. BANKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 500 HANOVER PIKE		Amount of Each Disbursement this Period 6.96 Transaction ID : SB17.18223
City HAMPSTEAD State MD Zip Code 21074	Purpose of Disbursement CLOTHING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6250.61
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 104 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. JOS. A. BANKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 500 HANOVER PIKE		Amount of Each Disbursement this Period 0.01 Transaction ID : SB17.18224
City HAMPSTEAD	State MD	
Zip Code 21074	Purpose of Disbursement CLOTHING	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. JOS. A. BANKS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 500 HANOVER PIKE		Amount of Each Disbursement this Period 147.85 Transaction ID : SB17.18225
City HAMPSTEAD	State MD	
Zip Code 21074	Purpose of Disbursement CLOTHING	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) C. JOS. A. BANKS		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 500 HANOVER PIKE		Amount of Each Disbursement this Period 154.79 Transaction ID : SB17.18226
City HAMPSTEAD	State MD	
Zip Code 21074	Purpose of Disbursement CLOTHING	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:	

SUBTOTAL of Disbursements This Page (optional).....	302.65
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 105 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. KOHNE CAMERA & PHOTO		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 120 W SOUTH BOUNDARY ST		Amount of Each Disbursement this Period 218.30 Transaction ID : SB17.18230
City PERRYSBURG State OH Zip Code 43551	Purpose of Disbursement OFFICE EQUIPMENT	
Candidate Name	Category/Type	
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. KROGER		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 4533 MONROE ST		Amount of Each Disbursement this Period 62.75 Transaction ID : SB17.18232
City TOLEDO State OH Zip Code 43613	Purpose of Disbursement GAS	
Candidate Name	Category/Type	
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) C. KROGER		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 4533 MONROE ST		Amount of Each Disbursement this Period 1.56 Transaction ID : SB17.18233
City TOLEDO State OH Zip Code 43613	Purpose of Disbursement TRAVEL MEAL	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	282.61
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 106 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. KROGER		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 4533 MONROE ST		Amount of Each Disbursement this Period 14.74
City TOLEDO State OH Zip Code 43613	Category/Type	
Purpose of Disbursement TRAVEL MEAL	Candidate Name	Transaction ID : SB17.18234
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. ETHAN LANE		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 688 S COLUMBUS ST		Amount of Each Disbursement this Period 1925.00
City ALEXANDRIA State VA Zip Code 22314	Category/Type	
Purpose of Disbursement STRATEGIC CONSULTING	Candidate Name	Transaction ID : SB17.18238
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) C. ETHAN LANE		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 688 S COLUMBUS ST		Amount of Each Disbursement this Period 1979.00
City ALEXANDRIA State VA Zip Code 22314	Category/Type	
Purpose of Disbursement STRATEGIC CONSULTING	Candidate Name	Transaction ID : SB17.18239
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:		

SUBTOTAL of Disbursements This Page (optional).....	3918.74
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 107 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. ETHAN LANE		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 688 S COLUMBUS ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.18240
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	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. LITTLE BONANZA PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 34729 PETERSEN RD		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.18242
City AGUA DULCE	State CA	
Zip Code 91390	Purpose of Disbursement COMMUNICATIONS CONSULTING	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) C. LITTLE BONANZA PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 34729 PETERSEN RD		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.18243
City AGUA DULCE	State CA	
Zip Code 91390	Purpose of Disbursement COMMUNICATIONS CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	15500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. LITTLE BONANZA PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 34729 PETERSEN RD		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.18244
City AGUA DULCE	State CA	
Zip Code 91390	Purpose of Disbursement MEDIA PRODUCTION AND CONSULTING	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. MAGIC DRAGON'S CREATIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 145 CYPRESS ST		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.18248
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement COMMUNICATIONS CONSULTING	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) C. MAGIC DRAGON'S CREATIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 145 CYPRESS ST		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.18249
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement COMMUNICATIONS CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	13000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. MARK IT RED LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 6502 AMHERST WAY		Amount of Each Disbursement this Period 9116.13 Transaction ID : SB17.18257
City ZIONSVILLE State IN Zip Code 46077	Purpose of Disbursement STRATEGIC CONSULTING	
Candidate Name	Category/Type	
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. MARK IT RED LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 6502 AMHERST WAY		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.18258
City ZIONSVILLE State IN Zip Code 46077	Purpose of Disbursement STRATEGIC CONSULTING	
Candidate Name	Category/Type	
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) C. MARK IT RED LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 6502 AMHERST WAY		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.18259
City ZIONSVILLE State IN Zip Code 46077	Purpose of Disbursement STRATEGIC CONSULTING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	9116.13
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 110 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. RANDI MCCLINTOCK		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 2450 PARKWOOD		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.18330
City TOLEDO	State OH Zip Code 43620	
Purpose of Disbursement GRASSROOTS CONSULTING	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. McClintock Properties		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 101 Clover Street		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.18262
City Fremont	State OH Zip Code 43420	
Purpose of Disbursement RENT	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) c. McClintock Properties		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 101 Clover Street		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.18263
City Fremont	State OH Zip Code 43420	
Purpose of Disbursement RENT	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:		

