

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 KAUFMAN FOR CONGRESS

ADDRESS (number and street) 2645 EXECUTIVE PARK DRIVE STE 512
WESTON FL 33331
Check if different than previously reported. (ACC)
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00501205
3. IS THIS REPORT NEW (N) OR AMENDED (A) x
STATE DISTRICT FL 20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3) x
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 MM/DD/YYYY in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
08/09/2018 through 09/30/2018

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 KAUFMAN, JOE, , ,

Signature of Treasurer KAUFMAN, JOE, , , [Electronically Filed] Date MM/DD/YYYY 10/18/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
JOE KAUFMAN FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	53841.82	95145.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	53841.82	95145.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	142468.17	185628.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	142468.17	185628.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	298615.96	
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).....	89862.53	

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 05/2016)

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46447.81	83064.55
(ii) Unitemized.....	7394.01	12080.45
(iii) TOTAL of contributions from individuals ▶	53841.82	95145.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	53841.82	95145.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	53841.82	95145.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	142468.17	185628.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	142468.17	185628.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	387242.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53841.82
25. SUBTOTAL (add Line 23 and Line 24).....	441084.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142468.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	298615.96

**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 71	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ackerman, Gilberto, , ,

Mailing Address 3330 NE 190 ST.
Apt. 2015

City Aventura	State FL	Zip Code 33180
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : SA11AI.62522

Amount of Each Receipt this Period
800.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Ackerman, Gilberto, , ,

Mailing Address 3330 NE 190 ST.
Apt. 2015

City Aventura	State FL	Zip Code 33180
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : SA11AI.62900

Amount of Each Receipt this Period
800.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
CHALIFOUR, LEE, H., ,

Mailing Address 131 COLONIAL ST SE

City PORT CHARLOTTE	State FL	Zip Code 33952
------------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : SA11AI.62445

Amount of Each Receipt this Period
100.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	1700.00
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: PAGE 6 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHALIFOUR, LEE, H., ,
 Mailing Address 131 COLONIAL ST SE
 City PORT CHARLOTTE State FL Zip Code 33952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2018
Transaction ID : SA11AI.62847
 Amount of Each Receipt this Period
 100.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Conklin, Dennis, , ,
 Mailing Address 4581 NW 6th Court
 City Plantation State FL Zip Code 33317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Broward Cty SoEections Occupation Driver
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 296.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2018
Transaction ID : SA11AI.62890
 Amount of Each Receipt this Period
 100.00
 Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Eisig, Eyal, , ,
 Mailing Address 3815 SW 53rd Place
 City Fort Lauderdale State FL Zip Code 33312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phillips, Cantor & Shalek, PA Occupation Attorney
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2018
Transaction ID : SA11AI.62888
 Amount of Each Receipt this Period
 180.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.00
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: PAGE 7 OF 71
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Faracchio, Dean, , ,

Mailing Address 369 SPRUCEWOOD CT

City LAKE MARY State FL Zip Code 32746

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : SA11AI.62509

Amount of Each Receipt this Period
250.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Faracchio, Dean, , ,

Mailing Address 369 SPRUCEWOOD CT

City LAKE MARY State FL Zip Code 32746

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : SA11AI.62893

Amount of Each Receipt this Period
250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
FOLSOM, GLEE, , ,

Mailing Address 7816 196TH ST SW
APT D7

City EDMONDS State WA Zip Code 98026

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2018

Transaction ID : SA11AI.62403

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

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

1000.00

**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 71	
	<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FOLSOM, GLEE, , ,

Mailing Address 7816 196TH ST SW
APT D7

City EDMONDS	State WA	Zip Code 98026
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2018

Transaction ID : SA11AI.62823

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Green, Judith, M, Ms,

Mailing Address 2685 Meadowood Dr

City Weston	State FL	Zip Code 33332
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : SA11AI.62846

Amount of Each Receipt this Period
200.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
HARING, ANGELINE, , ,

Mailing Address 825 ALEXANDER RD W

City BELLVILLE	State OH	Zip Code 44813
-------------------	-------------	-------------------

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

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2018

Transaction ID : SA11AI.62867

Amount of Each Receipt this Period
100.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	800.00
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: PAGE 9 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARRIS, STUART, , ,
 Mailing Address 2851 SEMINOLE ST
 City: Coconut Grove State: FL Zip Code: 33133
 FEC ID number of contributing federal political committee: C
 Name of Employer: SEAVIEW RESEARCH, INC Occupation: PHYSICIAN
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 28 / 2018
Transaction ID : SA11AI.62399
 Amount of Each Receipt this Period: 250.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
HARRIS, STUART, , ,
 Mailing Address 2851 SEMINOLE ST
 City: Coconut Grove State: FL Zip Code: 33133
 FEC ID number of contributing federal political committee: C
 Name of Employer: SEAVIEW RESEARCH, INC Occupation: PHYSICIAN
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 28 / 2018
Transaction ID : SA11AI.62821
 Amount of Each Receipt this Period: 250.00
 Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
HASKETT, DIANE, , ,
 Mailing Address PO BOX 3327
 City: STUART State: FL Zip Code: 34995
 FEC ID number of contributing federal political committee: C
 Name of Employer: CHLORINATORS INCORPORATED Occupation: PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 28 / 2018
Transaction ID : SA11AI.62426
 Amount of Each Receipt this Period: 500.00
 Memo Item Contribution

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

1000.00

**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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HASKETT, DIANE, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2018	
Mailing Address PO BOX 3327			Transaction ID : SA11AI.62836	
City STUART	State FL	Zip Code 34995	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer CHLORINATORS INCORPORATED		Occupation PRESIDENT	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00	<input type="checkbox"/> Memo Item Contribution	

