

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 KAIFESH FOR CONGRESS

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 07/01/2014 through MM/DD/YYYY 09/30/2014

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 Anthony Luczkiw

Signature of Treasurer Anthony Luczkiw [Electronically Filed] Date MM/DD/YYYY 10/15/2014

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

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
KAIFESH FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	40300.94	257794.15
(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)).....	40300.94	257294.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	77106.29	266580.12
(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)).....	77106.29	266580.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17614.03	
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).....	24538.80	

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).....	28457.62	212889.64
(ii) Unitemized.....	11843.32	32574.97
(iii) TOTAL of contributions from individuals ▶	40300.94	245464.61
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	9625.00
(d) The Candidate.....	0.00	2204.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40300.94	257794.15
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	3000.00	3000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	21000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	21000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1300.00	3450.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	44600.94	285244.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77106.29	266580.12
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	550.00	550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	77656.29	267630.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50669.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44600.94
25. SUBTOTAL (add Line 23 and Line 24).....	95270.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77656.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17614.03

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mary Alger		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 7452 Foxfire Drive		Transaction ID : SA11AI.6053
City Crystal Lake	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation PA	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Kenneth Aman		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 3600 Winston Dr		Transaction ID : SA11AI.5815
City Hoffman Estates	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1650.00	

Full Name (Last, First, Middle Initial) C. Kenneth Aman		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 3600 Winston Dr		Transaction ID : SA11AI.6059
City Hoffman Estates	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Retired	Occupation Retired	Contribution - refund check of \$50 to be issued
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3150.00	

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 6 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

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

Mailing Address 1 Overbrook Road

City State Zip Code
South Barrington IL 60010

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
 08 / 20 / 2014

Transaction ID : SA11AI.5827

Amount of Each Receipt this Period
 250.00
 Contribution

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

Mailing Address 128 S. Staffire Drive

City State Zip Code
Schaumburg IL 60193

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

Name of Employer Occupation
Mettler Toledo Sales Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
283.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.6065

Amount of Each Receipt this Period
 50.00
 Contribution

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

Mailing Address 4607 R.F.D.

City State Zip Code
Long Grove IL 60047

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period
 150.00
 Contribution

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

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

450.00

**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 113
	<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) A. Ronald Cameron		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2014
Mailing Address PO Box 21440		Transaction ID : SA11AI.5630
City Little Rock	State AR	Zip Code 72221
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00 Contribution	
Name of Employer Mountaire Corp	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Cynthia Casanova		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Mailing Address 205 S Rush St		Transaction ID : SA11AI.5820
City Roselle	State IL	Zip Code 60172
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 Contribution	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. John Castellano		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2014
Mailing Address 660 Sean Dr		Transaction ID : SA11AI.5662
City Annapolis	State MD	Zip Code 21401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Contribution	
Name of Employer NIH	Occupation MD	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
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 8 OF 113
	<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 Castellano

Mailing Address 660 Sean Dr

City State Zip Code
Annapolis MD 21401

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

Name of Employer Occupation
NIH MD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.6373

Amount of Each Receipt this Period
200.00
Contribution

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

Mailing Address 404 N Warwick Ave

City State Zip Code
Westmont IL 60559

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

Name of Employer Occupation
Lexus of Clarendon Hills Finance Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1175.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period
75.00
Contribution

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

Mailing Address 7500 Red Hill Dr

City State Zip Code
Springfield VA 22153

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

Name of Employer Occupation
Drs. Brasky, Feldner & Accocia Dentist

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
07 / 24 / 2014

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period
250.00
Contribution

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

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

525.00

**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 113
	<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) A. Cristov Dosev		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 1725 Whaley Ave		Transaction ID : SA11AI.6076
City Pensacola	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mardoc Management LLC	Occupation Developer	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. Marie Fallon		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 20933 Laurel Drive		Transaction ID : SA11AI.6041
City Barrington	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NA	Occupation Homemaker	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Robert Fallon		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 20933 Laurel Drive		Transaction ID : SA11AI.5955
City Deer Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Sales	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3250.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 10 OF 113
	<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) A. Eric Farber		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2014
Mailing Address 383 4th St Ste 201		Transaction ID : SA11AI.6269
City Oakland	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Farber & Company	Occupation Attorney	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Loren Feldner		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Mailing Address 13009 South 83rd Court		Transaction ID : SA11AI.5822
City Palos Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brasky, Feldner & Assoc.	Occupation Dentist	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Stephen Ferraro Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 02 / 2014
Mailing Address 2248 Camden Ave		Transaction ID : SA11AI.6080
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer United Talent Agency	Occupation Agent	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
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 11 OF 113
	<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) A. Stephen Ferraro Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2248 Camden Ave		Transaction ID : SA11AI.6273
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
Name of Employer United Talent Agency	Occupation Agent	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 826.00	

Full Name (Last, First, Middle Initial) B. Val Fisher		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1125 Milpitas Blvd		Transaction ID : SA11AI.6319
City Milpitas	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Milpitas Materials	Occupation Vice President	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. ACTRIGHT		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 2029 K STREET NW SUITE 300		Transaction ID : SA11AI.6319.0
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00488478		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Conduit: PAC Limit Not Affected [MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1264.00	

SUBTOTAL of Receipts This Page (optional).....	326.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 113
	<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) Foster Friess		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address PO Box 9790		Transaction ID : SA11AI.6267	
City Jackson	State WY	Zip Code 83002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Investor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Glaser & Associates Inc PC		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 8413 Abbott Ln		Transaction ID : SA11AI.5635	
City Cary	State IL	Zip Code 60013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) August Greidanus		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 501 Cutters Mill Lane		Transaction ID : SA11AI.6354	
City Schaumburg	State IL	Zip Code 60194	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 13 OF 113	
	<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)
Bob Gwiasda

Mailing Address 393 N Valley

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Bolden Contractors President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 27 2014

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 299 Banbury Ave

City State Zip Code
Elk Grove Village IL 60007

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

Name of Employer Occupation
Information Requested Information Requested

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
08 27 2014

Transaction ID : SA11AI.6054

Amount of Each Receipt this Period
400.00

Contribution

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

Mailing Address 3823 N Randolph Ct

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
The Hefti Group Government Relations Consultant