SUBTOTAL of Disbursements This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 10055 OLDE U.S. 20		Amount of Each Disbursement this Period 3654.26 Transaction ID : SB17.18267
City ROSSFORD	State OH	
Zip Code 43460	Purpose of Disbursement EVENT CATERING EXPENSE	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. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 10055 OLDE U.S. 20		Amount of Each Disbursement this Period 15.57 Transaction ID : SB17.18268
City ROSSFORD	State OH	
Zip Code 43460	Purpose of Disbursement EVENT CATERING EXPENSE	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) c. Andrew Miller		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2111 Jeff Davis Hwy 812N		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.18273
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement MANAGEMENT CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	3654.26
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Andrew Miller		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 2111 Jeff Davis Hwy 812N		Amount of Each Disbursement this Period 42.00 Transaction ID : SB17.18274
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement REIMBURSEMENT (BELOW THRESHOLD)	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. Andrew Miller		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 2111 Jeff Davis Hwy 812N		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.18275
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement MANAGEMENT CONSULTING	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) C. Andrew Miller		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 2111 Jeff Davis Hwy 812N		Amount of Each Disbursement this Period 62.85 Transaction ID : SB17.18276
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement REIMBURSEMENT (BELOW THRESHOLD)	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:	

SUBTOTAL of Disbursements This Page (optional).....	5104.85
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 113 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Andrew Miller		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 2111 Jeff Davis Hwy 812N		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.18277
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement MANAGEMENT CONSULTING	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. NAGOYA JAPANESE STEAKHOUSE & SUSHI		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 6190 LEVIS COMMONS BOULEVARD		Amount of Each Disbursement this Period 432.65 Transaction ID : SB17.18280
City PERRYSBURG	State OH	
Zip Code 43551	Purpose of Disbursement EVENT CATERING EXPENSE	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) C. NORTHWEST OHIO CONSERVATIVE COALITION		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 4035 FOREST LAWN		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.18287
City TOLEDO	State OH	
Zip Code 43623	Purpose of Disbursement EVENT TICKET	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:	

SUBTOTAL of Disbursements This Page (optional).....	5457.65
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 114 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. OAKLAND GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012	
Mailing Address 686 S ARROYO PKWY STE 24			Amount of Each Disbursement this Period 500.00	
City PASADENA	State CA	Zip Code 91105	Transaction ID : SB17.18288	
Purpose of Disbursement COMMUNICATIONS CONSULTING		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. OAKLAND GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012	
Mailing Address 686 S ARROYO PKWY STE 24			Amount of Each Disbursement this Period 901.50	
City PASADENA	State CA	Zip Code 91105	Transaction ID : SB17.18289	
Purpose of Disbursement COMMUNICATIONS CONSULTING		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) C. OAKLAND GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012	
Mailing Address 686 S ARROYO PKWY STE 24			Amount of Each Disbursement this Period 699.00	
City PASADENA	State CA	Zip Code 91105	Transaction ID : SB17.18290	
Purpose of Disbursement COMMUNICATIONS CONSULTING		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:				

SUBTOTAL of Disbursements This Page (optional).....	2100.50
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 115 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. OAKLAND GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 686 S ARROYO PKWY STE 24		Amount of Each Disbursement this Period 1.95 Transaction ID : SB17.18291
City PASADENA State CA Zip Code 91105	Purpose of Disbursement CONSULTANT EXPENSE REIMBURSEMENT	
Candidate Name	Category/Type	
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. OHIO TURNPIKE - TOLLS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 682 PROSPECT ST		Amount of Each Disbursement this Period 6.25 Transaction ID : SB17.18297
City BEREA State OH Zip Code 44017	Purpose of Disbursement TOLLS	
Candidate Name	Category/Type	
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) C. OHIO TURNPIKE - TOLLS		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 682 PROSPECT ST		Amount of Each Disbursement this Period 5.25 Transaction ID : SB17.18298
City BEREA State OH Zip Code 44017	Purpose of Disbursement TOLLS	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	13.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. OHIO TURNPIKE - TOLLS		Date of Disbursement
Mailing Address 682 PROSPECT ST		M M / D D / Y Y Y Y 04 / 05 / 2012
City BEREA	State OH	Zip Code 44017
Purpose of Disbursement TOLLS	Candidate Name	Amount of Each Disbursement this Period 4.75
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. OHIO TURNPIKE - TOLLS		Date of Disbursement
Mailing Address 682 PROSPECT ST		M M / D D / Y Y Y Y 04 / 23 / 2012
City BEREA	State OH	Zip Code 44017
Purpose of Disbursement TOLLS	Candidate Name	Amount of Each Disbursement this Period 12.50
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. OHIO TURNPIKE - TOLLS		Date of Disbursement
Mailing Address 682 PROSPECT ST		M M / D D / Y Y Y Y 05 / 07 / 2012
City BEREA	State OH	Zip Code 44017
Purpose of Disbursement TOLLS	Candidate Name	Amount of Each Disbursement this Period 6.00
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	23.25
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 117 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. OHIO TURNPIKE - TOLLS		Date of Disbursement
Mailing Address 682 PROSPECT ST		M M / D D / Y Y Y Y 05 / 07 / 2012
City BEREA	State OH	Zip Code 44017
Purpose of Disbursement TOLLS	Candidate Name	Amount of Each Disbursement this Period 5.50
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. OHIO TURNPIKE - TOLLS		Date of Disbursement
Mailing Address 682 PROSPECT ST		M M / D D / Y Y Y Y 05 / 29 / 2012
City BEREA	State OH	Zip Code 44017
Purpose of Disbursement TOLLS	Candidate Name	Amount of Each Disbursement this Period 1.75
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. OHIO TURNPIKE - TOLLS		Date of Disbursement
Mailing Address 682 PROSPECT ST		M M / D D / Y Y Y Y 05 / 29 / 2012
City BEREA	State OH	Zip Code 44017
Purpose of Disbursement TOLLS	Candidate Name	Amount of Each Disbursement this Period 1.25
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	8.50
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 118 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. OHIO TURNPIKE - TOLLS		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 682 PROSPECT ST		Amount of Each Disbursement this Period 6.25 Transaction ID : SB17.18305
City BEREA	State OH	
Zip Code 44017	Purpose of Disbursement TOLLS	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. OHIO TURNPIKE - TOLLS		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 682 PROSPECT ST		Amount of Each Disbursement this Period 6.25 Transaction ID : SB17.18306
City BEREA	State OH	
Zip Code 44017	Purpose of Disbursement TOLLS	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) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 380.83 Transaction ID : SB17.18311
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC PROCESSING	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:	

SUBTOTAL of Disbursements This Page (optional).....	393.33
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 119 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. PLIX DESIGN		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 6432 GLENHURST DR #2		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.18316
City MAUMEE State OH Zip Code 43537	Purpose of Disbursement T-SHIRT DESIGN	
Candidate Name	Category/Type	
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. POLITICAL INSIDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address PO BOX 25574		Amount of Each Disbursement this Period 343.26 Transaction ID : SB17.18317
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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) C. POLITICAL INSIDER		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address PO BOX 25574		Amount of Each Disbursement this Period 535.44 Transaction ID : SB17.18318
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1128.70
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 120 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. POLITICAL INSIDER		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address PO BOX 25574		Amount of Each Disbursement this Period 18.40 Transaction ID : SB17.18319
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement REVENUE SHARING	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. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1300 EAST MALL DR		Amount of Each Disbursement this Period 53.57 Transaction ID : SB17.18337
City TOLEDO	State OH	
Zip Code 43528	Purpose of Disbursement OFFICE SUPPLIES	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) C. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 1300 EAST MALL DR		Amount of Each Disbursement this Period 85.60 Transaction ID : SB17.18338
City TOLEDO	State OH	
Zip Code 43528	Purpose of Disbursement OFFICE SUPPLIES	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:	

