

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** 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 through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 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
07 / 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: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	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))....	9464.71	30158.71
(b) Total Contribution Refunds (from Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9364.71	30058.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10975.24	19587.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	1820.00	1820.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9155.24	17767.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13313.79	
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).....	1120.90	

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).....	7500.00	23400.00
(ii) Unitemized.....	1924.45	5713.45
(iii) TOTAL of contributions from individuals ▶	9424.45	29113.45
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	40.26	45.26
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9464.71	30158.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1175.56
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1175.56
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1820.00	1820.00
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)..... ▶	11284.71	33154.27

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10975.24	19587.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	152.49
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	152.49
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11075.24	19840.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13104.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11284.71
25. SUBTOTAL (add Line 23 and Line 24).....	24389.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11075.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13313.79

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

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

FOR LINE NUMBER: PAGE 5 OF 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Diane E Aitken

Mailing Address 2595 E Arica Way

City State Zip Code
Green Valley AZ 85614-5688

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 07 2014

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
 100.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Diane E Aitken

Mailing Address 2595 E Arica Way

City State Zip Code
Green Valley AZ 85614-5688

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 30 2014

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
 100.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Diane E Aitken

Mailing Address 2595 E Arica Way

City State Zip Code
Green Valley AZ 85614-5688

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
400.00

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

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
 100.00
 Contribution

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<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)
Diane E Aitken

Mailing Address 2595 E Arica Way

City Green Valley State AZ Zip Code 85614-5688

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 **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 2252 E Spurwind Lane

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 **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period
1600.00

Contribution

C. Full Name (Last, First, Middle Initial)
Elmer Hansen

Mailing Address 1105 Terminal, Ste 202-70

City Reno State NV Zip Code 89502

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.4514

Amount of Each Receipt this Period
300.00

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 7 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jane Huff

Mailing Address 310 Inlet Avenue

City Merritt Island State FL Zip Code 32953

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

Name of Employer Retired Occupation Data Processor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2014

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period
 1000.00

Contribution

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

Mailing Address 767 E Canyon Rock Road

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
 04 / 04 / 2014

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period
 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Margie Lutz

Mailing Address 754 Park Rd NW, #1

City Washington State DC Zip Code 20010

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

Name of Employer US Government Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
 250.00

Contribution

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<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)
Susan Miller

Mailing Address 2131 E Spurwind Lane

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
 05 / 09 / 2014

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period
 Contribution 500.00

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

Mailing Address 139 Evergreen Road

City Bethany Beach State DE Zip Code 19930

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
 05 / 02 / 2014

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Judith Pfander

Mailing Address 175 Wyndham Woods Way

City Hatfield State PA Zip Code 19440

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
 05 / 08 / 2014

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period
 Contribution 500.00

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

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

2000.00

**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 26
	<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)
Craig Rupert

Mailing Address 7302 Rhondda Dr

City Lorton State VA Zip Code 22079

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

Name of Employer Department of Justice Occupation Facilities Mgmt Specialists

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 19830 County Road 459

City Hillman State MI Zip Code 49746

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

Name of Employer Self Employes Occupation Independant Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **412.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Christine Tucker

Mailing Address 2252 E Spurwind Lane

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 **342.44**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
250.00

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: PAGE 10 OF 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patricia Woolley

Mailing Address **PO Box 1598**

City **Sahuarita** State **AZ** Zip Code **85629-1010**

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
300.00

Date of Receipt
 / /

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

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
 / /

Amount of Each Receipt this Period

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

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 11 OF 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
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 H4AZ02135**

Name of Employer Kais E Systems, Inc Occupation Consultant/Trainer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 15.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11D.4587

Amount of Each Receipt this Period
 _____ 10.00

Contribution

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 H4AZ02135**

Name of Employer Kais E Systems, Inc Occupation Consultant/Trainer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 45.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11D.4604

Amount of Each Receipt this Period
 _____ 30.26

In-kind - Mailing Labels

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

Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

_____ 40.26

_____ 40.26

**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 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Connect GOP, Inc

Mailing Address **PO Box 723**

City **Hailey** State **ID** Zip Code **83333**

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

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
04 / 16 / 2014

Transaction ID : SA14.4505

Amount of Each Receipt this Period
 _____ **1700.00**

Refund Social Media Costs

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

Mailing Address **2252 E Spurwind Lane**

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 Y Y
06 / 06 / 2014

Transaction ID : SA14.4617

Amount of Each Receipt this Period
 _____ **120.00**

Reimburse for Friends of NRA Tickets

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).....

_____ **1820.00**

_____ **1820.00**

**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 13 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Arizona Veterans Magazine			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address PO Box 83323			Amount of Each Disbursement this Period 500.00	
City Phoenix	State AZ	Zip Code 85071	Transaction ID : SB17.4473	
Purpose of Disbursement Advertising		004 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Desert Pacific Printing & Mailing			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 5641 E Broadway			Amount of Each Disbursement this Period 236.74	
City Tucson	State AZ	Zip Code 85711	Transaction ID : SB17.4477	
Purpose of Disbursement Palm cards		006 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Desert Pacific Printing & Mailing			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 5641 E Broadway			Amount of Each Disbursement this Period 236.74	
City Tucson	State AZ	Zip Code 85711	Transaction ID : SB17.4642	
Purpose of Disbursement Palm CARds		004 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	973.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
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 04 / 02 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 64.58
City Thousand Oaks	State CA	
Zip Code 91359	Purpose of Disbursement Processing fees for March	Transaction ID : SB17.4467
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Flagship Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 3.22
City Thousand Oaks	State CA	
Zip Code 91359	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.4497
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Flagship Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 66.07
City Thousand Oaks	State CA	
Zip Code 91359	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.4567
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	133.87
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 15 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
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 05 / 31 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 73.03
City Thousand Oaks	State CA	
Zip Code 91359	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.4586
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Flagship Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 158.26
City Thousand Oaks	State CA	
Zip Code 91359	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.4622
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Flagship Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 3429		Amount of Each Disbursement this Period 30.75
City Thousand Oaks	State CA	
Zip Code 91359	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.4649
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	262.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Friends of the NRA		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address National Rifle Assoc of America 11250 Waples Mill Road		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4575
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Old Pueblo Dinner	Category/Type 003	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. James Kais		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 2592 E Alexis Court		Amount of Each Disbursement this Period 87.80 Transaction ID : SB17.4481
City Green Valley	State AZ Zip Code 85614	
Purpose of Disbursement Reimbursement	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. James Kais		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2592 E Alexis Court		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4643
City Green Valley	State AZ Zip Code 85614	
Purpose of Disbursement Reimbursement	Category/Type 003	
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	247.80
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4643

Pima County Republican Women, 8710 Little Oak Lane, Tucson, AZ 85714

Form/Schedule:

Transaction ID:

**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 26			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) A. Kais E Systems, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1840 E Valencia Rd Bldg 8, Suite 209		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4644
City Tucson	State AZ Zip Code 85706	
Purpose of Disbursement Graphic Design, Web Design & IT	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Kais E Systems, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1840 E Valencia Rd Bldg 8, Suite 209		Amount of Each Disbursement this Period 74.05 Transaction ID : SB17.4645
City Tucson	State AZ Zip Code 85706	
Purpose of Disbursement Photo Copies	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. John Kinnicutt		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 2475 N Haskell Rd, Apt 362		Amount of Each Disbursement this Period 558.17 Transaction ID : SB17.4469
City Tucson	State AZ Zip Code 85716	
Purpose of Disbursement Communications Director	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional)	3632.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Kinnicutt		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 2475 N Haskell Rd, Apt 362		Amount of Each Disbursement this Period 19.99 Transaction ID : SB17.4472
City Tucson	State AZ	
Zip Code 85716	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. John Kinnicutt		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 2475 N Haskell Rd, Apt 362		Amount of Each Disbursement this Period 558.17 Transaction ID : SB17.4566
City Tucson	State AZ	
Zip Code 85716	Purpose of Disbursement Communications	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. John Kinnicutt		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2475 N Haskell Rd, Apt 362		Amount of Each Disbursement this Period 558.17 Transaction ID : SB17.4624
City Tucson	State AZ	
Zip Code 85716	Purpose of Disbursement Communications	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1136.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

A. Political Lawn Signs

Full Name (Last, First, Middle Initial)

Mailing Address Cross & Oberle
916 Byrd Avenue

City Neenah State WI Zip Code 54946

Purpose of Disbursement Signs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 1456.84

Transaction ID : SB17.4632

Category/Type: 004

B. Sav-On Signs

Full Name (Last, First, Middle Initial)

Mailing Address 2664 N 1st Ave

City Tucson State AZ Zip Code 85719

Purpose of Disbursement Signs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 24 / 2014

Amount of Each Disbursement this Period: 621.58

Transaction ID : SB17.4636

Category/Type: 004

c. Straight Talk

Full Name (Last, First, Middle Initial)

Mailing Address 9700 NW 112th Avenue

City Miami State FL Zip Code 33178

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 07 / 2014

Amount of Each Disbursement this Period: 48.87

Transaction ID : SB17.4475

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 2127.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Straight Talk		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 9700 NW 112th Avenue		Amount of Each Disbursement this Period 48.88 Transaction ID : SB17.4495
City Miami	State FL	
Zip Code 33178	Purpose of Disbursement Telephone	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Straight Talk		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 9700 NW 112th Avenue		Amount of Each Disbursement this Period 48.88 Transaction ID : SB17.4568
City Miami	State FL	
Zip Code 33178	Purpose of Disbursement Telephone	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Straight Talk		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 9700 NW 112th Avenue		Amount of Each Disbursement this Period 48.88 Transaction ID : SB17.4583
City Miami	State FL	
Zip Code 33178	Purpose of Disbursement Telephone	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	146.64
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 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Straight Talk		Date of Disbursement M M / D D / Y Y Y Y 06 / 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	Transaction ID : SB17.4628
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Tomlinson Accounting Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 766 S La Huerta		Amount of Each Disbursement this Period 142.50
City Green Valley	State AZ	
Zip Code 85614	Purpose of Disbursement Bookkeeping March 2014	Transaction ID : SB17.4471
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Tomlinson Accounting Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 766 S La Huerta		Amount of Each Disbursement this Period 122.50
City Green Valley	State AZ	
Zip Code 85614	Purpose of Disbursement Bookkeeping	Transaction ID : SB17.4490
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	313.88
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

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

Mailing Address 766 S La Huerta

City Green Valley State AZ Zip Code 85614

Purpose of Disbursement Bookkeeping Category/Type

Candidate Name

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

State: District:

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

Amount of Each Disbursement this Period
125.00

Transaction ID : SB17.4565

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 Category/Type

Candidate Name

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

State: District:

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

Amount of Each Disbursement this Period
325.00

Transaction ID : SB17.4623

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

Mailing Address 815 W Via Rancho Sahuarita

City Sahuarita State AZ Zip Code 85629

Purpose of Disbursement Stamps Category/Type

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 19 / 2014

Amount of Each Disbursement this Period
49.00

Transaction ID : SB17.4578

SUBTOTAL of Disbursements This Page (optional) 499.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
SHELLEY KAIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 815 W Via Rancho Sahuarita		Amount of Each Disbursement this Period 49.00
City Sahuarita	State AZ Zip Code 85629	
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : SB17.4579
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 815 W Via Rancho Sahuarita		Amount of Each Disbursement this Period 16.95
City Sahuarita	State AZ Zip Code 85629	
Purpose of Disbursement Delivery	Category/Type 001	Transaction ID : SB17.4630
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 815 W Via Rancho Sahuarita		Amount of Each Disbursement this Period 16.95
City Sahuarita	State AZ Zip Code 85629	
Purpose of Disbursement Delivery	Category/Type 001	Transaction ID : SB17.4631
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	82.90
TOTAL This Period (last page this line number only).....	9555.45

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).....	▶	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)	PAGE 26 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

SHELLEY KAIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Williams & Associates	Nature of Debt (Purpose): T-Shirts
Mailing Address 247 S Wilmot Rd	
City State Zip Code Tucson AZ 85711	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4646	
Amount Incurred This Period 182.60	Payment This Period 84.77	Outstanding Balance at Close of This Period 97.83

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		
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	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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)	97.83
2) TOTALS This Period (last page this line number only)	97.83
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	1023.07
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1120.90