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
07 31 2014

Transaction ID : SA11AI.5782

Amount of Each Receipt this Period
250.00

Contribution

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

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

900.00

**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 113
	<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)
Richard Hicks

Mailing Address 451 MacBain Way

City Inverness State IL Zip Code 60010

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

Name of Employer **IBM** Occupation **Sales Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 23 / 2014

Transaction ID : SA11AI.5945

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

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

Mailing Address 3430 Garlands Lane

City Barrington State IL Zip Code 60010

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 26 / 2014

Transaction ID : SA11AI.6072

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

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

Mailing Address 300 S Biscayne Blvd #4006

City Miami State FL Zip Code 33131

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

Name of Employer **Self** Occupation **Investor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period
 Contribution **1000.00**

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 113
	<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) A. Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA11AI.5720
City Schaumburg State IL Zip Code 60194	Amount of Each Receipt this Period 29.99 In-kind - Linked In Subscription	
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23606.10	

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA11AI.5718
City Schaumburg State IL Zip Code 60194	Amount of Each Receipt this Period 9.95 In-kind - Jotform Monthly	
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23616.05	

Full Name (Last, First, Middle Initial) C. Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA11AI.6552
City Schaumburg State IL Zip Code 60194	Amount of Each Receipt this Period 53.88 In-kind - Go Daddy	
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23669.93	

SUBTOTAL of Receipts This Page (optional).....	93.82
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 113
	<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
23744.93

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.6530

Amount of Each Receipt this Period
75.00

In-kind - allocation of cellphone expenses to campaign

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
23749.92

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.6540

Amount of Each Receipt this Period
4.99

In-kind - Homestead website fee

C. 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
23779.92

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.6546

Amount of Each Receipt this Period
30.00

In-kind - Constant Contact

SUBTOTAL of Receipts This Page (optional).....	109.99
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 17 OF 113
	<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
23789.87

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.6536

Amount of Each Receipt this Period
 9.95

In-kind - Jotform Monthly Subscription

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
23794.86

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.6542

Amount of Each Receipt this Period
 4.99

In-kind - Homestead website fee

C. 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
23824.86

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.6548

Amount of Each Receipt this Period
 30.00

In-kind - Constant Contact

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

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

44.94

**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 18 OF 113
	<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
23899.86

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2014

Transaction ID : SA11AI.6532

Amount of Each Receipt this Period
75.00

In-kind - allocation of cellphone expenses to campaign

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
23974.86

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6534

Amount of Each Receipt this Period
75.00

In-kind - allocation of cellphone expenses to campaign

C. 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
23984.81

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6538

Amount of Each Receipt this Period
9.95

In-kind - Jotform Monthly Subscription

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

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

159.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 113
	<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) A. Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA11AI.6544
City Schaumburg State IL Zip Code 60194	Amount of Each Receipt this Period 4.99 In-kind - Homestead website fee	
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer USMC Occupation Marine Reserves	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23989.80	

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA11AI.6550
City Schaumburg State IL Zip Code 60194	Amount of Each Receipt this Period 50.00 In-kind - Constant Contact	
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer USMC Occupation Marine Reserves	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 24039.80	

Full Name (Last, First, Middle Initial) C. Tina Kaifesh		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 406 N Warwick		Transaction ID : SA11AI.5849
City Westmont State IL Zip Code 60559	Amount of Each Receipt this Period 100.00 Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3350.00	

SUBTOTAL of Receipts This Page (optional).....	154.99
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 20 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

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

Mailing Address 9608 Smokewood Place

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
USMC USMC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period
 Contribution 200.00

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

Mailing Address 627 Venice Court

City State Zip Code
Schaumburg IL 60193

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

Name of Employer Occupation
Antunovich Associates Architectural Specifier

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.5775

Amount of Each Receipt this Period
 Contribution 250.00

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

Mailing Address 5304 FishHawk Ridge Dr

City State Zip Code
Lithia FL 33547

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

Name of Employer Occupation
USMC Infantry Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.6075

Amount of Each Receipt this Period
 Contribution 100.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<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) A. Richard Komarek		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1417 Spyglass Ct		Transaction ID : SA11AI.6429
City Itasca	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2000.00
Name of Employer K.R. Komarek Inc	Occupation Executive	Contribution 2026.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Richard Komarek		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1417 Spyglass Ct		Transaction ID : SA11AI.6433
City Itasca	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Reattribute: Overcontribution from Sheila Komarek 351.00
Name of Employer K.R. Komarek Inc	Occupation Executive	Contribution 2377.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Sheila Komarek		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 1417 Spyglass Ct		Transaction ID : SA11AI.5939
City Itasca	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer Unemployed	Occupation Nurse Practitioner	Contribution 600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2601.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<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)
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 **675.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2014

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period
75.00

Contribution

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

Mailing Address 1417 Spyglass Ct

City Itasca State IL Zip Code 60143

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

Name of Employer Unemployed Occupation Nurse Practitioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **701.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2014

Transaction ID : SA11AI.6262

Amount of Each Receipt this Period
26.00

Contribution

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 **951.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.6317

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	351.00
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 23 OF 113
	<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) A. Sheila Komarek		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2014
Mailing Address 1417 Spyglass Ct		Transaction ID : SA11AI.6430
City Itasca	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2000.00
Name of Employer Unemployed	Occupation Nurse Practitioner	Contribution 2951.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Sheila Komarek		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2014
Mailing Address 1417 Spyglass Ct		Transaction ID : SA11AI.6432
City Itasca	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Reattribute: Contribution -351.00
Name of Employer Unemployed	Occupation Nurse Practitioner	Reattribute: Contribution 2600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Denise Kowalik		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2014
Mailing Address 11161 Devon Ln		Transaction ID : SA11AI.6265
City Huntley	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 200.00
Name of Employer DR Horton	Occupation Closing Manager	Contribution 325.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1849.00
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 24 OF 113
	<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)
Stefan Kristen

Mailing Address 646 Briar Drive

City Sycamore State IL Zip Code 60178

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period
 _____ 250.00
 Contribution

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

Mailing Address 5500 Holmes Run Parkway #1001

City Alexandria State VA Zip Code 22304

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

Name of Employer Coal Company Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.6428