SUBTOTAL of Disbursements This Page (optional).....	157.57
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 121 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 1300 EAST MALL DR		Amount of Each Disbursement this Period 56.31 Transaction ID : SB17.18339
City TOLEDO State OH Zip Code 43528	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
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. SCHMUCKER'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 2103 N REYNOLDS RD		Amount of Each Disbursement this Period 32.56 Transaction ID : SB17.18340
City TOLEDO State OH Zip Code 43615	Purpose of Disbursement MEETING MEAL EXPENSE	
Candidate Name	Category/Type	
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) C. SCHMUCKER'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 2103 N REYNOLDS RD		Amount of Each Disbursement this Period 25.14 Transaction ID : SB17.18341
City TOLEDO State OH Zip Code 43615	Purpose of Disbursement MEETING MEAL EXPENSE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	114.01
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 122 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SCOTTSDALE PLAZA		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 7200 N SCOTTSDALE DR		Amount of Each Disbursement this Period 1668.98 Transaction ID : SB17.18344
City SCOTTSDALE	State AZ	
Zip Code 85253	Purpose of Disbursement FUNDRAISING VENUE & CATERING	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. SCOTTSDALE PLAZA		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 7200 N SCOTTSDALE DR		Amount of Each Disbursement this Period 192.74 Transaction ID : SB17.18345
City SCOTTSDALE	State AZ	
Zip Code 85253	Purpose of Disbursement FUNDRAISING VENUE & CATERING	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) C. SCOTTSDALE PLAZA		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 7200 N SCOTTSDALE DR		Amount of Each Disbursement this Period 7.97 Transaction ID : SB17.18346
City SCOTTSDALE	State AZ	
Zip Code 85253	Purpose of Disbursement FUNDRAISING VENUE & CATERING	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:	