Full Name (Last, First, Middle Initial) B. Johnson, Ray, H., ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2018	
Mailing Address 4607 Roxbury Rd			Transaction ID : SA11AI.62405	
City Corona Del Mar	State CA	Zip Code 92625	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00	<input type="checkbox"/> Memo Item Contribution	

Full Name (Last, First, Middle Initial) C. Johnson, Ray, H., ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2018	
Mailing Address 4607 Roxbury Rd			Transaction ID : SA11AI.62824	
City Corona Del Mar	State CA	Zip Code 92625	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00	<input type="checkbox"/> Memo Item Contribution	

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 1000.00
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: PAGE 11 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATZ, MICHAEL, , ,

Mailing Address 15120 WHETSTONE WAY

City SOUTHWEST RANCHES State FL Zip Code 33331

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 598.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2018

Transaction ID : SA11AI.62463

Amount of Each Receipt this Period
 _____ 400.00

Memo Item Contribution

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

Mailing Address 15120 WHETSTONE WAY

City SOUTHWEST RANCHES State FL Zip Code 33331

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 998.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2018

Transaction ID : SA11AI.62858

Amount of Each Receipt this Period
 _____ 400.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
KATZ, MICHAEL, , ,

Mailing Address 15120 WHETSTONE WAY

City SOUTHWEST RANCHES State FL Zip Code 33331

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1398.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2018

Transaction ID : SA11AI.62456

Amount of Each Receipt this Period
 _____ 400.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 1200.00

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 12 OF 71	
	<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATZ, MICHAEL, , ,

Mailing Address 15120 WHETSTONE WAY

City SOUTHWEST RANCHES	State FL	Zip Code 33331
---------------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1798.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2018

Transaction ID : SA11AI.62854

Amount of Each Receipt this Period

400.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Kaufman, Joe, , ,

Mailing Address 8708 NW 82. st.

City Tamarac	State FL	Zip Code 33321
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Investigative Journalist
-----------------------------------	--

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3591.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2018

Transaction ID : SA11AI.62455

Amount of Each Receipt this Period

1400.00

Memo Item Loan

C. Full Name (Last, First, Middle Initial)
Kaufman, Joe, , ,

Mailing Address 8708 NW 82. st.

City Tamarac	State FL	Zip Code 33321
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Investigative Journalist
-----------------------------------	--

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4991.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2018

Transaction ID : SA11AI.62853

Amount of Each Receipt this Period

1400.00

Memo Item Loan

SUBTOTAL of Receipts This Page (optional)..... ▶	3200.00
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: PAGE 13 OF 71
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kaufman, Joe, , ,

Mailing Address 8708 NW 82. st.

City Tamarac State FL Zip Code 33321

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

Name of Employer Self Employed Occupation Investigative Journalist

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9009.44

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : SA11AI.62448

Amount of Each Receipt this Period
4018.00

Memo Item
 Loan

B. Full Name (Last, First, Middle Initial)
Kaufman, Joe, , ,

Mailing Address 8708 NW 82. st.

City Tamarac State FL Zip Code 33321

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

Name of Employer Self Employed Occupation Investigative Journalist

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13027.44

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : SA11AI.62849

Amount of Each Receipt this Period
4018.00

Memo Item
 Loan

C. Full Name (Last, First, Middle Initial)
KAUFMAN, JOE, , ,

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7072.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : SA11AI.62382

Amount of Each Receipt this Period
372.00

Memo Item
 Loan

SUBTOTAL of Receipts This Page (optional)..... ▶ 8408.00

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 14 OF 71	
	<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kaufman, Joe, , ,

Mailing Address 8708 NW 82. st.

City Tamarac	State FL	Zip Code 33321
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Investigative Journalist
-----------------------------------	--

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13399.44

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : SA11AI.62812

Amount of Each Receipt this Period
372.00

Memo Item
 Loan

B. Full Name (Last, First, Middle Initial)
Kaufman, Joe, , ,

Mailing Address 8708 NW 82. st.

City Tamarac	State FL	Zip Code 33321
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Investigative Journalist
-----------------------------------	--

Receipt For: 18
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14643.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : SA11AI.62902

Amount of Each Receipt this Period
1243.80

Memo Item
 Loan

C. Full Name (Last, First, Middle Initial)
Kennedy, Kevin, , ,

Mailing Address 9381 E Bay Harbor Dr
Apt 203N

City Bay Harbor Islands	State FL	Zip Code 33154
----------------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : SA11AI.62407

Amount of Each Receipt this Period
500.00

Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	2115.80
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: PAGE 15 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kennedy, Kevin, , ,

Mailing Address 9381 E Bay Harbor Dr
Apt 203N

City Bay Harbor Islands State FL Zip Code 33154

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2018

Transaction ID : SA11AI.62825

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
LESETH, MARIE, , ,

Mailing Address 469 SORRENTO RD

City KISSIMMEE State FL Zip Code 34759

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018

Transaction ID : SA11AI.62424

Amount of Each Receipt this Period
250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
LESETH, MARIE, , ,

Mailing Address 469 SORRENTO RD

City KISSIMMEE State FL Zip Code 34759

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018

Transaction ID : SA11AI.62835

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

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

1000.00

**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 71	
	<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEVIN, ALAN, HERBERT, ,

Mailing Address 724 E GRINNELL DR

City BURBANK	State CA	Zip Code 91501
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2018

Transaction ID : SA11AI.62832

Amount of Each Receipt this Period
 _____ 200.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Marti, Donald, , ,

Mailing Address 1124 Ginger Circle

City Weston	State FL	Zip Code 33326
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2018

Transaction ID : SA11AI.62855

Amount of Each Receipt this Period
 _____ 100.00

Memo Item Contribution

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

Mailing Address 26300 SILENT HILLS LN

City LOS ALTOS HILLS	State CA	Zip Code 94022
-------------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2018

Transaction ID : SA11AI.62417

Amount of Each Receipt this Period
 _____ 250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 550.00
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: PAGE 17 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PERRELL, CHARLES, , ,

Mailing Address 26300 SILENT HILLS LN

City: LOS ALTOS HILLS State: CA Zip Code: 94022

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 24 / 2018

Transaction ID : SA11AI.62831

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Podalsky, Gregg, , ,

Mailing Address 3537 Derby Ln.

City: Weston State: FL Zip Code: 33331

FEC ID number of contributing federal political committee: C

Name of Employer: ARC Group Occupation: President

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 26 / 2018

Transaction ID : SA11AI.62515

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Podalsky, Gregg, , ,

Mailing Address 3537 Derby Ln.

City: Weston State: FL Zip Code: 33331

FEC ID number of contributing federal political committee: C

Name of Employer: ARC Group Occupation: President

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 26 / 2018

Transaction ID : SA11AI.62896

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

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: PAGE 18 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rabinowitz, Lowell, , ,
 Mailing Address 21036 95th ave. So.-Apt. A213
 City Boca Raton State FL Zip Code 33428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2018
Transaction ID : SA11AI.62884
 Amount of Each Receipt this Period
 100.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Saboff, Jim, , ,
 Mailing Address PO Box 291184
 City Port Orange State FL Zip Code 32129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : SA11AI.62507
 Amount of Each Receipt this Period
 1000.00
 Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Saboff, Jim, , ,
 Mailing Address PO Box 291184
 City Port Orange State FL Zip Code 32129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : SA11AI.62892
 Amount of Each Receipt this Period
 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00
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: PAGE 19 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Schlaffer, Paul, , ,
 Mailing Address 500 NE 2nd St.
Apt 113
 City Dania Beach State FL Zip Code 33004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Florida Racing Association Occupation Executive
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2018
Transaction ID : SA11AI.62889
 Amount of Each Receipt this Period
 200.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Scudder, Stuart, Barrett, ,
 Mailing Address 23037 Maple Ave
 City Torrance State CA Zip Code 90505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 200.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2018
Transaction ID : SA11AI.62819
 Amount of Each Receipt this Period
 100.01
 Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
SELIG, MARTIN, , ,
 Mailing Address 1000 SECOND AVENUE
SUITE 1800
 City SEATTLE State WA Zip Code 98104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2018
Transaction ID : SA11AI.62415
 Amount of Each Receipt this Period
 1000.00
 Memo Item Contribution

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

1300.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 71	
	<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SELIG, MARTIN, , ,

Mailing Address 1000 SECOND AVENUE
SUITE 1800

City SEATTLE State WA Zip Code 98104

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : SA11AI.62830

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
SIEGEL, CARY, , ,

Mailing Address 1841 Oakbrook Drive

City Longwood State FL Zip Code 32779

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

Name of Employer CJS INVESTORS Occupation BUSINESS OWNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
328.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : SA11AI.62895

Amount of Each Receipt this Period
164.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Simone, Arthur, , ,

Mailing Address 10101 Grosvenor PL
906

City North Bethesda State MD Zip Code 20852

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 14 / 2018

Transaction ID : SA11AI.62462

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	1464.00
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: PAGE 21 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Simone, Arthur, , ,

Mailing Address 10101 Grosvenor PL
906

City North Bethesda State MD Zip Code 20852

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2018

Transaction ID : SA11AI.62857

Amount of Each Receipt this Period
 300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
STAHMANN, KATHRYN, ANN, MS,

Mailing Address 42 TANGLEWOOD SPUR N

City SEDONA State AZ Zip Code 86351

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2018

Transaction ID : SA11AI.62411

Amount of Each Receipt this Period
 500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
STAHMANN, KATHRYN, ANN, MS,

Mailing Address 42 TANGLEWOOD SPUR N

City SEDONA State AZ Zip Code 86351

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2018

Transaction ID : SA11AI.62828

Amount of Each Receipt this Period
 500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 22 OF 71	
	<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUTTON, FRED, E., ,

Mailing Address 718 Hawksbill Island Dr.

City Satellite Beach	State FL	Zip Code 32937
-------------------------	-------------	-------------------

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

Name of Employer SUTTON PROPERTIES	Occupation SELF-EMPLOYED
---------------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2018

Transaction ID : SA11AI.62409

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
SUTTON, FRED, E., ,

Mailing Address 718 Hawksbill Island Dr.

City Satellite Beach	State FL	Zip Code 32937
-------------------------	-------------	-------------------

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

Name of Employer SUTTON PROPERTIES	Occupation SELF-EMPLOYED
---------------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2018

Transaction ID : SA11AI.62826

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Trevino, Dolly, , ,

Mailing Address 1440 Coral Springs Ridge
452

City Coral Springs	State FL	Zip Code 33071
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2018

Transaction ID : SA11AI.62454

Amount of Each Receipt this Period
 _____ 300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 5700.00
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: PAGE 23 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Trevino, Dolly, , ,
 Mailing Address 1440 Coral Springs Ridge
452
 City State Zip Code
Coral Springs FL 33071
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
RETIRED RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 26 2018
Transaction ID : SA11AI.62852
 Amount of Each Receipt this Period
 300.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Uihlein, Elizabeth, , ,
 Mailing Address 1396 N Waukegan Rd
 City State Zip Code
Lake Forest IL 60045
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
Uline CEO/Owner
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 05 2018
Transaction ID : SA11AI.62491
 Amount of Each Receipt this Period
 2700.00
 Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Uihlein, Elizabeth, , ,
 Mailing Address 1396 N Waukegan Rd
 City State Zip Code
Lake Forest IL 60045
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
Uline CEO/Owner
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 05 2018
Transaction ID : SA11AI.62882
 Amount of Each Receipt this Period
 2700.00
 Memo Item Contribution

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

5700.00

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

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

FOR LINE NUMBER: PAGE 24 OF 71
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

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

Mailing Address 1396 N Waukegan Rd

City Lake Forest State IL Zip Code 60045

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

Name of Employer Uline Occupation CEO/Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : SA11AI.62493

Amount of Each Receipt this Period
2700.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Uihlein, Richard, , ,

Mailing Address 1396 N Waukegan Rd

City Lake Forest State IL Zip Code 60045

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

Name of Employer Uline Occupation CEO/Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2018

Transaction ID : SA11AI.62883

Amount of Each Receipt this Period
2700.00

Memo Item Contribution

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

Mailing Address 2506 TREYMORE DR

City ORLANDO State FL Zip Code 32825

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : SA11AI.62837

Amount of Each Receipt this Period
200.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5600.00

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 25 OF 71		
<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 KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Zyreff, Ellen, , ,

Mailing Address 7361 Rue Michael

City La Jolla State CA Zip Code 92037

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2018

Transaction ID : SA11AI.62878

Amount of Each Receipt this Period
180.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	46447.81

