

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
SHELLEY KAIS FOR CONGRESS

ADDRESS (number and street) PO BOX 1417
 Check if different than previously reported. (ACC) SAHUARITA AZ 85629

2. **FEC IDENTIFICATION NUMBER** C C00551267 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
AZ 02

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 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 Kerry Kathleen Tomlinson
Signature of Treasurer Kerry Kathleen Tomlinson [Electronically Filed] Date M M / D D / Y Y Y Y 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SHELLEY KAIS 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))....	6100.00	20694.00
(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)).....	6100.00	20694.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5811.22	8612.75
(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)).....	5811.22	8612.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13104.32	
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).....	1023.07	

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

SHELLEY KAIS 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).....	3800.00	15900.00
(ii) Unitemized.....	1300.00	3789.00
(iii) TOTAL of contributions from individuals ▶	5100.00	19689.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	5.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6100.00	20694.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	68.07	1175.56
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	68.07	1175.56
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)..... ▶	6168.07	21869.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5811.22	8612.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	152.49	152.49
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	152.49	152.49
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) ►	5963.71	8765.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12899.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6168.07
25. SUBTOTAL (add Line 23 and Line 24).....	19068.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5963.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13104.32

**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 20
	<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)
SHELLEY KAIS FOR CONGRESS

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

Mailing Address 2252 E Spurwind Lane

City State Zip Code
Green Valley AZ 85614

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
1000.00
Contribution

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

Mailing Address 4419 Allen School Lane

City State Zip Code
Bonita CA 91902

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

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

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period
650.00
Contribution

C. Full Name (Last, First, Middle Initial)
Elizabeth Lee Vliet

Mailing Address 3575 N Calle Rosario

City State Zip Code
Tucson AZ 85750

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2014

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
1100.00
Contribution

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

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

2750.00

**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 20
	<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)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donald Miller

Mailing Address 6002 Parkside Dr., Unit E

City Anacortes State WA Zip Code 98221

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

Name of Employer Retired Occupation Airlines

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
 300.00
 Contribution

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

Mailing Address PO Box 426

City Brown Mills State NJ Zip Code 08015

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

Name of Employer Bayada Occupation Home Health Aide

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period
 300.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Phil Perzan

Mailing Address 2586 E Alexis Court

City Green Valley State AZ Zip Code 85614

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

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

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period
 200.00
 Contribution

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

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

800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ann Stephenson

Mailing Address 6901 E Crestline Drive

City Tucson State AZ Zip Code 85715

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

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

Transaction ID : SA11Al.4358

Amount of Each Receipt this Period
Contribution 250.00

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).....

250.00

3800.00

**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 20
	<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	

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NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Southern Arizona Conservative PAC

Mailing Address PO Box 1504

City State Zip Code
Sahuarita AZ 85629

FEC ID number of contributing federal political committee. **C** C00512046

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
 01 / 22 / 2014

Transaction ID : SA11C.4366

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

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NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shelley Kais

Mailing Address 2592 E Alexis Court

City Green Valley State AZ Zip Code 85614

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

Name of Employer Kais E Systems Occupation Consultant/Trainer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1145.56

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

Transaction ID : SA13A.4423

Amount of Each Receipt this Period
 38.07
 Pablos Steak & More - Travel & Meals

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

Mailing Address 2592 E Alexis Court

City Green Valley State AZ Zip Code 85614

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

Name of Employer Kais E Systems Occupation Consultant/Trainer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1175.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA13A.4426

Amount of Each Receipt this Period
 30.00
 Oro Valley Republican Women

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).....