Amount of Each Receipt this Period
 _____ 500.00
 Contribution

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

Mailing Address 40737 Chevington Lane

City Leesburg State VA Zip Code 20175

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

Name of Employer STEMlete LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
 _____ 250.00
 Contribution

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

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

_____ 1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 113
	<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)
Peter Lierni

Mailing Address 40737 Chevington Lane

City Leesburg State VA Zip Code 20175

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

Name of Employer STEMlete LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period
50.00

Contribution

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

Mailing Address 101 Brixham Pl

City Schaumburg State IL Zip Code 60194

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

Name of Employer AT&T Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2014

Transaction ID : SA11AI.6314

Amount of Each Receipt this Period
200.00

Contribution

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

Mailing Address 2015 Woodhollow Dr

City Columbia State MO Zip Code 65203

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 04 / 2014

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period
250.00

Contribution

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

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

500.00

**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 26 OF 113
	<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)
Gus Mehilos

Mailing Address 1671 Golden Gate Drive

City Addison State IL Zip Code 60101

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.5778

Amount of Each Receipt this Period
150.00

Contribution

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

Mailing Address 4940 S Woodys Lane

City Chana State IL Zip Code 61015

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

Name of Employer Northern Illinois University Occupation Store Keeper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **726.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2014

Transaction ID : SA11AI.5805

Amount of Each Receipt this Period
26.00

Contribution

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

Mailing Address 4940 S Woodys Lane

City Chana State IL Zip Code 61015

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

Name of Employer Northern Illinois University Occupation Store Keeper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **752.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2014

Transaction ID : SA11AI.5808

Amount of Each Receipt this Period
26.00

Contribution

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

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

202.00

**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 27 OF 113
	<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 Metcalf

Mailing Address 4940 S Woodys Lane

City Chana State IL Zip Code 61015

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

Name of Employer Northern Illinois University Occupation Store Keeper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **877.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.6064

Amount of Each Receipt this Period
 Contribution **125.00**

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

Mailing Address 1675 Wilmot Road

City Bannockburn State IL Zip Code 60105

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

Name of Employer Charles E Miller, MD SC Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.6375

Amount of Each Receipt this Period
 Contribution **300.00**

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

Mailing Address 614 Shadow Mist Ct

City Livermore State CA Zip Code 94550

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

Name of Employer WHCI Plumbing Supply Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.6052

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

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

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

925.00

**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 28 OF 113
	<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) A. Charles Nelson		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 606 Thornhill		Transaction ID : SA11AI.5951
City Palatine	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ISI, Inc	Occupation CPA	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Jonathan Pardee		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 540 Bellevue Avenue		Transaction ID : SA11AI.6078
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Marketing	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) C. Jonathan Pardee		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 540 Bellevue Avenue		Transaction ID : SA11AI.6365
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Marketing	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 113
	<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) Beverly Perlson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2014
Mailing Address 3615 Blue Ridge Court		Transaction ID : SA11AI.6057
City Aurora	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) Beverly Perlson		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address 3615 Blue Ridge Court		Transaction ID : SA11AI.6275
City Aurora	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) Sean Perrone		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2014
Mailing Address 9831 Easton Dr		Transaction ID : SA11AI.6279
City Beverly Hills	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Kaplan Perrone Productions	Occupation Owner	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 292.00	

SUBTOTAL of Receipts This Page (optional).....	492.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 30 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Catherine Phillips

Mailing Address 2103 Nineston Lane

City State Zip Code
Carpentersville IL 60110

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

Name of Employer Occupation
Comm Unit School District 220 Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
226.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11AI.6241

Amount of Each Receipt this Period
26.00

Contribution

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

Mailing Address 11587 Mansfield Place

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
Medtronic VP Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 12 / 2014

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address 2407 Tall Oaks Drive

City State Zip Code
Elgin IL 60123

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

Name of Employer Occupation
Rakow Library Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : SA11AI.6294

Amount of Each Receipt this Period
500.00

Contribution

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

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

626.00

**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 31 OF 113
	<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) A. Lauanna Recker		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 256 Huntwyck Ct		Transaction ID : SA11AI.6100	
City Schaumburg	State IL	Zip Code 60173	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.93 In-kind - Food for event	
Name of Employer GAP Resources LLC	Occupation Owner Sole Member		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 224.93		

Full Name (Last, First, Middle Initial) B. Lauanna Recker		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 256 Huntwyck Ct		Transaction ID : SA11AI.5770	
City Schaumburg	State IL	Zip Code 60173	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Contribution	
Name of Employer GAP Resources LLC	Occupation Owner Sole Member		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 724.93		

Full Name (Last, First, Middle Initial) C. Josephine Romeo		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 4940 S Woodys Lane		Transaction ID : SA11AI.5786	
City Chana	State IL	Zip Code 61015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 Contribution	
Name of Employer Iron Skillet	Occupation Retired/Hostess		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3822.86		

SUBTOTAL of Receipts This Page (optional).....	626.93
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 32 OF 113
	<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)
Josephine Romeo

Mailing Address 4940 S Woodys Lane

City Chana State IL Zip Code 61015

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

Name of Employer Iron Skillet Occupation Retired/Hostess

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4022.86**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2014

Transaction ID : SA11AI.5817

Amount of Each Receipt this Period
 Contribution **200.00**

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

Mailing Address 1440 Lake Shore Drive South

City Barrington State IL Zip Code 60010

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2014

Transaction ID : SA11AI.5824

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

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

Mailing Address 2020 Robinwood Dr

City Algonquin State IL Zip Code 60102

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

Name of Employer Kinney Electrical Mfg Occupation Sales Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.5792

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

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

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

950.00

**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 33 OF 113
	<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)
Roberta Sloan

Mailing Address 736 Fennel Ct.

