

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

KAIFESH FOR CONGRESS

ADDRESS (number and street)

869 E SCHAUMBURG RD.

#377

Check if different than previously reported. (ACC)

SCHAUMBURG

IL

60194

2. FEC IDENTIFICATION NUMBER ▼

C C00551036

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	634.95	1579.94
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4.85
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	634.95	1575.09
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	1490.50	12701.17
(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)).....	1490.50	12701.17
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	359.99	
<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>	18600.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**KAIFESH FOR CONGRESS**

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

<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).....	500.00	500.00
(ii) Unitemized.....	100.00	1044.99
(iii) TOTAL of contributions from individuals ▶	600.00	1544.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	34.95	34.95
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	634.95	1579.94
<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	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	62.94	62.94
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	697.89	1642.88

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1490.50	12701.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2200.00	4200.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2200.00	4200.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4.85
(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	4.85
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3690.50	16906.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3352.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	697.89
25. SUBTOTAL (add Line 23 and Line 24).....	4050.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3690.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	359.99

**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 13
	<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**

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

Mailing Address 3430 Garlands Lane

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 03 / 2014

**Transaction ID : SA11AI.7014**

Amount of Each Receipt this Period  
300.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan Pardee**

Mailing Address 540 Bellevue Avenue

City State Zip Code  
Newport RI 02840

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

Name of Employer Occupation  
Self Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11AI.7025**

Amount of Each Receipt this Period  
200.00  
Contribution

**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

Amount of Each Receipt this Period

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

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

500.00

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

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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  
19.94

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : SA11D.7029**

Amount of Each Receipt this Period  
9.95  
In-kind - jotforms for credit card processing

**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  
44.94

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11D.7027**

Amount of Each Receipt this Period  
25.00  
In-kind - allocation od cell phone to campaign

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

34.95

34.95

**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 7 OF 13	
	<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) <b>A. CBC Tax &amp; Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 757.00 <b>Transaction ID : SB17.7010</b>
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement Accounting Services Category/Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 115.78 <b>Transaction ID : SB17.7022</b>
City Roselle State IL Zip Code 60172	Purpose of Disbursement Utility Category/Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>c. Dynamic Marketing Ideas</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.7012</b>
City McHenry State IL Zip Code 60050	Purpose of Disbursement Website E-Mailing Category/Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1172.78
<b>TOTAL</b> 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 8 OF 13	
	<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) <b>A. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.7030</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - jofforms for credit card processing	
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>B. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.7028</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - allocation od cell phone to campaign	
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>C.</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	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.95
<b>TOTAL</b> This Period (last page this line number only).....	1207.73



**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 9 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB19A.7018</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Loan Repayment 009 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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>B. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB19A.7019</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Loan Repayment 009 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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>c. Larry Kaifesh</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB19A.7021</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Loan Reimbursement 009 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.00
<b>TOTAL</b> This Period (last page this line number only).....	2200.00

**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/10.4621

**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

15000.00

Cumulative Payment To Date

3200.00

Balance Outstanding at Close of This Period

11800.00

**TERMS**

Date Incurred

02 / 20 / 2014

Date Due

02/21/2015

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

11800.00

**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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Larry Kaifesh</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 869 E Schaumburg Rd #377		
City Schaumburg	State IL	ZIP Code 60194

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

**TERMS**

Date Incurred M: 02 / D: 20 / Y: 2014	Date Due M: / D: / Y: 02/21/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	-------------------------------------	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	16800.00

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  
**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

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) ..... ▶
- 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) ▶

	1800.00
	1800.00
	16800.00
	18600.00

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

Form/Schedule: SD10

Transaction ID : SD10.5561

In dispute

Form/Schedule:

Transaction ID: