

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
 Check if different than previously reported. (ACC) SCHAUMBURG IL 60194

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551036 CITY ▲ SCHAUMBURG STATE ▲ IL ZIP CODE ▲ STATE ▼ DISTRICT IL 08

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 03 / 18 / 2014 in the State of IL

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 02 / 26 / 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 03 / 03 / 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
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))....	33959.95	99697.54
(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)).....	33959.95	99197.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	68954.12	91235.93
(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)).....	68954.12	91235.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28961.61	
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).....	28717.00	

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: / /

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).....	29134.95	89434.95
(ii) Unitemized.....	4825.00	8218.00
(iii) TOTAL of contributions from individuals ▶	33959.95	97652.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	2044.59
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	33959.95	99697.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	20000.00	21000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	21000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	53959.95	120697.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68954.12	91235.93
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	68954.12	91735.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43955.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53959.95
25. SUBTOTAL (add Line 23 and Line 24).....	97915.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68954.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28961.61

**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 32
	<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)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Svetlana Alexeeva

Mailing Address 2020 Robinwood Dr

City Algonquin State IL Zip Code 60102

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period
2600.00

Reattribute: Contribution

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

Mailing Address 3600 Winston Dr

City Hoffman Estates State IL Zip Code 60192

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11AI.4574

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period
250.00

Contribution

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

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

3350.00

**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 32
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) Saverino Carrozza		Date of Receipt MM / DD / YYYY 02 / 18 / 2014
Mailing Address 40w550 Atchison Drive		Transaction ID : SA11AI.4615
City Hampshire	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GC Property Management	Occupation Real Estate	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Anna Coester		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 34007 Pearl St		Transaction ID : SA11AI.4683
City Kirkland	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 61.80
Name of Employer Enara Day Spa	Occupation Executive Assistant	Purchase of name tags - to be reimbursed
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) Anna Coester		Date of Receipt MM / DD / YYYY 02 / 24 / 2014
Mailing Address 34007 Pearl St		Transaction ID : SA11AI.4689
City Kirkland	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 169.21
Name of Employer Enara Day Spa	Occupation Executive Assistant	Food for Open house at new office - to be reimbursed
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<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)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anna Coester

Mailing Address 34007 Pearl St

City: Kirkland State: IL Zip Code: 60146

FEC ID number of contributing federal political committee: C

Name of Employer: Enara Day Spa Occupation: Executive Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period: 61.34
Small office supplies - to be reimbursed

[MEMO ITEM]

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

Mailing Address 1816 East Moreland Ave

City: Rockford State: IL Zip Code: 61108

FEC ID number of contributing federal political committee: C

Name of Employer: Reinhart Food Service Occupation: Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 18 / 2014

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period: 250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Robert Fallon

Mailing Address 20933 Laurel drive

City: Deer Park State: IL Zip Code: 60010

FEC ID number of contributing federal political committee: C

Name of Employer: Self-employed Occupation: Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 21 / 2014

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period: 500.00
Contribution

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<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)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Gagnard

Mailing Address 410 North Warwick Avenue

City Westmont State IL Zip Code 60559

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
 Contribution 250.00

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

Mailing Address 905 Gentle Wind Dr

City Keller State TX Zip Code 76248

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

Name of Employer Selman-Holman & Associated LLC Occupation COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 25 / 2014

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Patricia Houston

Mailing Address 90 Old Course Drive

City Newport beach State CA Zip Code 92660

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

Name of Employer Bazz Houston Occupation Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.4646

Amount of Each Receipt this Period
 Contribution 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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)
KAIFESH FOR CONGRESS

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

Mailing Address 869 E Schaumburg Rd
#377

City Schaumburg State IL Zip Code 60194

FEC ID number of contributing federal political committee. **C H4IL08126**

Name of Employer USMC Occupation Marine Reserves

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
23054.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
9.95

In-kind - Plimus wesite service for credit cards

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

Mailing Address 869 E Schaumburg Rd
#377

City Schaumburg State IL Zip Code 60194

FEC ID number of contributing federal political committee. **C H4IL08126**

Name of Employer USMC Occupation Marine Reserves

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
23079.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
25.00