City: Schaumburg State: IL Zip Code: 60193

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: **210.00**

Date of Receipt: **09 / 28 / 2014**

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period: **20.00**

Contribution

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

Mailing Address 7425 Bonnie Drive

City: Lakewood State: IL Zip Code: 60014

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

Name of Employer: Kroeschell Inc Occupation: Exec VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **750.00**

Date of Receipt: **08 / 26 / 2014**

Transaction ID : SA11AI.5937

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

Contribution

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

Mailing Address 1253 St Claire Place

City: Schaumburg State: IL Zip Code: 60173

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

Name of Employer: Tofco Ag Services Occupation: Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **09 / 10 / 2014**

Transaction ID : SA11AI.6243

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

Contribution

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

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

770.00

**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 34 OF 113
	<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)
Diane Wamberg

Mailing Address 52 Brinker Road

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period
Contribution 500.00

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

Mailing Address 230 Verde Drive

City State Zip Code
Schaumburg IL 60173

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

Name of Employer Occupation
Self Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11AI.6074

Amount of Each Receipt this Period
Contribution 1000.00

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
Contribution

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

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

1500.00

28457.62

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

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

FOR LINE NUMBER: PAGE 35 OF 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAMILY-PAC FEDERAL

Mailing Address 414 N ORLEANS PLAZA #320

City State Zip Code
CHICAGO IL 60654

FEC ID number of contributing federal political committee. **C C00362178**

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
09 08 2014

Transaction ID : SA12.6257

Amount of Each Receipt this Period
Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City State Zip Code
URBANA OH 43078

FEC ID number of contributing federal political committee. **C C00416594**

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
09 11 2014

Transaction ID : SA12.6255

Amount of Each Receipt this Period
Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City State Zip Code
OTTAWA IL 61350

FEC ID number of contributing federal political committee. **C C00458877**

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
08 15 2014

Transaction ID : SA12.5850

Amount of Each Receipt this Period
Contribution 1000.00

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

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

3000.00

3000.00

**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 36 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 610 Irving LLC		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 503 N Marion St		Transaction ID : SA15.5836	
City Oak Park	State IL	Zip Code 60302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
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		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
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).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 37 OF 113			
	<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. ACTRIGHT		Date of Disbursement MM / DD / YYYY 09 / 04 / 2014
Mailing Address 2029 K STREET NW SUITE 300		Amount of Each Disbursement this Period 244.20 Transaction ID : SB17.6200
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement Fundraising Fee 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. ACTRIGHT		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 2029 K STREET NW SUITE 300		Amount of Each Disbursement this Period 27.00 Transaction ID : SB17.6254
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement Fundraising Fee 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) C. ACTRIGHT		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2029 K STREET NW SUITE 300		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.6436
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement Fundraising Fee 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	274.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 113	
	<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. American Express		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 14.60 Transaction ID : SB17.5723
City Mt Prospect	State IL	
Zip Code 60056		Category/ Type 001
Purpose of Disbursement Credit Card Charges		
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. American Express		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.5709
City Mt Prospect	State IL	
Zip Code 60056		Category/ Type 001
Purpose of Disbursement Am Ex Fee		
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. American Express		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 3.04 Transaction ID : SB17.5914
City Mt Prospect	State IL	
Zip Code 60056		Category/ Type 003
Purpose of Disbursement Credit Card Charge		
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	25.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 113			
	<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. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.6216
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fee	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. AwesomeCampaigns.com Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 1220 St Charles St		Amount of Each Disbursement this Period 3925.00 Transaction ID : SB17.6289
City Elgin	State IL	
Zip Code 60120	Purpose of Disbursement Signs	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. AwesomeCampaigns.com Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1220 St Charles St		Amount of Each Disbursement this Period 1412.50 Transaction ID : SB17.6394
City Elgin	State IL	
Zip Code 60120	Purpose of Disbursement Signs & Frames	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	5345.45
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 40 OF 113			
	<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 MM / DD / YYYY 07 / 10 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5691
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Security Deposit	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Bhagwakar Properties		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5692
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Rent	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Bhagwakar Properties		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.6385
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Rent	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	4800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 113			
	<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 07 / 07 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 4775.00 Transaction ID : SB17.5687
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Accounting Fees 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. CBC Tax & Accounting		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 1965.00 Transaction ID : SB17.5888
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Accounting, Reports, Bill Paying 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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 09 / 02 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 1375.00 Transaction ID : SB17.6008
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Accounting 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	4775.00
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 42 OF 113	
	<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. Anna Coester		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 882.10 Transaction ID : SB17.5853
City Kirkland	State IL	
Purpose of Disbursement Wages	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 type="checkbox"/> Primary <input checked="" 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 08 / 01 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 353.15 Transaction ID : SB17.5881
City Kirkland	State IL	
Purpose of Disbursement Reimbursements Candy & Stickers for Parade	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Sam's Club		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 7151 Walton St		Amount of Each Disbursement this Period 121.50 Transaction ID : SB17.5881.2 [MEMO ITEM]
City Rockford	State IL	
Purpose of Disbursement Candy for Parade	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1235.25
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 43 OF 113	
	<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. Sam's Club		Date of Disbursement MM / DD / YYYY 07 / 12 / 2014
Mailing Address 7151 Walton St		Amount of Each Disbursement this Period 192.15
City Rockford	State IL	
Zip Code 61108	Purpose of Disbursement Food for Picnic	Transaction ID : SB17.5881.3
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Anna Coester		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 882.10
City Kirkland	State IL	
Zip Code 60146	Purpose of Disbursement Wages	Transaction ID : SB17.5999
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Randy Coester		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 150.98
City Carpentersville	State IL	
Zip Code 60146	Purpose of Disbursement Reimbursement Esigns, Balloons	Transaction ID : SB17.5875
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	1033.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 113	
	<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. Comcast		Date of Disbursement MM / DD / YYYY 07 / 05 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 105.76 Transaction ID : SB17.5675
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Electric Utility Bill	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 115.79 Transaction ID : SB17.5700
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Utility Bill	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Comcast		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 115.75 Transaction ID : SB17.5897
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Utilities	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	337.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 113	
	<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. Comcast		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 115.79 Transaction ID : SB17.6085
City Roselle State IL Zip Code 60172	Purpose of Disbursement TV, Internet Utility Bill 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. ComEd		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 154.63 Transaction ID : SB17.5690
City Chicago State IL Zip Code 60680	Purpose of Disbursement Electric Utility 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. ComEd		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 213.45 Transaction ID : SB17.5896
City Chicago State IL Zip Code 60680	Purpose of Disbursement Utilities 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	483.87
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 46 OF 113	
	<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. ComEd		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 200.09 Transaction ID : SB17.6084
City Chicago	State IL	
Zip Code 60680	Purpose of Disbursement Electric Utility Bill	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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 07 / 11 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 559.00 Transaction ID : SB17.5693
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Walkcards	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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 07 / 24 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 1189.00 Transaction ID : SB17.5701
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Walkcards	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1948.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 113			
	<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 09 / 02 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 2679.00 Transaction ID : SB17.6000
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Walk Cards	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 type="checkbox"/> Primary <input checked="" 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 09 / 29 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 4044.00 Transaction ID : SB17.6386
City Oak Brook	State IL	
Zip Code 60523	Purpose of Disbursement Walkcard Design & Print	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Dundee Township Republican Organization		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 303 Churchill Ct.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5874
City Sleepy Hollow	State IL	
Zip Code 60118	Purpose of Disbursement Sponsorship at Picnic	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	7223.00
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 48 OF 113			
	<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. Dupage GOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address PO Box 893		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.6211
City Wheaton	State IL	
Purpose of Disbursement Voter Guide	Category/ Type 003	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Dynamic Marketing Ideas		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6086
City McHenry	State IL	
Purpose of Disbursement Website, E-mail 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) C. FAMILY-PAC FEDERAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 414 N ORLEANS PLAZA #320		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.5697
City CHICAGO	State IL	
Purpose of Disbursement 3 Tickets for Boat Cruise	Category/ Type 007	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1670.00
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 49 OF 113			
	<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. FAMILY-PAC FEDERAL		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 414 N ORLEANS PLAZA #320		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.5895
City CHICAGO State IL Zip Code 60654	Purpose of Disbursement Tickets to Event 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Grunt Style LLC		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 700 Remington Rd		Amount of Each Disbursement this Period 1594.00 Transaction ID : SB17.5703
City Schaumburg State IL Zip Code 60173	Purpose of Disbursement TShirts Category/Type 006	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) C. International Mobile Ad Technology Ltd		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 505 Depot St POB 298		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5911
City Mazon State IL Zip Code 60444	Purpose of Disbursement Google Mobile 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	4454.00
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 50 OF 113	
	<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. International Mobile Ad Technology Ltd		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 505 Depot St POB 298		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6329
City Mazon State IL Zip Code 60444	Purpose of Disbursement Google Advertising 004 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 type="checkbox"/> Primary <input checked="" 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. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 29.99 Transaction ID : SB17.5721
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Linked In Subscription 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 type="checkbox"/> Primary <input checked="" 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. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.5719
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Jotform Monthly 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 type="checkbox"/> Primary <input checked="" 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).....	2539.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 113			
	<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 M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 53.88
City Schaumburg State IL Zip Code 60194	Transaction ID : SB17.6553	
Purpose of Disbursement In-kind - Go Daddy	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 75.00
City Schaumburg State IL Zip Code 60194	Transaction ID : SB17.6531	
Purpose of Disbursement In-kind - allocation of cellphone expenses to campaign	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 4.99
City Schaumburg State IL Zip Code 60194	Transaction ID : SB17.6541	
Purpose of Disbursement In-kind - Homestead website fee	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