68.07

68.07

**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 10 OF 20			
	<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)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cherry Creek Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 2770		Amount of Each Disbursement this Period 576.92 Transaction ID : SB17.4371
City Sierra Vista	State AZ	
Purpose of Disbursement Radio Advertising	Category/ Type 004	
Candidate Name SHELLEY KAIS FOR CONGRESS		
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: AZ	District: 02	

Full Name (Last, First, Middle Initial) B. Connect GOP, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 723		Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.4367
City Hailey	State ID	
Purpose of Disbursement Social Media Coaching	Category/ Type 004	
Candidate Name SHELLEY KAIS FOR CONGRESS		
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: AZ	District: 02	

Full Name (Last, First, Middle Initial) c. Flagship Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 65.28 Transaction ID : SB17.4375
City Thousand Oaks	State CA	
Purpose of Disbursement Merchant Fees for February 2014	Category/ Type 001	
Candidate Name SHELLEY KAIS FOR CONGRESS		
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: AZ	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2342.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20			
	<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)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Flagship Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 73.82 Transaction ID : SB17.4378
City Thousand Oaks	State CA	
Purpose of Disbursement Merchant Fees for March 2014		Category/ Type 001
Candidate Name SHELLEY KAIS FOR CONGRESS		
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: AZ	District: 02	

Full Name (Last, First, Middle Initial) B. Pima County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 5447 E 5th Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4407
City Tucson	State AZ	
Purpose of Disbursement Lincoln Day Dinner		Category/ Type 004
Candidate Name SHELLEY KAIS FOR CONGRESS		
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: AZ	District: 02	

Full Name (Last, First, Middle Initial) c. Southwestern Fair Commission		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 11300 S Houghton Road		Amount of Each Disbursement this Period 685.00 Transaction ID : SB17.4414
City Tucson	State AZ	
Purpose of Disbursement Booth Fee		Category/ Type 003
Candidate Name SHELLEY KAIS FOR CONGRESS		
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: AZ	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1008.82
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 12 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Straight Talk		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 9700 NW 112th Avenue		Amount of Each Disbursement this Period 48.88
City Miami State FL Zip Code 33178	Purpose of Disbursement Telephone Expense 001	
Candidate Name SHELLEY KAIS FOR CONGRESS		Transaction ID : SB17.4394
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Straight Talk		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 9700 NW 112th Avenue		Amount of Each Disbursement this Period 48.87
City Miami State FL Zip Code 33178	Purpose of Disbursement Telephone Expense 001	
Candidate Name SHELLEY KAIS FOR CONGRESS		Transaction ID : SB17.4395
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Straight Talk		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 9700 NW 112th Avenue		Amount of Each Disbursement this Period 48.87
City Miami State FL Zip Code 33178	Purpose of Disbursement Telephone Expense 001	
Candidate Name SHELLEY KAIS FOR CONGRESS		Transaction ID : SB17.4396
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	146.62
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 13 OF 20	
	<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)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Straight Talk

Mailing Address 9700 NW 112th Avenue

City Miami State FL Zip Code 33178

Purpose of Disbursement Telephone Expense Category/Type 001

Candidate Name **SHELLEY KAIS FOR CONGRESS**

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

State: AZ District: 02

Date of Disbursement 03 / 31 / 2014

Amount of Each Disbursement this Period 48.87

Transaction ID : SB17.4397

Full Name (Last, First, Middle Initial)
B. Tomlinson Accounting Services

Mailing Address 766 S La Huerta

City Green Valley State AZ Zip Code 85614

Purpose of Disbursement Bookkeeping Services Category/Type 001

Candidate Name **SHELLEY KAIS FOR CONGRESS**

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

State: AZ District: 02

Date of Disbursement 01 / 06 / 2014

Amount of Each Disbursement this Period 476.25

Transaction ID : SB17.4379

Full Name (Last, First, Middle Initial)
c. Tomlinson Accounting Services

Mailing Address 766 S La Huerta

City Green Valley State AZ Zip Code 85614

Purpose of Disbursement Bookkeeping Serives Category/Type 001

Candidate Name **SHELLEY KAIS FOR CONGRESS**

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

State: AZ District: 02

Date of Disbursement 02 / 13 / 2014

Amount of Each Disbursement this Period 343.75

Transaction ID : SB17.4380

SUBTOTAL of Disbursements This Page (optional) 868.87

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 20	
	<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)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tomlinson Accounting Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 766 S La Huerta		Amount of Each Disbursement this Period 175.00
City Green Valley	State AZ Zip Code 85614	
Purpose of Disbursement Bookkeeping Services	Category/Type 001	Transaction ID : SB17.4381
Candidate Name SHELLEY KAIS FOR CONGRESS	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: AZ District: 02		

