

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 KAIFESH FOR CONGRESS

ADDRESS (number and street) 869 E SCHAUMBURG RD. #377 SCHAUMBURG IL 60194 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00551036 3. IS THIS REPORT NEW (N) OR AMENDED (A) IL 08

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [ ] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] Termination Report (TER)

(b) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) Election on 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 02/27/2014 through 03/31/2014

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 Anthony Luczkiw Signature of Treasurer Anthony Luczkiw [Electronically Filed] Date MM/DD/YYYY 04/15/2014

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**KAIFESH 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))....	22701.95	122399.49
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22701.95	121899.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47287.15	138523.08
(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)).....	47287.15	138523.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6376.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	31417.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**KAIFESH FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17450.00	106884.95
(ii) Unitemized.....	4092.00	12310.00
(iii) TOTAL of contributions from individuals ▶	21542.00	119194.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	159.95	2204.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22701.95	122399.49
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	21000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	21000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	2000.00	2000.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	24701.95	145399.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47287.15	138523.08
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	47287.15	139023.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28961.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	24701.95
25. SUBTOTAL (add Line 23 and Line 24).....	53663.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47287.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6376.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Barai Bharat**

Mailing Address 9903 Twin Creek Blvd.

City Munster State IN Zip Code 46321

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

Name of Employer Premier Oncology Hematology Occupation Medical Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11AI.4699**

Amount of Each Receipt this Period  
 1500.00

Contribution

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

Mailing Address 31 Barcelona Way

City Hot Springs Village State AR Zip Code 71909

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.4832**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 4440 Willard Ave #423

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Tulip Hill Enterprises Occupation Owner/Radio Shows

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.4862**

Amount of Each Receipt this Period  
 200.00

Contribution

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Anna Coester</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2014
Mailing Address 34007 Pearl St		<b>Transaction ID : SA11AI.4940</b>
City Kirkland	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Enara Day Spa	Occupation Executive Assistant	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Connery</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Mailing Address 404 N Warwick Ave		<b>Transaction ID : SA11AI.4710</b>
City Westmont	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lexus of Clarendon Hills	Occupation Finance Director	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Danhires</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Mailing Address 102 Cedar Lane		<b>Transaction ID : SA11AI.4741</b>
City Stafford	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Dept of the Army	Occupation PSM	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Cristov Dosev</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1725 Whaley Ave		<b>Transaction ID : SA11AI.4903</b>
City Pensacola	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mardoc Management LLC	Occupation Developer	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Fallon</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 20933 Laurel Drive		<b>Transaction ID : SA11AI.4869</b>
City Deer Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Sales	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Ferraro Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2248 Camden Ave		<b>Transaction ID : SA11AI.4826</b>
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer United Talent Agency	Occupation Agent	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 451 MacBain Way

City Inverness State IL Zip Code 60010

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

Name of Employer IBM Occupation Sales Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11AI.4753**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 1417 Spyglass Ct

City Itasca State IL Zip Code 60143

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

Name of Employer Unemployed Occupation Nurse Practitioner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.4742**

Amount of Each Receipt this Period  
 Contribution 100.00

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

Mailing Address 5500 Holmes Run Parkway #1001

City Alexandria State VA Zip Code 22304

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

Name of Employer Coal Company Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.4890**

Amount of Each Receipt this Period  
 Contribution 2100.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Peter Markakos**

Mailing Address 5367 27th St N

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
EDC Consulting President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2014

**Transaction ID : SA11AI.4714**

Amount of Each Receipt this Period  
Contribution 1000.00

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

Mailing Address 3020 Westminster Ave

City State Zip Code  
Dallas TX 75205

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

Name of Employer Occupation  
NJOY Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2014

**Transaction ID : SA11AI.4823**

Amount of Each Receipt this Period  
Contribution 250.00

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

Mailing Address 2015 Woodhollow Dr

City State Zip Code  
Columbia MO 65203

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2014

**Transaction ID : SA11AI.4858**

Amount of Each Receipt this Period  
Contribution 500.00

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

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

1750.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Larry Metcalf**

Mailing Address 4940 S Woodys Lane

City Chana State IL Zip Code 61015

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

Name of Employer Northern Illinois University Occupation Store Keeper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.4828**

Amount of Each Receipt this Period  
 Contribution **100.00**

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

Mailing Address 3720 Hibbs Street

City Plano State TX Zip Code 75025

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

Name of Employer Sans Institute Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11AI.4750**