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 52 OF 113	
	<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 07 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 30.00
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact	
Candidate Name	Category/Type	Transaction ID : SB17.6547
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 1320.93
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimburse	
Candidate Name	Category/Type	Transaction ID : SB17.5857
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	001	
State: IL District: 08		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 4333 Amon Carter Boulevard, MD 567		Amount of Each Disbursement this Period 735.80
City Fort Worth State TX Zip Code 76155	Purpose of Disbursement Airplane Ticket to Wash DC	
Candidate Name	Category/Type	Transaction ID : SB17.5857.0 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	002	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	1350.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 113	
	<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. Staples		Date of Disbursement MM / DD / YYYY 07 / 12 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period 647.27
City Elgin State IL Zip Code 60177	Purpose of Disbursement Flyers for Meet & Greet	
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.5857.3 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period 333.79
City Elgin State IL Zip Code 60177	Purpose of Disbursement Flyers for Meet & Greet	
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.5857.4 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 647.27
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursements Phone & Promo Materials	
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.5870
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	647.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 113	
	<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. Staples		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period 944.76 Transaction ID : SB17.5870.2
City Elgin State IL Zip Code 60177	Purpose of Disbursement 3000 Magnets, 2500 Sticky Notes for Walking Cards Category/Type 001	
Candidate Name KAIFESH FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 944.01 Transaction ID : SB17.5898
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursement Meet & Greet & Promo Shirts Category/Type 003	
Candidate Name KAIFESH FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Village Pizza & Pub		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 2496 Randall Rd		Amount of Each Disbursement this Period 354.76 Transaction ID : SB17.5898.0
City Elgin State IL Zip Code 60118	Purpose of Disbursement Meet & Greet Food Category/Type 003	
Candidate Name KAIFESH FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	944.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 113	
	<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. Priority Promotions		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 337 E. State St.		Amount of Each Disbursement this Period 589.25 Transaction ID : SB17.5898.1
City Sycamore State IL Zip Code 60178	Purpose of Disbursement Promotional TShirts Category/Type 003	
Candidate Name KAIFESH FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 257.00 Transaction ID : SB17.5905
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursement Banquet Expense Category/Type 003	
Candidate Name KAIFESH FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. L'Eiffel Bistrot		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 100 W Higgins Rd		Amount of Each Disbursement this Period 257.00 Transaction ID : SB17.5905.0
City South Barrington State IL Zip Code 60010	Purpose of Disbursement Reimbursement Banquet Expense Category/Type 003	
Candidate Name KAIFESH FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	257.00
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 56 OF 113			
	<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 M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.6537
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Jotform Monthly Subscription	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 4.99 Transaction ID : SB17.6543
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Homestead website fee	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.6549
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	44.94
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 57 OF 113	
	<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 08 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 75.00
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - allocation of cellphone expenses to campaign	
Candidate Name	Category/Type	Transaction ID : SB17.6533
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 2028.20
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursement for expenses	
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6089
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Hyatt Place		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 2750 Greenspoint Parkway		Amount of Each Disbursement this Period 910.20
City Hoffman Estates State IL Zip Code 60169	Purpose of Disbursement Expenses for Allen West Function	
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6089.0 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2103.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 113	
	<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. Lou Malnati's Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 1 S Roselle Rd		Amount of Each Disbursement this Period 208.60 Transaction ID : SB17.6089.1
City Schaumburg	State IL	
Zip Code 60167	Purpose of Disbursement Pizza dinner with Allen West	[MEMO ITEM]
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period 154.52 Transaction ID : SB17.6089.2
City Elgin	State IL	
Zip Code 60177	Purpose of Disbursement Cards for Flags	[MEMO ITEM]
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Chandler's Chophouse		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 401 N Roselle Rd		Amount of Each Disbursement this Period 754.88 Transaction ID : SB17.6089.3
City Schaumburg	State IL	
Zip Code 60194	Purpose of Disbursement Food for Event	[MEMO ITEM]
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 59 OF 113	
	<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 09 / 29 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 315.57 Transaction ID : SB17.6389
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursements 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 type="checkbox"/> Primary <input checked="" 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 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 2738.80 Transaction ID : SB17.6395
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursements Newspaper Ad & Polling 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Daily Herald		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 155 E Algonquin Rd		Amount of Each Disbursement this Period 1738.80 Transaction ID : SB17.6395.0 [MEMO ITEM]
City Arlington Heights State IL Zip Code 60006	Purpose of Disbursement Half Page Newspaper Ad 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	3054.37
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 60 OF 113	
	<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. Ogden & Fry		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1054 W Fry Street		Amount of Each Disbursement this Period 1000.00
City Chicago	State IL Zip Code 60642	
Purpose of Disbursement Telephone Polling	Category/Type 005	Transaction ID : SB17.6395.1 [MEMO ITEM]
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 184.70
City Schaumburg	State IL Zip Code 60194	
Purpose of Disbursement Reimbursements: Event & Polling	Category/Type 001	Transaction ID : SB17.6404
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 75.00
City Schaumburg	State IL Zip Code 60194	
Purpose of Disbursement In-kind - allocation of cellphone expenses to campaign	Category/Type	Transaction ID : SB17.6535
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	259.70
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 61 OF 113			
	<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 M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.6539
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Jotform Monthly Subscription	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 4.99 Transaction ID : SB17.6545
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Homestead website fee	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.6551
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	64.94
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 62 OF 113			
	<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. Knights of Columbus Streamwood		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 502 S Park Boulevard		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6003
City Streamwood	State IL	
Zip Code 60107	Purpose of Disbursement Sponsorship 5K	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Marquardt & Belmonte LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 311 S. County Farm Rd. Suite I		Amount of Each Disbursement this Period 708.25 Transaction ID : SB17.6412
City Wheaton	State IL	
Zip Code 60187	Purpose of Disbursement Legal Expense	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Marquardt & Belmonte LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 311 S. County Farm Rd. Suite I		Amount of Each Disbursement this Period 253.36 Transaction ID : SB17.6416
City Wheaton	State IL	
Zip Code 60187	Purpose of Disbursement Legal Expense	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1211.61
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 63 OF 113	
	<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. Eileen McNeme		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1240 South Street		Amount of Each Disbursement this Period 636.84 Transaction ID : SB17.6419
City Geneva State IL Zip Code 60134	Purpose of Disbursement Reimbursement Hotel Room 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Hampton Inn		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 901 6th St NW		Amount of Each Disbursement this Period 636.84 Transaction ID : SB17.6419.0 [MEMO ITEM]
City Washington DC State DC Zip Code 20001	Purpose of Disbursement Hotel Room 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Milton Township Republican Central Committee		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 489 Turner Ave		Amount of Each Disbursement this Period 370.00 Transaction ID : SB17.6005
City Glen Ellyn State IL Zip Code 60137	Purpose of Disbursement Dinner Tickets & Ad for Event 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	1006.84
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 64 OF 113			
	<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. Moneris		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		02		2014
M M	/	D D	/	Y Y Y Y									
07		02		2014									
Mailing Address PO Box 59390		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Schaumburg</td> <td>IL</td> <td>60159</td> </tr> </table>		City	State	Zip Code	Schaumburg	IL	60159	<table border="1"> <tr> <td>118.84</td> </tr> </table>		118.84			
City	State	Zip Code											
Schaumburg	IL	60159											
118.84													
Purpose of Disbursement Credit Card Charges		Transaction ID : SB17.5722											
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: IL District: 08													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Moneris		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		04		2014
M M	/	D D	/	Y Y Y Y									
08		04		2014									
Mailing Address PO Box 59390		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Schaumburg</td> <td>IL</td> <td>60159</td> </tr> </table>		City	State	Zip Code	Schaumburg	IL	60159	<table border="1"> <tr> <td>174.67</td> </tr> </table>		174.67			
City	State	Zip Code											
Schaumburg	IL	60159											
174.67													
Purpose of Disbursement Credit Card Charge		Transaction ID : SB17.5913											
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: IL District: 08													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Moneris		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		02		2014
M M	/	D D	/	Y Y Y Y									
09		02		2014									
Mailing Address PO Box 59390		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Schaumburg</td> <td>IL</td> <td>60159</td> </tr> </table>		City	State	Zip Code	Schaumburg	IL	60159	<table border="1"> <tr> <td>87.78</td> </tr> </table>		87.78			
City	State	Zip Code											
Schaumburg	IL	60159											
87.78													
Purpose of Disbursement Credit Card Fee		Transaction ID : SB17.6082											
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: IL District: 08													