Full Name (Last, First, Middle Initial) B. Voyager Resort		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 8701 S Kolb Road		Amount of Each Disbursement this Period 226.10
City Tucson	State AZ Zip Code 85706	
Purpose of Disbursement Town Hall Meeting	Category/Type 003	Transaction ID : SB17.4412
Candidate Name SHELLEY KAIS FOR CONGRESS	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: AZ District: 02		

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

SUBTOTAL of Disbursements This Page (optional).....	401.10
TOTAL This Period (last page this line number only).....	4767.61

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

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NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shelley Kais		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 2592 E Alexis Court		Amount of Each Disbursement this Period 38.07 Transaction ID : SB19A.4427
City Green Valley State AZ Zip Code 85614	Purpose of Disbursement Payment 002 Category/Type	
Candidate Name SHELLEY KAIS FOR CONGRESS	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: AZ District: 02		

Full Name (Last, First, Middle Initial) B. Shelley Kais		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 2592 E Alexis Court		Amount of Each Disbursement this Period 30.00 Transaction ID : SB19A.4429
City Green Valley State AZ Zip Code 85614	Purpose of Disbursement Oro Valley Republican Women - Event 004 Category/Type	
Candidate Name SHELLEY KAIS FOR CONGRESS	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: AZ District: 02		

Full Name (Last, First, Middle Initial) c. Shelley Kais		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 2592 E Alexis Court		Amount of Each Disbursement this Period 35.00 Transaction ID : SB19A.4430
City Green Valley State AZ Zip Code 85614	Purpose of Disbursement Vista Print - Business Cards 004 Category/Type	
Candidate Name SHELLEY KAIS FOR CONGRESS	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: AZ District: 02		

SUBTOTAL of Disbursements This Page (optional).....	103.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 20	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shelley Kais		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2592 E Alexis Court		Amount of Each Disbursement this Period 49.42 Transaction ID : SB19A.4431
City Green Valley State AZ Zip Code 85614	Purpose of Disbursement Straight Talk - Telephone	
Candidate Name SHELLEY KAIS FOR CONGRESS	Category/Type 001	
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: AZ District: 02		

Full Name (Last, First, Middle Initial) 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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	49.42
TOTAL This Period (last page this line number only).....	152.49

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SHELLEY KAIS FOR CONGRESS** Transaction ID : **SC/10.4253**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Shelley Kais Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address 2592 E Alexis Court
 City Green Valley State AZ ZIP Code 85614

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1107.49	84.42	1023.07

TERMS
 Date Incurred: M 10 / D 01 / Y 2013
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 1023.07
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4423

SHELLEY KAIS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Shelley Kais

Primary

General

Other (specify) ▼

Mailing Address

2592 E Alexis Court

City

State

ZIP Code

Green Valley

AZ

85614

Original Amount of Loan

38.07

Cumulative Payment To Date

38.07

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

06

2014

03/31/2014

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)..... ▶

0.00

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) **SHELLEY KAIS FOR CONGRESS** Transaction ID : **SC/10.4426**

LOAN SOURCE Full Name (Last, First, Middle Initial) Shelley Kais	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2592 E Alexis Court		

City	State	ZIP Code
Green Valley	AZ	85614

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.00	30.00	0.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 11	Y 2014 Y	M M / D D / Y 03/31/2014 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 1023.07
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)

SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kais E Systems, Imc

Mailing Address 1840 E Valencia Rd
 Bldg 8, Suite 209

City State Zip Code
 Tucson AZ 85706

Nature of Debt (Purpose):
 Color Copies

Outstanding Balance Beginning This Period **Transaction ID : SD10.4288**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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