Amount of Each Receipt this Period  
 Contribution **250.00**

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

Mailing Address 1402 Grand Point Blvd

City West Dundee State IL Zip Code 60118

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

Name of Employer Mobis Parts America Occupation Sr Compliance Specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.4751**

Amount of Each Receipt this Period  
 Contribution **500.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Pardee**

Mailing Address 540 Bellevue Avenue

City Newport State RI Zip Code 02840

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

Name of Employer Self Occupation Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.4802**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 540 Bellevue Avenue

City Newport State RI Zip Code 02840

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

Name of Employer Self Occupation Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.4865**

Amount of Each Receipt this Period  
 Contribution 200.00

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

Mailing Address 136 Skyline Dr

City Carpentersville State IL Zip Code 60110

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.4809**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Josephine Romeo**

Mailing Address 4940 S Woodys Lane

City Chana State IL Zip Code 61015

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

Name of Employer Iron Skillet Occupation Retired/Hostess

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.4939**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 34 W Penny Rd

City South Barrington State IL Zip Code 60010

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.4900**

Amount of Each Receipt this Period  
 Contribution 2000.00

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

Mailing Address 1304 McDowell Rd #201

City Naperville State IL Zip Code 60563

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

Name of Employer Self Occupation Agriculture

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : SA11AI.4776**

Amount of Each Receipt this Period  
 Contribution 1500.00

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

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

4000.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 33

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)  
**KAIFESH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Wolters**

Mailing Address 856 Sheridan Rd.

City Winnetka State IL Zip Code 60093

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

Name of Employer WAI Occupation Self-employed

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.4718**

Amount of Each Receipt this Period  
 2500.00  
 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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

17450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Freedom And Security PAC**

Mailing Address 228 S Washington St  
Ste 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.4894**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11D.4962</b>	
City Schaumburg    State IL    Zip Code 60194	Amount of Each Receipt this Period 9.95 In-kind - Plimus website service		
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23089.49		

Full Name (Last, First, Middle Initial) <b>B. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11D.4958</b>	
City Schaumburg    State IL    Zip Code 60194	Amount of Each Receipt this Period 45.00 In-kind - Constant Contact for web help		
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23134.49		

Full Name (Last, First, Middle Initial) <b>C. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11D.4964</b>	
City Schaumburg    State IL    Zip Code 60194	Amount of Each Receipt this Period 105.00 In-kind - allocation of cell phone expense to campaign		
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23239.49		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	159.95
<b>TOTAL</b> This Period (last page this line number only).....	159.95

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 33  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Bhagwakar Properties**