SUBTOTAL of Disbursements This Page (optional).....	381.29
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 65 OF 113	
	<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. Nequity Partners		Date of Disbursement MM / DD / YYYY 07 / 05 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.5684
City Glen Ellyn	State IL	
Zip Code 60137	Purpose of Disbursement Media Mngmt 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Nequity Partners		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5688
City Glen Ellyn	State IL	
Zip Code 60137	Purpose of Disbursement Facebook 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Nequity Partners		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5886
City Glen Ellyn	State IL	
Zip Code 60137	Purpose of Disbursement Media Management 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1550.00
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 66 OF 113			
	<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. Nequity Partners		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5887
City Glen Ellyn	State IL	
Purpose of Disbursement Facebook Ads	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Nequity Partners		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5908
City Glen Ellyn	State IL	
Purpose of Disbursement Facebook Ads	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Nequity Partners		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.6087
City Glen Ellyn	State IL	
Purpose of Disbursement Media Management Services, August	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1050.00
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 67 OF 113			
	<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. Nequity Partners		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6290
City Glen Ellyn	State IL	
Purpose of Disbursement Facebook Ads	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Nicor		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO Box 5407		Amount of Each Disbursement this Period 54.27 Transaction ID : SB17.5689
City Carol Stream	State IL	
Purpose of Disbursement Gas Utility Bill	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Nicor		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address PO Box 5407		Amount of Each Disbursement this Period 12.54 Transaction ID : SB17.5699
City Carol Stream	State IL	
Purpose of Disbursement Gas	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	316.81
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 68 OF 113			
	<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. Nicor		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address PO Box 5407		Amount of Each Disbursement this Period 24.33 Transaction ID : SB17.5909
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Utility	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Nicor		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address PO Box 5407		Amount of Each Disbursement this Period 24.33 Transaction ID : SB17.6201
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Gas Utility	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Northwest Suburban Republican Family Picnic		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 1106 N Plum Grove Road 207		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5892
City Schaumburg	State IL	
Zip Code 60173	Purpose of Disbursement Picnic Sponsorship	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	548.66
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 69 OF 113	
	<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. Paypal		M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		14.80
Purpose of Disbursement Paypal charge		Transaction ID : SB17.5628
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 07 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		0.59
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5671
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.75
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5785
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	17.14
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 70 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		7.55	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5783	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		3.20	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5787	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 02 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.75	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5780	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	12.50
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 71 OF 113			
	<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. Paypal			Date of Disbursement MM / DD / YYYY 08 / 04 / 2014		
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 3.20		
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.5789		
Purpose of Disbursement Paypal Charge		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IL	District: 08				

