

**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	

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. 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).....	