Mailing Address 800 E Nerge Rd

City Roselle State IL Zip Code 60172

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA15.4798**

Amount of Each Receipt this Period  
2000.00

Refund of Deposit & One Month Rent

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. 610 Irving LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 503 N Marion St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4885</b>
City Oak Park	State IL	
Purpose of Disbursement Security Deposit	Category/ Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>B. 610 Irving LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 503 N Marion St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4886</b>
City Oak Park	State IL	
Purpose of Disbursement Rent	Category/ Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>c. Action Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 6855 NE Arnold Ave.		Amount of Each Disbursement this Period 782.28 <b>Transaction ID : SB17.4838</b>
City Adair Village	State OR	
Purpose of Disbursement Autodial Calls	Category/ Type 004	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2782.28
<b>TOTAL</b> 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 18 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Action Solutions</b>		M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 6855 NE Arnold Ave.		Amount of Each Disbursement this Period	
City Adair Village State OR Zip Code 97330		764.36	
Purpose of Disbursement Automated Calls		Transaction ID : SB17.4883	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Action Solutions</b>		M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 6855 NE Arnold Ave.		Amount of Each Disbursement this Period	
City Adair Village State OR Zip Code 97330		772.16	
Purpose of Disbursement Automated Calls		Transaction ID : SB17.4912	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. American Express</b>		M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period	
City Mt Prospect State IL Zip Code 60056		37.30	
Purpose of Disbursement American Express processing fee		Transaction ID : SB17.4845	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1573.82
<b>TOTAL</b> 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 19 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 14.60 <b>Transaction ID : SB17.4961</b>
City Mt Prospect State IL Zip Code 60056	Purpose of Disbursement Credit Card fee 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. CBC Tax &amp; Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 1228.75 <b>Transaction ID : SB17.4764</b>
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Compliance & Acct Services 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Anna Coester</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 739.77 <b>Transaction ID : SB17.4949</b>
City Kirkland State IL Zip Code 60146	Purpose of Disbursement Reimbursement for T-shirts, magnets & supplies ref in memo entry 003 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1983.12
<b>TOTAL</b> 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 20 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Staples</b>		M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period
City Elgin	State IL	Zip Code 60177
Purpose of Disbursement Promo magnets	Category/Type 003	128.09
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Disbursement For: 2014	<b>Transaction ID : SB17.4949.1</b>
Office Sought: <input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>[MEMO ITEM]</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: IL	District: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Priority Promotions</b>		M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 337 E. State St.		Amount of Each Disbursement this Period
City Sycamore	State IL	Zip Code 60178
Purpose of Disbursement Various size T-shirts for promotions	Category/Type 003	333.72
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Disbursement For: 2014	<b>Transaction ID : SB17.4949.3</b>
Office Sought: <input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>[MEMO ITEM]</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: IL	District: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Comcast</b>		M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period
City Roselle	State IL	Zip Code 60172
Purpose of Disbursement Comcast internet	Category/Type 001	105.75
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Disbursement For: 2014	<b>Transaction ID : SB17.4944</b>
Office Sought: <input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: IL	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.75
<b>TOTAL</b> 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 21 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Curtis Scott Advertising Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 8997.32 <b>Transaction ID : SB17.4758</b>
City Oak Brook State IL Zip Code 60523	Purpose of Disbursement Mailing 004 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Curtis Scott Advertising Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 3670.32 <b>Transaction ID : SB17.4768</b>
City Oak Brook State IL Zip Code 60523	Purpose of Disbursement Mailing 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Curtis Scott Advertising Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 5327.00 <b>Transaction ID : SB17.4841</b>
City Oak Brook State IL Zip Code 60523	Purpose of Disbursement Printing and mailing Campaign material 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17994.64
<b>TOTAL</b> 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 22 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Curtis Scott Advertising Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 969.00 <b>Transaction ID : SB17.4911</b>
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Walkcard Reprint	Category/ Type 004
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>B. D. Hudson Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address Praire St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4763</b>
City Elgin	State IL	
Zip Code 60120	Purpose of Disbursement Video Shoot	Category/ Type 001
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>c. Dynamic Marketing Ideas</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4910</b>
City McHenry	State IL	
Zip Code 60050	Purpose of Disbursement Web Maintenance Online Marketing	Category/ Type 004
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2719.00
<b>TOTAL</b> 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 23 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Elmhurst St Patrick's Day Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address P.O. Box 441		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4762</b>
City Lombard	State IL	
Zip Code 60148	Purpose of Disbursement Event	Category/ Type 007
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>B. Fortis Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 27 N Wacker Dr Suite 585		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4881</b>
City Chicago	State IL	
Zip Code 60606	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>C. Great Ideas! Promotions, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 1698		Amount of Each Disbursement this Period 1592.00 <b>Transaction ID : SB17.4755</b>
City Palatine	State IL	
Zip Code 60078-1698	Purpose of Disbursement Signage	Category/ Type 004
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4342.00
<b>TOTAL</b> 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 24 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.4963</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Plimus website service	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.4960</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact for web help	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.4965</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - allocation of cell phone expense to campaign	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.95
<b>TOTAL</b> 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 25 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Law Office of John Fogarty, Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 4043 North Ravenswood Suite 266		Amount of Each Disbursement this Period 1625.00 <b>Transaction ID : SB17.4922</b>
City Chicago State IL Zip Code 60613	Purpose of Disbursement Payment of Consulting Fee 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Law Office of John Fogarty, Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 4043 North Ravenswood Suite 266		Amount of Each Disbursement this Period 1925.00 <b>Transaction ID : SB17.4909</b>
City Chicago State IL Zip Code 60613	Purpose of Disbursement Legal Services 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Moneris</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 59390		Amount of Each Disbursement this Period 142.02 <b>Transaction ID : SB17.4773</b>
City Schaumburg State IL Zip Code 60159	Purpose of Disbursement Bank Charges 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3692.02
<b>TOTAL</b> 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 26 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

**A. Nequity Partners**

Full Name (Last, First, Middle Initial)  
Mailing Address 678 Buena Vista Drive

City: Glen Ellyn, State: IL, Zip Code: 60137

Purpose of Disbursement: Social Media Management

Candidate Name: **KAIFESH FOR CONGRESS**

Office Sought:  House,  Senate,  President

Disbursement For: 2014,  Primary,  General,  Other (specify)