SUBTOTAL of Disbursements This Page (optional).....	1869.69
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 123 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012		
Mailing Address 6903 ANGOLA RD			Amount of Each Disbursement this Period 31.26		
City HOLLAND	State OH	Zip Code 43528	Transaction ID : SB17.18347		
Purpose of Disbursement GAS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012		
Mailing Address 6903 ANGOLA RD			Amount of Each Disbursement this Period 73.23		
City HOLLAND	State OH	Zip Code 43528	Transaction ID : SB17.18348		
Purpose of Disbursement GAS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012		
Mailing Address 6903 ANGOLA RD			Amount of Each Disbursement this Period 84.90		
City HOLLAND	State OH	Zip Code 43528	Transaction ID : SB17.18349		
Purpose of Disbursement GAS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	189.39
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 124 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 6903 ANGOLA RD		Amount of Each Disbursement this Period 80.22
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement GAS	Transaction ID : SB17.18350
Candidate Name	Category/Type	
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. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 6903 ANGOLA RD		Amount of Each Disbursement this Period 90.85
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement GAS	Transaction ID : SB17.18351
Candidate Name	Category/Type	
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) C. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 6903 ANGOLA RD		Amount of Each Disbursement this Period 81.98
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement GAS	Transaction ID : SB17.18352
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	253.05
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 125 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 6903 ANGOLA RD		Amount of Each Disbursement this Period 80.32
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement GAS	Transaction ID : SB17.18353
Candidate Name	Category/Type	
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. SHELLY'S BACK ROOM		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 1331 F ST NW		Amount of Each Disbursement this Period 86.77
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEETING MEAL EXPENSE	Transaction ID : SB17.18356
Candidate Name	Category/Type	
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) C. SHELLY'S BACK ROOM		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 1331 F ST NW		Amount of Each Disbursement this Period 68.63
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEETING MEAL EXPENSE	Transaction ID : SB17.18357
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	235.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. JEDIDIAH SMITH		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 364 SAVANNAH DR		Amount of Each Disbursement this Period 1033.68 Transaction ID : SB17.18358
City SULLIVAN	State MO	
Zip Code 63080	Purpose of Disbursement ONLINE CONSULTING	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. VINCENT LAMAR SMITH		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 241 16TH ST		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.18439
City TOLEDO	State OH	
Zip Code 43604	Purpose of Disbursement GRASSROOTS CONSULTING	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) C. VINCENT LAMAR SMITH		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 241 16TH ST		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.18440
City TOLEDO	State OH	
Zip Code 43604	Purpose of Disbursement GRASSROOTS CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	2533.68
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 127 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. VINCENT LAMAR SMITH		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 241 16TH ST		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.18441
City TOLEDO	State OH Zip Code 43604	
Purpose of Disbursement GRASSROOTS CONSULTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SONY STORE		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 1100 S HAYES ST		Amount of Each Disbursement this Period 2414.98 Transaction ID : SB17.18360
City ARLINGTON	State VA Zip Code 22202	
Purpose of Disbursement COMPUTER EQUIPMENT	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SPEEDWAY		Date of Disbursement MM / DD / YYYY 04 / 25 / 2012
Mailing Address 6500 CENTRAL AVE		Amount of Each Disbursement this Period 50.35 Transaction ID : SB17.18363
City TOLEDO	State OH Zip Code 43617	
Purpose of Disbursement GAS	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2865.33
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 128 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SPEEDWAY		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 6500 CENTRAL AVE		Amount of Each Disbursement this Period 89.74
City TOLEDO	State OH Zip Code 43617	
Purpose of Disbursement GAS	Candidate Name	Transaction ID : SB17.18364
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SPIRIT AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 2800 EXECUTIVE WAY		Amount of Each Disbursement this Period 1084.71
City MIRAMAR	State FL Zip Code 33025	
Purpose of Disbursement AIRFARE	Candidate Name	Transaction ID : SB17.18366
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SPIRIT AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 2800 EXECUTIVE WAY		Amount of Each Disbursement this Period 653.58
City MIRAMAR	State FL Zip Code 33025	
Purpose of Disbursement AIRFARE	Candidate Name	Transaction ID : SB17.18367
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1828.03
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 129 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. STOP N GO		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address 3365 MONROE ST		Amount of Each Disbursement this Period 47.65 Transaction ID : SB17.18382
City TOLEDO State OH Zip Code 43606	Purpose of Disbursement GAS	
Candidate Name	Category/Type	
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. SUBWAY		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 6827 SPRING VALLEY		Amount of Each Disbursement this Period 21.50 Transaction ID : SB17.18390
City HOLLAND State OH Zip Code 43528	Purpose of Disbursement TRAVEL MEAL	
Candidate Name	Category/Type	
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) C. SUBWAY		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 6827 SPRING VALLEY		Amount of Each Disbursement this Period 15.50 Transaction ID : SB17.18391
City HOLLAND State OH Zip Code 43528	Purpose of Disbursement TRAVEL MEAL	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	84.65
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 130 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 310 W ALEXIS RD		Amount of Each Disbursement this Period 91.13
City TOLEDO	State OH Zip Code 43612	
Purpose of Disbursement GAS	Category/Type	Transaction ID : SB17.18392
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. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 310 W ALEXIS RD		Amount of Each Disbursement this Period 92.50
City TOLEDO	State OH Zip Code 43612	
Purpose of Disbursement GAS	Category/Type	Transaction ID : SB17.18393
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) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 310 W ALEXIS RD		Amount of Each Disbursement this Period 45.72
City TOLEDO	State OH Zip Code 43612	
Purpose of Disbursement GAS	Category/Type	Transaction ID : SB17.18394
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:		

SUBTOTAL of Disbursements This Page (optional).....	229.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 310 W ALEXIS RD		Amount of Each Disbursement this Period 15.08
City TOLEDO	State OH Zip Code 43612	
Purpose of Disbursement GAS	Category/Type	Transaction ID : SB17.18395
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. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 310 W ALEXIS RD		Amount of Each Disbursement this Period 84.79
City TOLEDO	State OH Zip Code 43612	
Purpose of Disbursement GAS	Category/Type	Transaction ID : SB17.18396
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) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 310 W ALEXIS RD		Amount of Each Disbursement this Period 89.46
City TOLEDO	State OH Zip Code 43612	
Purpose of Disbursement GAS	Category/Type	Transaction ID : SB17.18397
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:		