**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 26 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aroma Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018
Mailing Address 8819 Stirling Rd		FEC Identification Number C
City Cooper City	State FL	Zip Code 33328
Purpose of Disbursement Lunch	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 62.51	
Office Sought: <input type="checkbox"/> 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 : SB17.62628
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Aroma Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018
Mailing Address 8819 Stirling Rd		FEC Identification Number C
City Cooper City	State FL	Zip Code 33328
Purpose of Disbursement Lunch	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 62.51	
Office Sought: <input type="checkbox"/> 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 : SB17.62760
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ATC		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address online		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement Poll	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 399.00	
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) ▼	Transaction ID : SB17.62611
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	524.02
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 27 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ATC		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address online		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement Poll		Amount of Each Disbursement this Period 399.00
Candidate Name		Transaction ID : SB17.62747
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. BJ's Gas		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2018
Mailing Address 620 Riverside Dr		FEC Identification Number C
City	State	Zip Code
Coral Springs	FL	33071
Purpose of Disbursement Event		Amount of Each Disbursement this Period 115.20
Candidate Name		Transaction ID : SB17.62772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. BJ's Gas		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018
Mailing Address 620 Riverside Dr		FEC Identification Number C
City	State	Zip Code
Coral Springs	FL	33071
Purpose of Disbursement Gas		Amount of Each Disbursement this Period 31.85
Candidate Name		Transaction ID : SB17.62584
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	546.05
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 28 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BJ's Gas		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018
Mailing Address 620 Riverside Dr		FEC Identification Number C
City Coral Springs	State FL	Zip Code 33071
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 31.85	
Office Sought: <input type="checkbox"/> 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 : SB17.62725
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BJ's Gas		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018
Mailing Address 620 Riverside Dr		FEC Identification Number C
City Coral Springs	State FL	Zip Code 33071
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 31.71	
Office Sought: <input type="checkbox"/> 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 : SB17.62616
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BJ's Gas		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018
Mailing Address 620 Riverside Dr		FEC Identification Number C
City Coral Springs	State FL	Zip Code 33071
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 31.71	
Office Sought: <input type="checkbox"/> 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 : SB17.62751
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	95.27
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 29 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BJ's Gas		Date of Disbursement
Mailing Address 620 Riverside Dr		M M / D D / Y Y Y Y 09 / 24 / 2018
City Coral Springs	State FL	Zip Code 33071
Purpose of Disbursement Gas		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 31.24
Office Sought: <input type="checkbox"/> 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 : SB17.62624
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. BJ's Gas		Date of Disbursement
Mailing Address 620 Riverside Dr		M M / D D / Y Y Y Y 09 / 24 / 2018
City Coral Springs	State FL	Zip Code 33071
Purpose of Disbursement Gas		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 31.24
Office Sought: <input type="checkbox"/> 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 : SB17.62757
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CENTURY DATA MAILING SERVICE		Date of Disbursement
Mailing Address 1155 - 15TH STREET, NW		M M / D D / Y Y Y Y 09 / 01 / 2018
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Program:Postage		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 43010.12
Office Sought: <input type="checkbox"/> 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 : SB17.62797
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	43072.60
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 30 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CENTURY DATA MAILING SERVICE			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2018	
Mailing Address 1155 - 15TH STREET, NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 3504.86	
Purpose of Disbursement Program:Postage		Category/ Type	Transaction ID : SB17.62802	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. CENTURY DATA MAILING SERVICE			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address 1155 - 15TH STREET, NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 639.32	
Purpose of Disbursement Program:Postage		Category/ Type	Transaction ID : SB17.62806	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. CHEVRON			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address 5585 N University Dr			FEC Identification Number C	
City Lauderhill	State FL	Zip Code 33351	Amount of Each Disbursement this Period 34.01	
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.62597	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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).....▶	4178.19
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 31 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHEVRON		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018
Mailing Address 5585 N University Dr		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33351
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 34.01	
Office Sought: <input type="checkbox"/> 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 : SB17.62736
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Cinnante, Steven, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 5187 NE 12th. Ave.		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printer	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 330.00	
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) ▼	Transaction ID : SB17.62591
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Cinnante, Steven, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 5187 NE 12th. Ave.		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printer	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 330.00	
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) ▼	Transaction ID : SB17.62731
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	694.01
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 32 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cinnante, Steven, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018		
Mailing Address 5187 NE 12th. Ave.					
City Oakland Park	State FL	Zip Code 33334	FEC Identification Number C		
Purpose of Disbursement Printer			Amount of Each Disbursement this Period 790.00		
Candidate Name			Transaction ID : SB17.62605		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. Cinnante, Steven, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018		
Mailing Address 5187 NE 12th. Ave.					
City Oakland Park	State FL	Zip Code 33334	FEC Identification Number C		
Purpose of Disbursement Printer			Amount of Each Disbursement this Period 790.00		
Candidate Name			Transaction ID : SB17.62743		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. Cinnante, Steven, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2018		
Mailing Address 5187 NE 12th. Ave.					
City Oakland Park	State FL	Zip Code 33334	FEC Identification Number C		
Purpose of Disbursement Printer			Amount of Each Disbursement this Period 480.00		
Candidate Name			Transaction ID : SB17.62619		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....	2060.00
TOTAL This Period (last page this line number only).....	2060.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cinnante, Steven, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2018		
Mailing Address 5187 NE 12th. Ave.			FEC Identification Number C		
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 480.00		
Purpose of Disbursement Printer		Category/ Type	Transaction ID : SB17.62753		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. Cinnante, Steven, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2018		
Mailing Address 5187 NE 12 Ave.			FEC Identification Number C		
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 1300.00		
Purpose of Disbursement Printer		Category/ Type	Transaction ID : SB17.62632		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. Cinnante, Steven, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2018		
Mailing Address 5187 NE 12th. Ave.			FEC Identification Number C		
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 1300.00		
Purpose of Disbursement Printer		Category/ Type	Transaction ID : SB17.62762		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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).....▶	3080.00
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 34 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COLORTREE GROUP			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2018	
Mailing Address PO BOX 28960			FEC Identification Number C	
City HENRICO	State VA	Zip Code 23228	Amount of Each Disbursement this Period 14794.11	
Purpose of Disbursement Program:Printing & Mailshop		Category/ Type	Transaction ID : SB17.62798	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. COLORTREE GROUP			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2018	
Mailing Address PO BOX 28960			FEC Identification Number C	
City HENRICO	State VA	Zip Code 23228	Amount of Each Disbursement this Period 7179.81	
Purpose of Disbursement Program:Printing & Mailshop		Category/ Type	Transaction ID : SB17.62803	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. COLORTREE GROUP			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address PO BOX 28960			FEC Identification Number C	
City HENRICO	State VA	Zip Code 23228	Amount of Each Disbursement this Period 7177.87	
Purpose of Disbursement Program:Printing & Mailshop		Category/ Type	Transaction ID : SB17.62805	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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).....▶	29151.79
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 35 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONSOLIDATED MAILING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2018
Mailing Address 504 SHAW ROAD		FEC Identification Number C
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement Program:Printing & Mailshop		Amount of Each Disbursement this Period 6023.03
Candidate Name	Category/ Type	Transaction ID : SB17.62800
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CONSOLIDATED MAILING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 504 SHAW ROAD		FEC Identification Number C