Full Name (Last, First, Middle Initial) B. Paypal			Date of Disbursement MM / DD / YYYY 08 / 05 / 2014		
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 0.59		
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.5791		
Purpose of Disbursement Paypal Charge		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IL	District: 08				

Full Name (Last, First, Middle Initial) c. Paypal			Date of Disbursement MM / DD / YYYY 08 / 06 / 2014		
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 14.80		
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.5793		
Purpose of Disbursement Paypal Charge		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IL	District: 08				

SUBTOTAL of Disbursements This Page (optional).....	18.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 113			
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5795
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 0.46 Transaction ID : SB17.5797
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.05 Transaction ID : SB17.5801
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	4.71
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 73 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5806	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5809	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.92	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5812	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 113			
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.5821
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.5823
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.5826
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	22.65
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 76 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		7.55	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5828	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.78	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5830	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5833	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	9.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 113	
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.5942
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.5944
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 08 / 23 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.5946
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	10.33
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 78 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		4.65
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5948
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		4.65
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5950
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		7.55
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5952
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	16.85
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 79 OF 113			
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.46 Transaction ID : SB17.5954
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.5956
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.46 Transaction ID : SB17.5958
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	10.47
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 80 OF 113			
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.46 Transaction ID : SB17.5960
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.5962
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 4.65 Transaction ID : SB17.5964
City San Jose	State CA	
Purpose of Disbursement Paypal Charge	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	7.14
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 81 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		4.65	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5966	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.46	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5968	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		4.65	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5970	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	10.76
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 82 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.46	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5972	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		4.65	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5934	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.59	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5936	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6.70
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 83 OF 113			
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Paypal Charge	Transaction ID : SB17.5938
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 7.55
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Paypal Charge	Transaction ID : SB17.5940
Candidate Name KAIFESH FOR CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.05
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Paypal Charge	Transaction ID : SB17.5988
Candidate Name KAIFESH FOR CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	16.15
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 84 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.46	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5990	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		4.65	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5993	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		4.65	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5995	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	10.76
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 85 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.46	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.5997	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.24	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6029	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.03	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6031	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3.73
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 86 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.75	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6033	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.62	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6035	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		3.20	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6038	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5.57
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 87 OF 113			
	<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. Paypal		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		29		2014
M M	/	D D	/	Y Y Y Y									
08		29		2014									
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Jose</td> <td>CA</td> <td>95131</td> </tr> </table>		City	State	Zip Code	San Jose	CA	95131	<table border="1"> <tr> <td>3.20</td> </tr> </table>		3.20			
City	State	Zip Code											
San Jose	CA	95131											
3.20													
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6040											
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: IL District: 08													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Paypal		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		29		2014
M M	/	D D	/	Y Y Y Y									
08		29		2014									
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Jose</td> <td>CA</td> <td>95131</td> </tr> </table>		City	State	Zip Code	San Jose	CA	95131	<table border="1"> <tr> <td>29.30</td> </tr> </table>		29.30			
City	State	Zip Code											
San Jose	CA	95131											
29.30													
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6042											
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: IL District: 08													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
c. Paypal		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		30		2014
M M	/	D D	/	Y Y Y Y									
08		30		2014									
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Jose</td> <td>CA</td> <td>95131</td> </tr> </table>		City	State	Zip Code	San Jose	CA	95131	<table border="1"> <tr> <td>3.27</td> </tr> </table>		3.27			
City	State	Zip Code											
San Jose	CA	95131											
3.27													
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6044											
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: IL District: 08													

SUBTOTAL of Disbursements This Page (optional).....	35.77
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 88 OF 113		
	<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. Paypal		Date of Disbursement MM / DD / YYYY 08 / 31 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6046
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Charge 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 29.30 Transaction ID : SB17.6077
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Charge 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6079
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Charge 001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	34.25
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 89 OF 113		
	<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. Paypal		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 6.10 Transaction ID : SB17.6081
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 2.48 Transaction ID : SB17.6140
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Charge Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 6.10 Transaction ID : SB17.6147
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal charge Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	14.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	1.05
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6242
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	14.80
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6244
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	1.03
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6238
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	16.88
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)	PAGE 91 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 13 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		2.48	
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6259	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 09 / 13 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6261	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 09 / 13 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6263	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4.58
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 92 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.75
Purpose of Disbursement Paypal Charge	Category/Type 001	Transaction ID : SB17.6145
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.03
Purpose of Disbursement Paypal Fee	Category/Type 001	Transaction ID : SB17.6271
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.05
Purpose of Disbursement Paypal Fee	Category/Type 001	Transaction ID : SB17.6274
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	3.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		6.10	
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6276	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		3.20	
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6278	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.52	
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6280	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08			