SUBTOTAL of Disbursements This Page (optional).....	189.33
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 132 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 2350 RAVINE WAY		Amount of Each Disbursement this Period 547.50 Transaction ID : SB17.18399
City GLENVIEW	State IL	
Zip Code 60025	Purpose of Disbursement EMPLOYER TAXES	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. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 2350 RAVINE WAY		Amount of Each Disbursement this Period 502.50 Transaction ID : SB17.18400
City GLENVIEW	State IL	
Zip Code 60025	Purpose of Disbursement EMPLOYER TAXES	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) C. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 2350 RAVINE WAY		Amount of Each Disbursement this Period 164.25 Transaction ID : SB17.18401
City GLENVIEW	State IL	
Zip Code 60025	Purpose of Disbursement EMPLOYER TAXES	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:	

SUBTOTAL of Disbursements This Page (optional).....	1214.25
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 133 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

A. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 14 / 2012

Amount of Each Disbursement this Period: 49.48

Transaction ID : SB17.18402

B. TEAPARTY.NET/NEWSMAX MEDIA, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 560 VILLAGE BLVD STE 120

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2012

Amount of Each Disbursement this Period: 2319.43

Transaction ID : SB17.18408

C. TEAPARTY.NET/NEWSMAX MEDIA, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 560 VILLAGE BLVD STE 120

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 31 / 2012

Amount of Each Disbursement this Period: 182.16

Transaction ID : SB17.18409

SUBTOTAL of Disbursements This Page (optional) 2551.07

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 134 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. TEAPARTY.NET/NEWSMAX MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 560 VILLAGE BLVD STE 120		Amount of Each Disbursement this Period 53.36 Transaction ID : SB17.18410
City WEST PALM BEACH State FL Zip Code 33409	Purpose of Disbursement REVENUE SHARE	
Candidate Name	Category/Type	
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. TLS WEB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 20512 ERBEN ST		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.18415
City SAINT CLAIR SHORES State MI Zip Code 48081	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
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) C. TLS WEB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 20512 ERBEN ST		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.18416
City SAINT CLAIR SHORES State MI Zip Code 48081	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	753.36
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 135 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. TLS WEB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 20512 ERBEN ST		Amount of Each Disbursement this Period 425.00
City SAINT CLAIR SHORES	State MI Zip Code 48081	
Purpose of Disbursement WEBSITE EXPENSE	Category/Type	Transaction ID : SB17.18313
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. TOLEDO ZOO		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 2 HIPPO WAY		Amount of Each Disbursement this Period 350.00
City TOLEDO	State OH Zip Code 43609	
Purpose of Disbursement EVENT VENUE EXPENSE	Category/Type	Transaction ID : SB17.18418
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) C. TONY PACKO'S CAFE		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1902 FRONT ST		Amount of Each Disbursement this Period 35.58
City TOLEDO	State OH Zip Code 43605	
Purpose of Disbursement MEETING MEAL EXPENSE	Category/Type	Transaction ID : SB17.18419
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:		

SUBTOTAL of Disbursements This Page (optional).....	810.58
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 136 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. TONY PACKO'S CAFE		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 1902 FRONT ST		Amount of Each Disbursement this Period 114.80
City TOLEDO	State OH Zip Code 43605	
Purpose of Disbursement MEETING MEAL EXPENSE	Category/Type	Transaction ID : SB17.18420
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. TORTILLA COAST		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 400 FIRST ST SE		Amount of Each Disbursement this Period 675.49
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FUNDRAISING VENUE & CATERING	Category/Type	Transaction ID : SB17.18422
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) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 6923 ANGOLA RD		Amount of Each Disbursement this Period 90.00
City HOLLAND	State OH Zip Code 43528	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.18425
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:		

SUBTOTAL of Disbursements This Page (optional).....	880.29
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 137 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012	
Mailing Address 6923 ANGOLA RD			Amount of Each Disbursement this Period 2.69	
City HOLLAND	State OH	Zip Code 43528	Transaction ID : SB17.18426	
Purpose of Disbursement POSTAGE		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. UNITED STATES POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012	
Mailing Address 6923 ANGOLA RD			Amount of Each Disbursement this Period 90.00	
City HOLLAND	State OH	Zip Code 43528	Transaction ID : SB17.18427	
Purpose of Disbursement POSTAGE		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) C. USAIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012	
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 169.80	
City PHOENIX	State AZ	Zip Code 85034	Transaction ID : SB17.18430	
Purpose of Disbursement AIRFARE		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:				