State: IL, District: 08

Date of Disbursement: 03 / 29 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.4914

Category/Type: 001

**B. Republican Organization of Elk Grove Township**

Full Name (Last, First, Middle Initial)  
Mailing Address 735 Victoria Lane

City: Des Plaines, State: IL, Zip Code: 60016

Purpose of Disbursement: Ads

Candidate Name: **KAIFESH FOR CONGRESS**

Office Sought:  House,  Senate,  President

Disbursement For: 2014,  Primary,  General,  Other (specify)

State: IL, District: 08

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB17.4757

Category/Type: 004

**c. Schaumburg Township Republican Organizarion**

Full Name (Last, First, Middle Initial)  
Mailing Address 408 Jason Lane

City: Schaumburg, State: IL, Zip Code: 60173

Purpose of Disbursement: Advertising

Candidate Name: **KAIFESH FOR CONGRESS**

Office Sought:  House,  Senate,  President

Disbursement For: 2014,  Primary,  General,  Other (specify)

State: IL, District: 08

Date of Disbursement: 02 / 27 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.4756

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 6050.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Solid Impressions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 1010 W Fullerton Ste D		Amount of Each Disbursement this Period 102.30 <b>Transaction ID : SB17.4916</b>
City Addison State IL Zip Code 60101	Purpose of Disbursement Print Forms and Invites 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Whiteboard Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 134 W Kenilworth Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4767</b>
City Villa Park State IL Zip Code 60181	Purpose of Disbursement Consulting 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4925</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising 003 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3602.30
<b>TOTAL</b> 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 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

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

Full Name (Last, First, Middle Initial) <b>A. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4926</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising 003 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	46504.88

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

KAIFESH FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Larry Kaifesh

Primary

General

Other (specify) ▼

Mailing Address

869 E Schaumburg Rd  
#377

City

State

ZIP Code

Schaumburg

IL

60194

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 01 / 2013

M M / D D / Y Y Y Y  
10/02/2018

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

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) **KAIFESH FOR CONGRESS** Transaction ID : **SC/10.4621**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Larry Kaifesh</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 869 E Schaumburg Rd #377		
City Schaumburg	State IL	ZIP Code 60194

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 02 / D 20 / Y 2014	Date Due M / D / Y 02/21/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	----------------------------------	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	15000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **KAIFESH FOR CONGRESS** Transaction ID : **SC/10.4622**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Larry Kaifesh**  Primary  
 Mailing Address 869 E Schaumburg Rd #377  General  
 Other (specify) ▼

City State ZIP Code  
 Schaumburg IL 60194

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No  
 02 20 / 2014 02/21/2015

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	21000.00

**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**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**KAIFESH FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**D. Hudson Productions**

Nature of Debt (Purpose):  
Video Production

Mailing Address Praire St.

City State Zip Code  
Elgin IL 60120

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4682

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Fortis Strategies**

Nature of Debt (Purpose):  
Consulting service

Mailing Address 27 N Wacker Dr  
Suite 585

City State Zip Code  
Chicago IL 60606

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4947

Amount Incurred This Period

7500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Great Ideas! Promotions, Inc**

Nature of Debt (Purpose):  
Signs, yard signs, Little button signs

Mailing Address PO Box 1698

City State Zip Code  
Palatine IL 60078-1698

Outstanding Balance Beginning This Period

1592.00

Transaction ID : SD10.4673

Amount Incurred This Period

0.00

Payment This Period

1592.00

Outstanding Balance at Close of This Period

0.00

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

7500.00

0.00

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**KAIFESH FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Law Office of John Fogarty, Jr**

Nature of Debt (Purpose):  
Research and consulting on campaign finance issues

Mailing Address 4043 North Ravenswood  
Suite 266

City State Zip Code  
Chicago IL 60613

Outstanding Balance Beginning This Period

1625.00

Transaction ID : SD10.4672

Amount Incurred This Period

0.00

Payment This Period

1625.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Winning Systems Inc.**

Nature of Debt (Purpose):  
Fundraising consulting

Mailing Address 105 S. York Road  
5th floor

City State Zip Code  
Elmhurst IL 60126

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.4671

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Winning Systems Inc.**

Nature of Debt (Purpose):  
Fundraising consulting fee

Mailing Address 105 S. York Road  
5th floor

City State Zip Code  
Elmhurst IL 60126

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4948

Amount Incurred This Period

2917.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2917.00

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

2917.00

10417.00

21000.00

31417.00