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement Program:Printing & Mailshop		Amount of Each Disbursement this Period 5346.61
Candidate Name	Category/ Type	Transaction ID : SB17.62807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Snack		Amount of Each Disbursement this Period 10.60
Candidate Name	Category/ Type	Transaction ID : SB17.62779
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11380.24
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 36 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Gas		Amount of Each Disbursement this Period 16.96
Candidate Name	Category/ Type	Transaction ID : SB17.62587
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement snacks		Amount of Each Disbursement this Period 16.96
Candidate Name	Category/ Type	Transaction ID : SB17.62727
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Snack		Amount of Each Disbursement this Period 20.67
Candidate Name	Category/ Type	Transaction ID : SB17.62775
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	54.59
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 37 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Materials		Amount of Each Disbursement this Period 12.36
Candidate Name	Category/ Type	Transaction ID : SB17.62552
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Materials		Amount of Each Disbursement this Period 12.36
Candidate Name	Category/ Type	Transaction ID : SB17.62699
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Snacks		Amount of Each Disbursement this Period 11.66
Candidate Name	Category/ Type	Transaction ID : SB17.62604
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	36.38
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 38 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Snacks		Amount of Each Disbursement this Period 11.66
Candidate Name	Category/ Type	Transaction ID : SB17.62742
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Materials		Amount of Each Disbursement this Period 2.12
Candidate Name	Category/ Type	Transaction ID : SB17.62538
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Materials		Amount of Each Disbursement this Period 2.12
Candidate Name	Category/ Type	Transaction ID : SB17.62688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	15.90
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 39 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Snack	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 19.66	
Office Sought: <input type="checkbox"/> 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 : SB17.62529
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2018
Mailing Address 8233 N Pine Island		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Snack	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 19.66	
Office Sought: <input type="checkbox"/> 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 : SB17.62681
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Drive Media Branding		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018
Mailing Address 6903 Cypress Rd. Unit C24		FEC Identification Number C
City Plantation	State FL	Zip Code 33317
Purpose of Disbursement Advertisement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
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) ▼	Transaction ID : SB17.62618
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2539.32
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 40 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Drive Media Branding		Date of Disbursement
Mailing Address 6903 Cypress Rd. Unit C24		M M / D D / Y Y Y Y 09 / 18 / 2018
City Plantation	State FL	Zip Code 33317
Purpose of Disbursement Advertisement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 2500.00
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) ▼	Transaction ID : SB17.62752
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Drive Media Branding		Date of Disbursement
Mailing Address 6903 Cypress Rd. Unit C24		M M / D D / Y Y Y Y 09 / 24 / 2018
City Plantation	State FL	Zip Code 33317
Purpose of Disbursement Advertisement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1000.00
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) ▼	Transaction ID : SB17.62625
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Drive Media Branding		Date of Disbursement
Mailing Address 6903 Cypress Rd. Unit C24		M M / D D / Y Y Y Y 09 / 24 / 2018
City Plantation	State FL	Zip Code 33317
Purpose of Disbursement Advertisement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1000.00
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) ▼	Transaction ID : SB17.62758
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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 41 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ExxonMobil			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2018		
Mailing Address 1102 N University Dr			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33024	Amount of Each Disbursement this Period 32.88		
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.62711		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. ExxonMobil			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018		
Mailing Address 1102 N University Dr			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33024	Amount of Each Disbursement this Period 37.20		
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.62560		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. ExxonMobil			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018		
Mailing Address 1102 N University Dr			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33024	Amount of Each Disbursement this Period 37.20		
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.62705		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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).....▶	107.28
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 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ExxonMobil		Date of Disbursement
Mailing Address 1102 N University Dr		M M / D D / Y Y Y Y 09 / 06 / 2018
City Pembroke Pines	State FL	Zip Code 33024
Purpose of Disbursement Gas	Category/Type	
Candidate Name	FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 29.02
State: District:	Transaction ID : SB17.62551	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ExxonMobil		Date of Disbursement
Mailing Address 1102 N University Dr		M M / D D / Y Y Y Y 09 / 06 / 2018
City Pembroke Pines	State FL	Zip Code 33024
Purpose of Disbursement Gas	Category/Type	
Candidate Name	FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 29.02
State: District:	Transaction ID : SB17.62698	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ExxonMobil		Date of Disbursement
Mailing Address 1102 N University Dr		M M / D D / Y Y Y Y 09 / 10 / 2018
City Pembroke Pines	State FL	Zip Code 33024
Purpose of Disbursement Gas	Category/Type	
Candidate Name	FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 33.71
State: District:	Transaction ID : SB17.62546	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	91.75
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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 1102 N University Dr		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33024
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 33.71	
Office Sought: <input type="checkbox"/> 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 : SB17.62694
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2018
Mailing Address 1102 N University Dr		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33024
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 20.94	
Office Sought: <input type="checkbox"/> 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 : SB17.62531
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2018
Mailing Address 1102 N University Dr		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33024
Purpose of Disbursement Gas	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 20.94	
Office Sought: <input type="checkbox"/> 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 : SB17.62683
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	75.59
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 44 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ExxonMobil			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2018	
Mailing Address 1102 N University Dr			FEC Identification Number C	
City Pembroke Pines	State FL	Zip Code 33024	Amount of Each Disbursement this Period 37.38	
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.62526	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. ExxonMobil			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2018	
Mailing Address 1102 N University Dr			FEC Identification Number C	
City Pembroke Pines	State FL	Zip Code 33024	Amount of Each Disbursement this Period 37.38	
Purpose of Disbursement Gas		Category/ Type	Transaction ID : SB17.62579	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. INTEGRAM			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2018	
Mailing Address 22695 Commerce Center Court			FEC Identification Number C	
City Dulles	State VA	Zip Code 20166	Amount of Each Disbursement this Period 6680.67	
Purpose of Disbursement Program:Printing & Mailshop		Category/ Type	Transaction ID : SB17.62801	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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).....▶	6755.43
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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTEGRAM		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2018
Mailing Address 22695 Commerce Center Court		FEC Identification Number C
City Dulles	State VA	Zip Code 20166
Purpose of Disbursement Program:Printing & Mailshop		Amount of Each Disbursement this Period 5076.79
Candidate Name		Transaction ID : SB17.62804
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018
Mailing Address 8708 NW 82. st.		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 1400.00
Candidate Name		Transaction ID : SB17.62810
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018
Mailing Address 8708 NW 82. st.		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 4018.00
Candidate Name		Transaction ID : SB17.62811
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10494.79
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 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2018
Mailing Address 8708 NW 82. st.		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 907.66
Candidate Name		Transaction ID : SB17.62808
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kaufman, Joe, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2018
Mailing Address 8708 NW 82. st.		FEC Identification Number C
City Tamarac	State FL	Zip Code 33321
Purpose of Disbursement Reimburse loan		Amount of Each Disbursement this Period 676.50
Candidate Name		Transaction ID : SB17.62809
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. LAKESIDE EXECUTIVE SUITES		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018
Mailing Address 2645 Executive Park Drive Ste 594		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Office		Amount of Each Disbursement this Period 123.79
Candidate Name		Transaction ID : SB17.62589
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1707.95
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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAKESIDE EXECUTIVE SUITES		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018
Mailing Address 2645 Executive Park Drive Ste 594		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Office	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 123.79	
Office Sought: <input type="checkbox"/> 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 : SB17.62729
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LCS		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address 5055 NE 13th Ave		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printer	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 904.20	
Office Sought: <input type="checkbox"/> 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 : SB17.62614
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LCS		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address 5055 NE 13th Ave		FEC Identification Number C
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printer	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 904.20	
Office Sought: <input type="checkbox"/> 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 : SB17.62749
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1932.19
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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LCS		Date of Disbursement
Mailing Address 5055 NE 13th Ave		M M / D D / Y Y Y Y 09 / 27 / 2018
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printer		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1060.60
Office Sought: <input type="checkbox"/> 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 : SB17.62633
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. LCS		Date of Disbursement
Mailing Address 5055 NE 13th Ave		M M / D D / Y Y Y Y 09 / 27 / 2018
City Oakland Park	State FL	Zip Code 33334
Purpose of Disbursement Printer		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1060.60
Office Sought: <input type="checkbox"/> 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 : SB17.62763
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Marathon Petroleum		Date of Disbursement
Mailing Address 16050 Pines Blvd		M M / D D / Y Y Y Y 09 / 21 / 2018
City Pembroke Pines	State FL	Zip Code 33027
Purpose of Disbursement Gas		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 25.83
Office Sought: <input type="checkbox"/> 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 : SB17.62687
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2147.03
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 49 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address 651 N University Dr			FEC Identification Number C	
City CORAL SPRINGS	State FL	Zip Code 33071	Amount of Each Disbursement this Period 44.56	
Purpose of Disbursement Materials		Category/ Type	Transaction ID : SB17.62583	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. OFFICE DEPOT			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address 651 N University Dr			FEC Identification Number C	
City CORAL SPRINGS	State FL	Zip Code 33071	Amount of Each Disbursement this Period 44.56	
Purpose of Disbursement Materials		Category/ Type	Transaction ID : SB17.62724	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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. OFFICE DEPOT			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018	
Mailing Address 651 N University Dr			FEC Identification Number C	
City CORAL SPRINGS	State FL	Zip Code 33071	Amount of Each Disbursement this Period 39.83	
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : SB17.62603	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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).....▶	128.95
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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement
Mailing Address 651 N University Dr		M M / D D / Y Y Y Y 09 / 14 / 2018
City CORAL SPRINGS	State FL	Zip Code 33071
Purpose of Disbursement Supplies	Category/Type	
Candidate Name	FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 39.83
State: District:	Transaction ID : SB17.62741	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Republican Jewish Coalition		Date of Disbursement
Mailing Address 50 F St NW #100		M M / D D / Y Y Y Y 09 / 21 / 2018
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Membership	Category/Type	
Candidate Name	FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 500.00
State: District:	Transaction ID : SB17.62622	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Republican Jewish Coalition		Date of Disbursement
Mailing Address 50 F St NW #100		M M / D D / Y Y Y Y 09 / 21 / 2018
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Membership	Category/Type	
Candidate Name	FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 500.00
State: District:	Transaction ID : SB17.62755	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1039.83
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 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TMOBILE		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2018
Mailing Address 12920 Se 38th St		FEC Identification Number C
City Bellevue	State WA	Zip Code 98006
Purpose of Disbursement Phone	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 205.34	
Office Sought: <input type="checkbox"/> 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 : SB17.62640
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TMOBILE		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2018
Mailing Address 12920 Se 38th St		FEC Identification Number C
City Bellevue	State WA	Zip Code 98006
Purpose of Disbursement Phone	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 205.34	
Office Sought: <input type="checkbox"/> 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 : SB17.62679
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TROPHIES BY EDCO INC		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2018
Mailing Address 3702 Davie Blvd		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33312
Purpose of Disbursement Tshits	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 470.00	
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) ▼	Transaction ID : SB17.62671
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	880.68
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 52 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TROPHIES BY EDCO INC			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2018		
Mailing Address 3702 Davie Blvd			FEC Identification Number C		
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Disbursement this Period 470.00		
Purpose of Disbursement Tshirts		Category/ Type	Transaction ID : SB17.62791		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2018		
Mailing Address 8801 W Atlantic Blvd			FEC Identification Number C		
City Coral Springs	State FL	Zip Code 33071	Amount of Each Disbursement this Period 111.04		
Purpose of Disbursement Snack		Category/ Type	Transaction ID : SB17.62733		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2018		
Mailing Address 6759 SW 196TH AVE			FEC Identification Number C		
City Fort Lauderdale	State FL	Zip Code 33332	Amount of Each Disbursement this Period 225.00		
Purpose of Disbursement Permit		Category/ Type	Transaction ID : SB17.62601		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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).....▶	806.04
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 53 OF 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 6759 SW 196TH AVE		M M / D D / Y Y Y Y 09 / 13 / 2018
City Fort Lauderdale	State FL	Zip Code 33332
Purpose of Disbursement Postmaster	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	150.00	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.62602	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 6759 SW 196TH AVE		M M / D D / Y Y Y Y 09 / 13 / 2018
City Fort Lauderdale	State FL	Zip Code 33332
Purpose of Disbursement Permit	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	225.00	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.62739	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 6759 SW 196TH AVE		M M / D D / Y Y Y Y 09 / 13 / 2018
City Fort Lauderdale	State FL	Zip Code 33332
Purpose of Disbursement Postmaster	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	150.00	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.62740	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	525.00
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 54 OF 71	
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2018
Mailing Address 1900 W Oakland Park Blvd Ste 100		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33310
Purpose of Disbursement Postmaster		Amount of Each Disbursement this Period 1364.13
Candidate Name		Transaction ID : SB17.62620
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2018
Mailing Address 1900 W Oakland Park Blvd Ste 100		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33310
Purpose of Disbursement Postmaster		Amount of Each Disbursement this Period 1364.13
Candidate Name		Transaction ID : SB17.62754
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2018
Mailing Address 1900 W Oakland Park Blvd Ste 100		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33310
Purpose of Disbursement Postmaster		Amount of Each Disbursement this Period 3396.06
Candidate Name		Transaction ID : SB17.62638
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	6124.32
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 71			
	<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 KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2018
Mailing Address 1900 W Oakland Park Blvd Ste 100		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33310
Purpose of Disbursement Postmaster	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3396.06	
Office Sought: <input type="checkbox"/> 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 : SB17.62767
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ynakey, Bob, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address 6660 SW 8 St.		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33023
Purpose of Disbursement Expenses	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 235.00	
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) ▼	Transaction ID : SB17.62615
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Ynakey, Bob, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address 6660 SW 8 St.		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33023
Purpose of Disbursement Expenses	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 235.00	
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) ▼	Transaction ID : SB17.62750
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3866.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ynakey, Bob, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018		
Mailing Address 6660 SW 8 St.			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33023	Amount of Each Disbursement this Period 318.00		
Purpose of Disbursement Expenses		Category/ Type	Transaction ID : SB17.62623		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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. Ynakey, Bob, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018		
Mailing Address 6660 SW 8 St.			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33023	Amount of Each Disbursement this Period 318.00		
Purpose of Disbursement Expenses		Category/ Type	Transaction ID : SB17.62756		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input 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.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
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).....▶	636.00
TOTAL This Period (last page this line number only).....▶	139247.25

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.48978**

LOAN SOURCE Full Name (Last, First, Middle Initial) JOE KAUFMAN FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS	Date Incurred M 04 / D 24 / Y 2014	Date Due M M / D D / Upon demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 2000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.48979**

LOAN SOURCE Full Name (Last, First, Middle Initial) JOE KAUFMAN FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 11000.00	Cumulative Payment To Date 9500.00	Balance Outstanding at Close of This Period 1500.00
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TERMS	Date Incurred M 04 / D 30 / Y 2014	Date Due M M / D D / Upon demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 1500.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5512**
JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3248.21	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3248.21
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TERMS	Date Incurred M 07 / D 01 / Y 2011	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	3248.21
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.9126**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 3800.00	Balance Outstanding at Close of This Period 1200.00
------------------------------------	---------------------------------------	--

TERMS	Date Incurred M 12 / D 31 / Y 2011	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	1200.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.20680**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M 06 / D 20 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22542**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS	Date Incurred M 07 / D 05 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 500.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22543**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M 07 / D 13 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22544**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred M 07 / D 16 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	1000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.26611**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3200.00	Cumulative Payment To Date 823.50	Balance Outstanding at Close of This Period 2376.50
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TERMS	Date Incurred M 08 / D 15 / Y 2012	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	2376.50
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50920**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 08 / D 20 / Y 2014 Y	Date Due M M / D D / Upon Demand Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50921**

LOAN SOURCE Full Name (Last, First, Middle Initial) KAUFMAN, JOE, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512			
City WESTON	State FL	ZIP Code 33331	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 08 / D 20 / Y 2014 Y	Date Due M M / D D / Upon Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 6000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.58526**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kaufman, Joseph, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8708 NW 82 ST.			
City Tamarac	State FL	ZIP Code 33321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5745.93	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5745.93
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TERMS	Date Incurred M 03 / D 05 / Y 2015	Date Due M M / D D / Y on demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5745.93
TOTALS This Period (last page in this line only).....▶	39570.64

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

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

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC.			Nature of Debt (Purpose): Direct Mail Creative Fees
Mailing Address 1155 15th St NW STE 410			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period 20235.44		Transaction ID : SD10.33907	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20235.44	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA SYSTEMS CORP			Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 1155 - 15TH STREET, NW			
City WASHINGTON	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period 6552.89		Transaction ID : SD10.33908	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6552.89	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECT MAIL PROCESSORS, INC.			Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 2976 Penwick Lane			
City Dunkirk	State MD	Zip Code 20754	

Outstanding Balance Beginning This Period 102.55		Transaction ID : SD10.33909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 102.55	

1) SUBTOTALS This Period This Page (optional)	▶	26890.88
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM			Nature of Debt (Purpose): Direct Mail Program Printing & Mailshop
Mailing Address 22695 Commerce Center Court			
City Dulles	State VA	Zip Code 20166	

Outstanding Balance Beginning This Period 10210.45	Transaction ID : SD10.33910	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10210.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC. - BROKERAGE			Nature of Debt (Purpose): Direct Mail List Rental
Mailing Address 1155 - 15TH STREET, NW SUITE 410			
City WASHINGTON	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period 6327.81	Transaction ID : SD10.33911	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6327.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC. - MANAGEMENT			Nature of Debt (Purpose): Direct Mail List Management
Mailing Address 1155 15th St NW			
City Washington	State FL	Zip Code 20005	

Outstanding Balance Beginning This Period 6769.75	Transaction ID : SD10.33912	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6769.75

1) SUBTOTALS This Period This Page (optional)	▶	23308.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 71
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIMPKINS ESCROW LLC			Nature of Debt (Purpose): Indirect Prog Exp Caging & Escrow
Mailing Address 29243 St Just Dr			
City UNIONVILLE	State VA	Zip Code 22567	

Outstanding Balance Beginning This Period 93.00		Transaction ID : SD10.33913	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 93.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	93.00
2) TOTALS This Period (last page this line number only)	▶	50291.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	39570.64
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	89862.53