SUBTOTAL of Disbursements This Page (optional).....	262.49
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 138 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. USAIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.18431
City PHOENIX	State AZ	Zip Code 85034	
Purpose of Disbursement AIRFARE		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. USAIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.18432
City PHOENIX	State AZ	Zip Code 85034	
Purpose of Disbursement AIRFARE		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) C. USAIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 169.60 Transaction ID : SB17.18433
City PHOENIX	State AZ	Zip Code 85034	
Purpose of Disbursement AIRFARE		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:			

SUBTOTAL of Disbursements This Page (optional).....	219.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. USAIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 295.60 Transaction ID : SB17.18434
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AIRFARE	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. USAIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.18435
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AIRFARE	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) C. VISION TO AMERICA		Date of Disbursement MM / DD / YYYY 04 / 16 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 55.20 Transaction ID : SB17.18442
City WEST ISLIP	State NY	
Zip Code 11795	Purpose of Disbursement REVENUE SHARING	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:	

SUBTOTAL of Disbursements This Page (optional).....	375.80
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 140 OF 145			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 206.82 Transaction ID : SB17.18443
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 130.64 Transaction ID : SB17.18444
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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) C. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 662.13 Transaction ID : SB17.18445
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	999.59
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 25.76
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name		Transaction ID : SB17.18446
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 90.62
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING	
Candidate Name		Transaction ID : SB17.18447
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 250.00
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING FEE	
Candidate Name		Transaction ID : SB17.18448
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	366.38
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 142 OF 145			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. VISION TO AMERICA		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 645 ALWICK AVE		Amount of Each Disbursement this Period 76.18
City WEST ISLIP State NY Zip Code 11795	Purpose of Disbursement REVENUE SHARING FEE Candidate Name Category/Type	
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)		Transaction ID : SB17.18449
State: District:		

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 1411.11
City LEXINGTON State MA Zip Code 02421	Purpose of Disbursement CAMPAIGN COLLATERAL Candidate Name Category/Type	
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)		Transaction ID : SB17.18451
State: District:		

Full Name (Last, First, Middle Initial) C. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 427.85
City LEXINGTON State MA Zip Code 02421	Purpose of Disbursement CAMPAIGN COLLATERAL Candidate Name Category/Type	
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)		Transaction ID : SB17.18452
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1915.14
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 143 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. VISTAPRINT		Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 72.97
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement CAMPAIGN COLLATERAL	Transaction ID : SB17.18453
Candidate Name	Category/Type	
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. WAL MART		Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 1355 S MCCORD RD		Amount of Each Disbursement this Period 19.02
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.18456
Candidate Name	Category/Type	
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) C. WAL MART		Date of Disbursement MM / DD / YYYY 04 / 23 / 2012
Mailing Address 1355 S MCCORD RD		Amount of Each Disbursement this Period 220.17
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.18457
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	312.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 145	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SAMUEL WURZELBACHER		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 355 SHREWSBURY ST		Amount of Each Disbursement this Period 3842.00 Transaction ID : SB17.18460
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement NET SALARY	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. SAMUEL WURZELBACHER		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 355 SHREWSBURY ST		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.18461
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement SALARY	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) C. SAMUEL WURZELBACHER		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 355 SHREWSBURY ST		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.18462
City HOLLAND	State OH	
Zip Code 43528	Purpose of Disbursement SALARY	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:	

SUBTOTAL of Disbursements This Page (optional).....	13842.00
TOTAL This Period (last page this line number only).....	157327.90

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 145 OF 145
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

JOE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLARK HILL PLC		Nature of Debt (Purpose): Legal Services
Mailing Address 500 WOODWARD AVE #3		
City	State	Zip Code
DETROIT	MI	48226

Outstanding Balance Beginning This Period	Transaction ID : SD10.18469	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="7013.00"/>	<input type="text" value="0.00"/>	<input type="text" value="7013.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORPORATION		Nature of Debt (Purpose): FUNDRAISING CONSULTANT
Mailing Address 325 SPRINGSIDE DR		
City	State	Zip Code
AKRON	OH	44333

Outstanding Balance Beginning This Period	Transaction ID : SD10.6687	
<input type="text" value="2916.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3002.60"/>	<input type="text" value="5918.60"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTERNAL REVENUE SERVICE		Nature of Debt (Purpose): PAYROLL TAXES
Mailing Address BOX 804522		
City	State	Zip Code
CINCINNATI	OH	45999

Outstanding Balance Beginning This Period	Transaction ID : SD10.6702	
<input type="text" value="130.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="130.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7143.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="7143.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="7143.00"/>