

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

KOVACS FOR CONGRESS

ADDRESS (number and street)

9788 GILESPIE ST

STE. 417

Check if different than previously reported. (ACC)

LAS VEGAS

NV

89183

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00784637

3. IS THIS REPORT

Checked box for NEW

NEW (N)

OR

Unchecked box for AMENDED

AMENDED (A)

STATE DISTRICT

NV

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

Checked box for April 15 Quarterly Report (Q1)

Unchecked box for July 15 Quarterly Report (Q2)

Unchecked box for October 15 Quarterly Report (Q3)

Unchecked box for January 31 Year-End Report (YE)

Unchecked box for Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Unchecked box for Primary (12P)

Unchecked box for General (12G)

Unchecked box for Runoff (12R)

Unchecked box for Convention (12C)

Unchecked box for Special (12S)

Election on

MM/DD/YYYY date field

in the State of

State dropdown field

(c) 30-Day POST-Election Report for the:

Unchecked box for General (30G)

Unchecked box for Runoff (30R)

Unchecked box for Special (30S)

Election on

MM/DD/YYYY date field

in the State of

State dropdown field

5. Covering Period

MM/DD/YYYY date field: 01/01/2026

through

MM/DD/YYYY date field: 03/31/2026

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 PHILLIPS, ROBERT, , ,

Signature of Treasurer

PHILLIPS, ROBERT, , ,

Date

MM/DD/YYYY date field: 04/01/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Table with 8 columns and 1 row for Office Use Only.

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**KOVACS FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	0.00	14822.76
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	14822.76
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	0.00	355595.04
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	86.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	0.00	355508.74
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>		
	0.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
	487789.70	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**KOVACS FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	10250.00
(ii) Unitemized.....	0.00	4572.76
(iii) TOTAL of contributions from individuals ▶	0.00	14822.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	14822.76
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	342000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	342000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	86.30
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	356909.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	355595.04
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	355595.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	0.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4354**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 28 / 2021	12/312022		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4355**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item KOVACS, JOHN, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9788 GILESPIE ST STE. 417		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City LAS VEGAS	State NV	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45000.00	0.00	45000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 09 / 2021	M M / D D / Y Y Y Y 12/31/22	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	45000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4351**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22000.00	0.00	22000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 16 / 2021	12/31/22	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	22000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4352**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37000.00	0.00	37000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 02 / 2021	12/31/22	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	37000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4353**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>KOVACS, JOHN, , ,</b>		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9788 GILESPIE ST STE. 417		
City LAS VEGAS	State NV	ZIP Code 89183
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 24 / 2021	M M / D D / Y Y Y Y 12/31/22	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4630**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33000.00	0.00	33000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 06 / 2021	11/08/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	33000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4631**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 26 / 2021	11/08/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4632**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	11 / 10 / 2021	11/08/2022		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	15000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4633**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 9788 GILESPIE ST STE. 417			<input type="checkbox"/> General
City		State	ZIP Code
LAS VEGAS		NV	89183
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	11 / 26 / 2021	11/08/2021	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4446**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	12 / 07 / 2021	12/31/21		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4634**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 9788 GILESPIE ST STE. 417			<input type="checkbox"/> General
City			<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate	
LAS VEGAS	NV 89183		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 12 / 20 / 2021	MM / DD / YYYY 11/08/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	35000.00
<b>TOTALS</b> 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) **Transaction ID : SC/10.4636**  
**KOVACS FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 9788 GILESPIE ST STE. 417			<input type="checkbox"/> General
City			<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate	
LAS VEGAS	NV 89183		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 07 / 2022	12/31/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> 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) Transaction ID : SC/10.4637  
**KOVACS FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item KOVACS, JOHN, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9788 GILESPIE ST STE. 417		
City LAS VEGAS	State NV	ZIP Code 89183 <input checked="" type="checkbox"/> Personal Funds of the Candidate

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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<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 02 / 07 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2022	Interest Rate (If none, enter 0) 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: _____

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4638**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	02 / 15 / 2022	12/31/21	0.00	

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4639**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item KOVACS, JOHN, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9788 GILESPIE ST STE. 417		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City LAS VEGAS	State NV	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 24 / 2022	M M / D D / Y Y Y Y 12/31/22	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	8000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4804**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>KOVACS, JOHN, , ,</b>		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9788 GILESPIE ST STE. 417		
City LAS VEGAS	State NV	ZIP Code 89183
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 08 / 2022	M M / D D / Y Y Y Y 12/31/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4805**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 24 / 2022	12/31/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	12000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4889**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	04 / 13 / 2022	12/31/2022		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4890**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9788 GILESPIE ST			<input type="checkbox"/> Other (specify) ▼
STE. 417			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89183	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	04 / 21 / 2022	12/31/2022		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> 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) **KOVACS FOR CONGRESS** Transaction ID : **SC/10.4891**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022
KOVACS, JOHN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 9788 GILESPIE ST STE. 417			<input type="checkbox"/> General
City LAS VEGAS			<input type="checkbox"/> Other (specify) ▼
State NV	ZIP Code 89183	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

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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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 28 / 2022	M M / D D / Y Y Y Y 12/31/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	342000.00

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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AXIOM STRATEGIES</b>			Nature of Debt (Purpose): GENERAL CONSULTING
Mailing Address 800 W 47TH STREET STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="5000.00"/>	<b>Transaction ID : SD10.4816</b>
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="5000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AXIOM STRATEGIES</b>			Nature of Debt (Purpose): GENERAL CONSULTING
Mailing Address 800 W 47TH STREET STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="5000.00"/>	<b>Transaction ID : SD10.4817</b>
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="5000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AXIOM STRATEGIES</b>			Nature of Debt (Purpose): TRAVEL REIMBURSEMENT
Mailing Address 800 W 47TH STREET STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="114.78"/>	<b>Transaction ID : SD10.4818</b>
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="114.78"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:90%;" type="text" value="10114.78"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:90%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:90%;" type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:90%;" type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AXIOM STRATEGIES</b>			Nature of Debt (Purpose): <b>GENERAL CONSULTING</b>
Mailing Address <b>800 W 47TH STREET STE. 200</b>			
City <b>KANSAS CITY</b>	State <b>MO</b>	Zip Code <b>64112</b>	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	<b>Transaction ID : SD10.4898</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HENRYALAN</b>			Nature of Debt (Purpose): <b>ACCOUNTING AND COMPLIANCE</b>
Mailing Address <b>75 S HIGH STREET</b>			
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4899</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HENRYALAN</b>			Nature of Debt (Purpose): <b>ACCOUNTING AND COMPLIANCE</b>
Mailing Address <b>75 S HIGH STREET</b>			
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : SD10.4900</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="9000.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): ACCOUNTING AND COMPLIANCE SERVICES - HENRYALAN
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 1250.00	Transaction ID : SD10.4360	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): RESEARCH SERVICES - CANNON RESEARCH GROUP
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 6500.00	Transaction ID : SD10.4361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 553.92	Transaction ID : SD10.4362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 553.92

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	8303.92
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

**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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>DIGITAL ADVERTISING - THE PROSPER GROUP</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <b>8100.00</b>	<b>Transaction ID : SD10.4363</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>8100.00</b>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>TRAVEL EXPENSES</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <b>5923.65</b>	<b>Transaction ID : SD10.4364</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>5923.65</b>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>TRAVEL EXPENSES</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <b>3976.32</b>	<b>Transaction ID : SD10.4365</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>3976.32</b>

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<b>17999.97</b>
<b>2) TOTALS</b> This Period (last page this line number only) .....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

**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)

**KOVACS FOR CONGRESS**

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

KOVACS, JOHN, , ,

Nature of Debt (Purpose):

TRAVEL EXPENSES

Mailing Address 9788 GILESPIE ST  
STE. 417

City LAS VEGAS State NV Zip Code 89183

Outstanding Balance Beginning This Period

3778.34

Transaction ID : SD10.4366

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3778.34

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

KOVACS, JOHN, , ,

Nature of Debt (Purpose):

VIDEO PRDUCTION - GARDEN STATE  
VIDEO NORTH

Mailing Address 9788 GILESPIE ST  
STE. 417

City LAS VEGAS State NV Zip Code 89183

Outstanding Balance Beginning This Period

2317.50

Transaction ID : SD10.4368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2317.50

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

KOVACS, JOHN, , ,

Nature of Debt (Purpose):

TRAVEL EXPENSES

Mailing Address 9788 GILESPIE ST  
STE. 417

City LAS VEGAS State NV Zip Code 89183

Outstanding Balance Beginning This Period

892.12

Transaction ID : SD10.4370

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

892.12

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

6987.96

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) .....

**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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): OFFICE RENT
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 375.00	Transaction ID : SD10.4825	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 375.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): RADIO ADVERTISING
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : SD10.4831	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): RADIO ADVERTISING
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 40000.00	Transaction ID : SD10.4832	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	43375.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>OFFICE RENT</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input type="text" value="375.00"/>	<b>Transaction ID : SD10.4824</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="375.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>CUMULUS MEDIA BROADCASTING</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	<b>Transaction ID : SD10.4813</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>TREY TAYLOR MUSIC</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input type="text" value="4000.00"/>	<b>Transaction ID : SD10.4815</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="9375.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>CUMULUS MEDIA BROADCASTING</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input type="text" value="400.00"/>		<b>Transaction ID : SD10.4814</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="400.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>OFFICE RENT</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input type="text" value="375.00"/>		<b>Transaction ID : SD10.4821</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="375.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>FILING FEES</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input type="text" value="300.00"/>		<b>Transaction ID : SD10.4822</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1075.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): INTERNET AND PHONES
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4826</b>	
832.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	832.37	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): OFFICE RENT
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4906</b>	
375.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	375.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): BANNERS
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4902</b>	
2123.77			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2123.77	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3331.14
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

**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)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>CAMPAIGN SIGNS</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input style="width: 90%;" type="text" value="3295.00"/>	<b>Transaction ID : SD10.4904</b>	
Amount Incurred This Period <input style="width: 90%;" type="text" value="0.00"/>	Payment This Period <input style="width: 90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 90%;" type="text" value="3295.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>PAYMENT OF SALARY</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input style="width: 90%;" type="text" value="4500.00"/>	<b>Transaction ID : SD10.4911</b>	
Amount Incurred This Period <input style="width: 90%;" type="text" value="0.00"/>	Payment This Period <input style="width: 90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 90%;" type="text" value="4500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): <b>SALARY PAYMENT REIMBURSEMENT</b>
Mailing Address <b>9788 GILESPIE ST STE. 417</b>			
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89183</b>	

Outstanding Balance Beginning This Period <input style="width: 90%;" type="text" value="4200.00"/>	<b>Transaction ID : SD10.4915</b>	
Amount Incurred This Period <input style="width: 90%;" type="text" value="0.00"/>	Payment This Period <input style="width: 90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 90%;" type="text" value="4200.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 90%;" type="text" value="11995.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width: 90%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width: 90%;" type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width: 90%;" type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**KOVACS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOVACS, JOHN, , ,</b>			Nature of Debt (Purpose): REPAYMENT OF SALARY TO CAMPAIGN MANAGER
Mailing Address 9788 GILESPIE ST STE. 417			
City LAS VEGAS	State NV	Zip Code 89183	

Outstanding Balance Beginning This Period 2183.02	Transaction ID : SD10.4927	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2183.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>REMINGTON RESEARCH GROUP</b>			Nature of Debt (Purpose): TELE-TOWNHALL
Mailing Address 800 W 47TH ST STE 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 3047.92	Transaction ID : SD10.4901	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3047.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE PROSPER GROUP</b>			Nature of Debt (Purpose): DIGITAL ADVERTISING
Mailing Address PO BOX 488			
City GREENWOOD	State IN	Zip Code 46142	

Outstanding Balance Beginning This Period 9879.65	Transaction ID : SD10.4819	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9879.65

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	15110.59
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**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)

**KOVACS FOR CONGRESS**

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

**THE PROSPER GROUP**

Nature of Debt (Purpose):  
DIGITAL ADVERTISING

Mailing Address PO BOX 488

City  
GREENWOOD

State  
IN

Zip Code  
46142

Outstanding Balance Beginning This Period

9121.34

Transaction ID : SD10.4820

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9121.34

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

9121.34

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

145789.70

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

342000.00

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

487789.70