In-kind - Constant Contact web help

C. 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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period
250.00

Contribution

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

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

284.95

**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 32
	<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)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Raymond Liddy

Mailing Address 1120 Pine St

City State Zip Code
Coronado CA 92118

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

Name of Employer Occupation
Attorney General of California Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 4940 S Woodys Lane

City State Zip Code
Chana IL 61015

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

Name of Employer Occupation
Northern Illinois University Store keeper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period
350.00

Contribution

C. Full Name (Last, First, Middle Initial)
Leah Naber

Mailing Address 29 River Ridge Dr

City State Zip Code
Sleepy Hollow IL 60118

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period
2600.00

Contribution

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

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

3950.00

**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 32
	<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)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lowell Naber Jr

Mailing Address 29 River Ridge Dr

City State Zip Code
Sleepy Hollow IL 60118

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

Name of Employer Occupation
Kinney Electrical Mfg Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
2600.00
Contribution

B. Full Name (Last, First, Middle Initial)
George A Nicholson III

Mailing Address 3701 W. Algonquin Road
Suite 580

City State Zip Code
Rolling Meadows IL 60008

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

Name of Employer Occupation
iM:3 Learning Technologies CEO and President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
2600.00
Contribution

C. Full Name (Last, First, Middle Initial)
Vasilios Niketas

Mailing Address 712 Mountain Park Dr

City State Zip Code
Birmingham AL 35213

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

Name of Employer Occupation
Aggregates USA CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
250.00
Contribution

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

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

5450.00

**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 32
	<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)
KAIFESH FOR CONGRESS

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

Mailing Address 136 Skyline Dr

City State Zip Code
Carpentersville IL 60110

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
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period
100.00
Contribution

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

Mailing Address 522 Lake Shore Dr N

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period
2600.00
Reattribute:

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

Mailing Address 522 Lake Shore Dr N

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Self Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period
5200.00
Contribution

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

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

7900.00

**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 13 OF 32
	<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)
KAIFESH FOR CONGRESS

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

Mailing Address 522 Lake Shore Dr N

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Self Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
-2600.00

Reattribute: Contribution

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

Mailing Address 3520 Longwood Dr

City State Zip Code
Medina OH 44256

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

Name of Employer Occupation
Self - employed Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
3000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Chris Russo

Mailing Address 3520 Longwood Dr

City State Zip Code
Medina OH 44256

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

Name of Employer Occupation
Self - employed Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period
-400.00

Reattribute: Contribution

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

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

0.00

**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 32
	<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)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Heather Russo

Mailing Address 3520 Longwood Dr.

City Medina State OH Zip Code 44256

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

Name of Employer Medical Services of Lorain Occupation Physican Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period
 400.00

Reattribute:

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

Mailing Address 27 Watergate

City South Barrington State IL Zip Code 60010

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

Name of Employer CTI Industries Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Robert W. Seymour

Mailing Address 11011 Bertsum Ln.

City Woodstock State IL Zip Code 60098

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

Name of Employer TIG Risk Services Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
 1000.00

Contribution

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

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

2400.00

**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 32
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) Timothy Shelton		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 2020 Robinwood Dr		Transaction ID : SA11AI.4458
City Algonquin	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 5200.00
Name of Employer Kinney Electrical Mfg	Occupation Sales Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) Timothy Shelton		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 2020 Robinwood Dr		Transaction ID : SA11AI.4460
City Algonquin	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Reattribute: Contribution -2600.00
Name of Employer Kinney Electrical Mfg	Occupation Sales Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Ruth Smith		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 131 Mallery Ave		Transaction ID : SA11AI.4573
City Elgin	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 200.00
Name of Employer Homemaker	Occupation n/a	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<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)
KAIFESH FOR CONGRESS

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

Mailing Address 7425 Bonnie Drive

City State Zip Code
Lakewood IL 60014

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

Name of Employer Occupation
Kroeschell Inc Exec VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 1304 McDowell Rd #201

City State Zip Code
Naperville IL 60563

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

Name of Employer Occupation
Self Financial

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Gwendolyn Wolschlager

Mailing Address 650 Leonard Pkwy

City State Zip Code
Crystal Lake IL 60014

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

Name of Employer Occupation
Wolschlager Chiropractic Secretary

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.4471

Amount of Each Receipt this Period
500.00

Contribution

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

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

1250.00

29134.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA13A.4621
City Schaumburg	State IL	
FEC ID number of contributing federal political committee. C H4IL08126		Amount of Each Receipt this Period 15000.00
Name of Employer USMC	Occupation Marine Reserves	Loan from candidate
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 18044.59	

Full Name (Last, First, Middle Initial) Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA13A.4622
City Schaumburg	State IL	
FEC ID number of contributing federal political committee. C H4IL08126		Amount of Each Receipt this Period 5000.00
Name of Employer USMC	Occupation Marine Reserves	Loan from candidate
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23044.59	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	20000.00

**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 18 OF 32		
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bhagwakar Properties		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4491
City Roselle State IL Zip Code 60172	Purpose of Disbursement Lease 001 Category/Type	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) B. Bhagwakar Properties		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4492
City Roselle State IL Zip Code 60172	Purpose of Disbursement Security Deposit 001 Category/Type	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) c. CBC Tax & Accounting		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 787.50 Transaction ID : SB17.4494
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Accounting Fees 001 Category/Type	
Candidate Name KAIFESH 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: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	2787.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32			
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CBC Tax & Accounting		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 2137.50 Transaction ID : SB17.4579
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Accounting, filing of tax returns and FEC reports Category/Type 001	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) B. Anna Coester		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 169.21 Transaction ID : SB17.4691
City Kirkland State IL Zip Code 60146	Purpose of Disbursement Rembursement of Office opening expense on memo entry Category/Type 001	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) c. Anna Coester		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 61.34 Transaction ID : SB17.4692
City Kirkland State IL Zip Code 60146	Purpose of Disbursement Reimbursement of office expense on memo entry 2/22/2014 Category/Type 001	
Candidate Name KAIFESH 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: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	2368.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 32	
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Curtis Scott Advertising Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 180.00 Transaction ID : SB17.4493
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name KAIFESH 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: IL District: 08	

Full Name (Last, First, Middle Initial) B. Curtis Scott Advertising Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 11211.89 Transaction ID : SB17.4499
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Flyer Production & Postage	Category/ Type 004
Candidate Name KAIFESH 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: IL District: 08	

Full Name (Last, First, Middle Initial) c. Curtis Scott Advertising Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 1432.00 Transaction ID : SB17.4577
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Advertising, Walkcard	Category/ Type 004
Candidate Name KAIFESH 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: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	12823.89
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 21 OF 32	
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Curtis Scott Advertising Inc		Date of Disbursement MM / DD / YYYY 02 / 16 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 9997.32 Transaction ID : SB17.4592
City Oak Brook	State IL	
Zip Code 60523		Category/ Type 004
Purpose of Disbursement Printing and Production of Advertisement Flyer		
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Dynamic Marketing Ideas		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4507
City McHenry	State IL	
Zip Code 60050		Category/ Type 001
Purpose of Disbursement Website		
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Dynamic Marketing Ideas		Date of Disbursement MM / DD / YYYY 02 / 22 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4665
City McHenry	State IL	
Zip Code 60050		Category/ Type 005
Purpose of Disbursement Website Maintenance and Design		
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional)	9997.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32			
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fortis Strategies		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 27 N Wacker Dr Suite 585		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4501
City Chicago State IL Zip Code 60606	Purpose of Disbursement Campaign Organization & Fieldwork Category/Type 001	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) B. Fortis Strategies		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 27 N Wacker Dr Suite 585		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4666
City Chicago State IL Zip Code 60606	Purpose of Disbursement Campaign Management & Consulting Services Category/Type 001	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) c. Great Ideas! Promotions, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address PO Box 1698		Amount of Each Disbursement this Period 10639.25 Transaction ID : SB17.4576
City Palatine State IL Zip Code 60078-1698	Purpose of Disbursement Yard Signs & Services Rendered Category/Type 004	
Candidate Name KAIFESH 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: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	20639.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 32	
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 02 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Plimus wesite service for credit cards	
Candidate Name	Category/Type	Transaction ID : SB17.4688
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. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 25.00
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact web help	
Candidate Name	Category/Type	Transaction ID : SB17.4686
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) c. Law Office of John Fogarty, Jr		Date of Disbursement MM / DD / YYYY 01 / 16 / 2014
Mailing Address 4043 North Ravenswood Suite 266		Amount of Each Disbursement this Period 3375.00
City Chicago State IL Zip Code 60613	Purpose of Disbursement Legal Services	
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.4502
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		

SUBTOTAL of Disbursements This Page (optional).....	3409.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32			
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marquardt & Belmonte LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 311 S. County Farm Rd. Suite I		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4506
City Wheaton State IL Zip Code 60187	Purpose of Disbursement Legal Retainer 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
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. Moneris		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address PO Box 59390		Amount of Each Disbursement this Period 121.25 Transaction ID : SB17.4586
City Schaumburg State IL Zip Code 60159	Purpose of Disbursement Credit Card Processing Fees 003 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
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) c. Schaumburg Township Republican Organizarion		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 408 Jason Lane		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4591
City Schaumburg State IL Zip Code 60173	Purpose of Disbursement Political Event - Debate 004 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
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)	

SUBTOTAL of Disbursements This Page (optional).....	2871.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 32			
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Solid Impressions		M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 1010 W Fullerton Ste D		Amount of Each Disbursement this Period	
City Addison State IL Zip Code 60101		436.54	
Purpose of Disbursement Postage Reimbursement		Transaction ID : SB17.4500	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Solid Impressions		M M / D D / Y Y Y Y 02 / 05 / 2014	
Mailing Address 1010 W Fullerton Ste D		Amount of Each Disbursement this Period	
City Addison State IL Zip Code 60101		1234.32	
Purpose of Disbursement Mailing Services		Transaction ID : SB17.4578	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Van Meter Mailing		M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 638 Wheeling Rd.		Amount of Each Disbursement this Period	
City Wheeling State IL Zip Code 60090		641.96	
Purpose of Disbursement Postage		Transaction ID : SB17.4505	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2312.82
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 26 OF 32			
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Whiteboard Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 134 W Kenilworth Ave		Amount of Each Disbursement this Period 259.45 Transaction ID : SB17.4498
City Villa Park	State IL	
Purpose of Disbursement Mileage Reimbursement	Category/ Type 002	
Candidate Name KAIFESH 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: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Whiteboard Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 134 W Kenilworth Ave		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4497
City Villa Park	State IL	
Purpose of Disbursement Field Campaign Work	Category/ Type 001	
Candidate Name KAIFESH 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: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Whiteboard Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 134 W Kenilworth Ave		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4520
City Villa Park	State IL	
Purpose of Disbursement Field Work	Category/ Type 001	
Candidate Name KAIFESH 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: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	4259.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<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)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winning Systems Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4588
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising expense 003 Category/Type	
Candidate Name KAIFESH 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: IL District: 08		

Full Name (Last, First, Middle Initial) B. Winning Systems Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4667
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising 003 Category/Type	
Candidate Name KAIFESH 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: IL District: 08		

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).....	7000.00
TOTAL This Period (last page this line number only).....	68469.48

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

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

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

Date Due

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

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)..... ▶

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**

LOAN SOURCE Full Name (Last, First, Middle Initial) Larry Kaifesh	[PERSONAL FUNDS]	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
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TERMS

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: []

SUBTOTALS This Period This Page (optional).....	▶	15000.00
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/10.4622**

LOAN SOURCE Full Name (Last, First, Middle Initial) Larry Kaifesh	[PERSONAL FUNDS]	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 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS

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: []

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS 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 Prarie St.

City State Zip Code
Elgin IL 60120

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4682

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

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

Mailing Address PO Box 1698

City State Zip Code
Palatine IL 60078-1698

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4673

Amount Incurred This Period

1592.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1592.00

C. 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

0.00

Transaction ID : SD10.4672

Amount Incurred This Period

1625.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1625.00

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

4217.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

KAIFESH FOR CONGRESS

A. 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	Transaction ID : SD10.4671	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3500.00"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3500.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="7717.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="21000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="28717.00"/>