SUBTOTAL of Disbursements This Page (optional).....	10.82
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 94 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		3.20
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6285
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		2.48
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6287
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		0.62
Purpose of Disbursement Paypal Fee		Transaction ID : SB17.6307
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	6.30
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 95 OF 113		
	<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. Paypal		M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	1.03
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6309
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	6.10
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6311
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	7.55
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6318
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	14.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.88	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6357	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.88	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6359	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.75	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6361	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3.51
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 97 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		0.88
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6364
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		6.10
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6366
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		0.88
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6368
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	7.86
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 99 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		9.00
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6376
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.75
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6378
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.03
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6380
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	11.78
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 100 OF 113			
	<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. Paypal		M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		3.20	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6382	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		0.59	
Purpose of Disbursement Paypal Charge		Transaction ID : SB17.6384	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Printing Plus		M M / D D / Y Y Y Y 07 / 05 / 2014	
Mailing Address 205 E Irving Park Road		Amount of Each Disbursement this Period	
City Roselle State IL Zip Code 60172		2574.46	
Purpose of Disbursement Printing		Transaction ID : SB17.5682	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2578.25
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 101 OF 113			
	<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. Printing Plus		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 205 E Irving Park Road		Amount of Each Disbursement this Period 874.81 Transaction ID : SB17.5907
City Roselle State IL Zip Code 60172	Purpose of Disbursement Printing Labels & Emory Boards 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Printing Plus		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 205 E Irving Park Road		Amount of Each Disbursement this Period 182.51 Transaction ID : SB17.6203
City Roselle State IL Zip Code 60172	Purpose of Disbursement Donation Envelopes 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Lauanna Recker		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 256 Huntwyck Ct		Amount of Each Disbursement this Period 26.93 Transaction ID : SB17.6101
City Schaumburg State IL Zip Code 60173	Purpose of Disbursement In-kind - Food for event	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1084.25
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 102 OF 113	
	<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. Schaumburg Township Republican Organizarion		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 408 Jason Lane		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5707
City Schaumburg	State IL	
Zip Code 60173	Purpose of Disbursement Campaign's share of parade expenses	Category/ Type 007
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Schaumburg Township Republican Organizarion		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 408 Jason Lane		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.6202
City Schaumburg	State IL	
Zip Code 60173	Purpose of Disbursement Share of Parade Expenses	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Lisa Shoemaker		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 5210 Malibu Court		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.5686
City McHenry	State IL	
Zip Code 60550	Purpose of Disbursement Website Management	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 103 OF 113	
	<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. Lisa Shoemaker		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 5210 Malibu Court		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5894
City McHenry	State IL	
Purpose of Disbursement Website Maintenance	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) B. Phil Simshauser		Date of Disbursement MM / DD / YYYY 07 / 05 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5685
City Roselle	State IL	
Purpose of Disbursement Campaign Manager	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) c. Phil Simshauser		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5698
City Roselle	State IL	
Purpose of Disbursement Campaign Manager	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
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 104 OF 113			
	<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. Phil Simshauser		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5855
City Roselle State IL Zip Code 60172	Purpose of Disbursement Campaign Manager 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Phil Simshauser		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5903
City Roselle State IL Zip Code 60172	Purpose of Disbursement Campaign Manager 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Phil Simshauser		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.6088
City Roselle State IL Zip Code 60172	Purpose of Disbursement Campaign Management 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	6750.00
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 105 OF 113	
	<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. Phil Simshauser		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.6291
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Campaign Operations	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Phil Simshauser		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 904.70 Transaction ID : SB17.6417
City Roselle	State IL	
Zip Code 60172	Purpose of Disbursement Reimbursement for Community Event	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Staples Online		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 904.70 Transaction ID : SB17.6417.0 [MEMO ITEM]
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Community Event Expense	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	3154.70
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 106 OF 113	
	<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. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.6208
City Cincinnati State OH Zip Code 45280	Purpose of Disbursement Penalty for Late Filing 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. William Bernardoni		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 195 Malibu Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5681
City Romeoville State IL Zip Code 60446	Purpose of Disbursement Retainer 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. William Bernardoni		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 195 Malibu Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5854
City Romeoville State IL Zip Code 60446	Purpose of Disbursement Communications Consulting 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	3200.00
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 107 OF 113	
	<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. William Bernardoni		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 195 Malibu Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5998
City Romeoville	State IL	
Purpose of Disbursement Campaign Communications Director		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
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).....	1500.00
TOTAL This Period (last page this line number only).....	75961.34

**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 108 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Glasder & Associates Inc PC		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 8413 Abbott Ln		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.5708
City Cary State IL Zip Code 60013	Purpose of Disbursement Refund of Corporate Contribution Category/Type 010	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

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

Full Name (Last, First, Middle Initial) 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).....	250.00
TOTAL This Period (last page this line number only).....	250.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

KAIFESH FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Larry Kaifesh

Primary
 General
 Other (specify) ▼

Mailing Address

869 E Schaumburg Rd
#377

City State ZIP Code
Schaumburg IL 60194

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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/10.4621

KAIFESH FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Larry Kaifesh

Primary
 General
 Other (specify) ▼

Mailing Address
869 E Schaumburg Rd
#377

City State ZIP Code
Schaumburg IL 60194

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional)..... 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
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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
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

Nature of Debt (Purpose):
Newspaper Advertisement

Mailing Address 869 E Schaumburg Rd
#377

City State Zip Code
Schaumburg IL 60194

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6415

Amount Incurred This Period

1738.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

1738.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Marquardt & Belmonte LLC

Nature of Debt (Purpose):
Legal Fees

Mailing Address 311 S. County Farm Rd.
Suite I

City State Zip Code
Wheaton IL 60187

Outstanding Balance Beginning This Period

708.25

Transaction ID : SD10.5562

Amount Incurred This Period

0.00

Payment This Period

708.25

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
Fundraising consulting fee

Mailing Address 105 S. York Road
5th floor

City State Zip Code
Elmhurst IL 60126

Outstanding Balance Beginning This Period

1800.00

Transaction ID : SD10.5561

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1800.00

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

	3538.80
	3538.80
	0.00
	3538.80

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.5561

In dispute

Form/Schedule:

Transaction ID: