

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Anthony Luczkiw  
Signature of Treasurer Anthony Luczkiw *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**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))....	95093.72	217493.21
(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)).....	95093.72	216993.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	50950.75	189473.83
(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)).....	50950.75	189473.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	50669.38	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	23508.25	

**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).....	77547.07	184432.02
(ii) Unitemized.....	8421.65	20731.65
(iii) TOTAL of contributions from individuals ▶	85968.72	205163.67
(b) Political Party Committees.....	500.00	500.00
(c) Other Political Committees (such as PACs).....	8625.00	9625.00
(d) The Candidate.....	0.00	2204.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	95093.72	217493.21
<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	21000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	21000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	150.00	2150.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	95243.72	240643.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50950.75	189473.83
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50950.75	189973.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6376.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	95243.72
25. SUBTOTAL (add Line 23 and Line 24).....	101620.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50950.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50669.38

**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 81
	<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) <b>A. Kenneth Aman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2014
Mailing Address 3600 Winston Dr		<b>Transaction ID : SA11AI.5034</b>
City Hoffman Estates	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00
Name of Employer Retired	Occupation Retired	Contribution 1500.00
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>B. Daniel Asher</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2014
Mailing Address 211 E Chicago Ave #1020		<b>Transaction ID : SA11AI.5049</b>
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2600.00
Name of Employer Kessler/Asher Group	Occupation Investment Bank	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) <b>C. William Bergamini</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2014
Mailing Address 13231 Hidden Valley Dr		<b>Transaction ID : SA11AI.5401</b>
City Homer Glen	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Illco	Occupation President	Contribution 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> 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 6 OF 81
	<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) <b>A. Barai Bharat</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 9903 Twin Creek Blvd.		<b>Transaction ID : SA11AI.5430</b>
City Munster	State IN	
Zip Code 46321		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Premier Oncology Hematology	Occupation Medical Doctor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Cheryl Braico</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address 1918 Cornell Drive		<b>Transaction ID : SA11AI.5003</b>
City New Lenox	State IL	
Zip Code 60451		Amount of Each Receipt this Period 2599.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2599.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Braico</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address 1918 Cornell Dr		<b>Transaction ID : SA11AI.5004</b>
City New Lenox	State IL	
Zip Code 60451		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Ernst & Young	Occupation Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6699.00
<b>TOTAL</b> 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 7 OF 81
	<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)  
**Jeffrey Brincat**

Mailing Address 620 Lake Road

City Lake Forest State IL Zip Code 60045

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

Name of Employer Consumer Financial Services Co Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2014

**Transaction ID : SA11AI.5051**

Amount of Each Receipt this Period  
2600.00  
Contribution

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

Mailing Address 128 S. Staffire Drive

City Schaumburg State IL Zip Code 60193

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

Name of Employer Mettler Toledo Occupation Sales Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
233.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.5176**

Amount of Each Receipt this Period  
125.00  
Contribution

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

Mailing Address 8 Blanchard Circle

City S Barrington State IL Zip Code 60010

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

Name of Employer Bison Gear & Engineering Corp Occupation Manufacturer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : SA11AI.4998**

Amount of Each Receipt this Period  
2600.00  
Contribution

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

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

5325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 81
	<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)  
**Jeffrey Burns**

Mailing Address 462 E Kaibab Place

City Chandler State AZ Zip Code 85249

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

Name of Employer Banner Health Occupation Human Resources

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.5038**

Amount of Each Receipt this Period  
 2600.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Brian Bushy**

Mailing Address 152 Lake Shore Dr

City Carpentersville State IL Zip Code 60110

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

Name of Employer Alta Equipment Company Occupation Sales Rep

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2621.30

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 21 / 2014

**Transaction ID : SA11AI.5551**

Amount of Each Receipt this Period  
 21.30

In-kind - Office Supplies

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

Mailing Address 2807 Odlum Drive

City Scahumburg State IL Zip Code 60194

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  
325.00

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

**Transaction ID : SA11AI.5243**

Amount of Each Receipt this Period  
 125.00

Contribution

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

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

2746.30



**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 81
	<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)  
**Kevin Chwala**

Mailing Address 10365 Church Rd

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
Omni Containment Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.5436**

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Anna Coester**

Mailing Address 34007 Pearl St

City State Zip Code  
Kirkland IL 60146

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

Name of Employer Occupation  
Enara Day Spa Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3769.60

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.5506**

Amount of Each Receipt this Period  
669.60

In-kind - T-Shirts

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

Mailing Address 34007 Pearl St

City State Zip Code  
Kirkland IL 60146

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

Name of Employer Occupation  
Enara Day Spa Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3795.10

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2014

**Transaction ID : SA11AI.5502**

Amount of Each Receipt this Period  
25.50

In-kind - Supplies Dollar General Store for Parade

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

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

1695.10

**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 81
	<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)  
**Anna Coester**

Mailing Address 34007 Pearl St

City: Kirkland State: IL Zip Code: 60146

FEC ID number of contributing federal political committee: C

Name of Employer: Enara Day Spa Occupation: Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4042.30

Date of Receipt: 06 / 16 / 2014

**Transaction ID : SA11AI.5508**

Amount of Each Receipt this Period: 247.20

In-kind - USA Flags

**B.** Full Name (Last, First, Middle Initial)  
**Anna Coester**

Mailing Address 34007 Pearl St

City: Kirkland State: IL Zip Code: 60146

FEC ID number of contributing federal political committee: C

Name of Employer: Enara Day Spa Occupation: Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4656.66

Date of Receipt: 06 / 19 / 2014

**Transaction ID : SA11AI.5510**

Amount of Each Receipt this Period: 614.36

In-kind - Copies

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

Mailing Address 34007 Pearl St

City: Kirkland State: IL Zip Code: 60146

FEC ID number of contributing federal political committee: C

Name of Employer: Enara Day Spa Occupation: Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4769.72

Date of Receipt: 06 / 22 / 2014

**Transaction ID : SA11AI.5500**

Amount of Each Receipt this Period: 113.06

In-kind - Paint Supplies Menards for Office

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

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

974.62

**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 81
	<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)  
**Anna Coester**

Mailing Address 34007 Pearl St

City: Kirkland State: IL Zip Code: 60146

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

Name of Employer: Enara Day Spa Occupation: Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5128.30

Date of Receipt: 06 / 24 / 2014

**Transaction ID : SA11AI.5504**

Amount of Each Receipt this Period: 358.58

In-kind - Staples Office Supplies

**B.** Full Name (Last, First, Middle Initial)  
**Randy Coester**

Mailing Address 34007 Pearl St

City: Carpentersville State: IL Zip Code: 60146

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

Name of Employer: Retired Occupation: Retired Carpenter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2550.42

Date of Receipt: 06 / 20 / 2014

**Transaction ID : SA11AI.5531**

Amount of Each Receipt this Period: 45.42

In-kind - Parade Supplies

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

Mailing Address 34007 Pearl St

City: Carpentersville State: IL Zip Code: 60146

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

Name of Employer: Retired Occupation: Retired Carpenter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2569.84

Date of Receipt: 06 / 20 / 2014

**Transaction ID : SA11AI.5540**

Amount of Each Receipt this Period: 19.42

In-kind - Food

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

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

423.42

**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 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. Randy Coester</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 34007 Pearl St		<b>Transaction ID : SA11AI.5542</b>
City Carpentersville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 232.14
Name of Employer Retired	Occupation Retired Carpenter	In-kind - Cards for Parade
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2801.98	

Full Name (Last, First, Middle Initial) <b>B. Randy Coester</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 34007 Pearl St		<b>Transaction ID : SA11AI.5597</b>
City Carpentersville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.42
Name of Employer Retired	Occupation Retired Carpenter	In-kind - Office Supplies
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2821.40	

Full Name (Last, First, Middle Initial) <b>C. Randy Coester</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 34007 Pearl St		<b>Transaction ID : SA11AI.5529</b>
City Carpentersville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 307.18
Name of Employer Retired	Occupation Retired Carpenter	In-kind - Walking Cards
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3128.58	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	558.74
<b>TOTAL</b> 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 81
	<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)  
**Randy Coester**

Mailing Address 34007 Pearl St

City Carpentersville State IL Zip Code 60146

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

Name of Employer Retired Occupation Retired Carpenter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3218.17**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : SA11AI.5534**

Amount of Each Receipt this Period  
**89.59**  
 In-kind - Subway Sandwiches for volunteers

**B.** Full Name (Last, First, Middle Initial)  
**Randy Coester**

Mailing Address 34007 Pearl St

City Carpentersville State IL Zip Code 60146

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

Name of Employer Retired Occupation Retired Carpenter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3378.45**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.5536**

Amount of Each Receipt this Period  
**160.28**  
 In-kind - Office Cleaner

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

Mailing Address 34007 Pearl St

City Carpentersville State IL Zip Code 60146

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

Name of Employer Retired Occupation Retired Carpenter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4043.99**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.5538**

Amount of Each Receipt this Period  
**665.54**  
 In-kind - Information Cards

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

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

**915.41**

**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 81
	<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) <b>Jordan Condo</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 333 Harrison Street		<b>Transaction ID : SA11AI.4992</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Contribution	
Name of Employer Uber	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Cristov Dosev</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1725 Whaley Ave		<b>Transaction ID : SA11AI.5474</b>
City Pensacola	State FL	Zip Code 32503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Contribution	
Name of Employer Mardoc Management LLC	Occupation Developer	
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>Robert Fallon</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 20933 Laurel Drive		<b>Transaction ID : SA11AI.5303</b>
City Deer Park	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 Contribution	
Name of Employer Self-employed	Occupation Sales	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 15 OF 81
	<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)  
**Robert Fallon**

Mailing Address 20933 Laurel Drive

City State Zip Code  
Deer Park IL 60010

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

Name of Employer Occupation  
Self-employed Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.5463**

Amount of Each Receipt this Period  
1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Sig Feiger**

Mailing Address 4545 W Touhy  
Apt 718

City State Zip Code  
Lincolnwood IL 60712

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

Name of Employer Occupation  
Crawford Supply Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.5403**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

Mailing Address 2314 N Cambridge Ave

City State Zip Code  
Chicago IL 60614

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

Name of Employer Occupation  
Crawford Supply 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  
06 / 18 / 2014

**Transaction ID : SA11AI.5406**

Amount of Each Receipt this Period  
500.00  
Contribution

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

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

2500.00

**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 16 OF 81
	<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) <b>A. Jay Franke</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2014
Mailing Address 65 E Goethe 3W		<b>Transaction ID : SA11AI.5046</b>
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Self	Occupation Arts Director/Producer	Reattribute: Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00	

Full Name (Last, First, Middle Initial) <b>B. Freedom And Security PAC</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2014
Mailing Address 228 S Washington St Ste 115		<b>Transaction ID : SA11AI.5001</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C C00437061		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	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>C. John Glass</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2014
Mailing Address 55 S River Street		<b>Transaction ID : SA11AI.5251</b>
City Aurora	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Illco Inc	Occupation CEO	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<b>TOTAL</b> 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 81
	<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  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2014

**Transaction ID : SA11AI.5180**

Amount of Each Receipt this Period  
125.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Heksh**

Mailing Address 4545 West Touhy Ave  
709

City State Zip Code  
Lincolnwood IL 60712

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

Name of Employer Occupation  
Crawford Supply COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.5405**

Amount of Each Receipt this Period  
500.00  
Contribution

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

Mailing Address 65 E Goethe 3W

City State Zip Code  
Chicago IL 60610

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

Name of Employer Occupation  
Harris INV Mgmt

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2014

**Transaction ID : SA11AI.5042**

Amount of Each Receipt this Period  
5000.00  
Contribution

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

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

5625.00

**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 18 OF 81
	<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) <b>David Herro</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2014
Mailing Address 65 E Goethe 3W		<b>Transaction ID : SA11AI.5045</b>
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2400.00
Name of Employer Harris	Occupation INV Mgmt	Reattribute: Contribution
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>Stan Hickrod</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2014
Mailing Address 2010 Sleepy Hollow Road		<b>Transaction ID : SA11AI.5238</b>
City Sleepy Hollow	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Twin Pines	Occupation President	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>Richard Hicks</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 451 MacBain Way		<b>Transaction ID : SA11AI.5314</b>
City Inverness	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IBM	Occupation Sales Executive	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	-1150.00
<b>TOTAL</b> 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 19 OF 81  
(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)  
**Ryan Higgins**

Mailing Address 1106 N Plum Grove Rd  
207

City State Zip Code  
Schaumburg IL 60173

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

Name of Employer Occupation  
McDermott Will & Energy LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.5478**

Amount of Each Receipt this Period  
 Contribution 375.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Hofherr**

Mailing Address 320 Norman Ct

City State Zip Code  
Des Plaines IL 60016

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

Name of Employer Occupation  
Retired Retired businessman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : SA11AI.5324**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 4650 S Hillview Drive

City State Zip Code  
New Berlin WI 53146

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

Name of Employer Occupation  
Aro Lock & Door Co Inc Locksmith

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5432**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1875.00

**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 20 OF 81
	<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) <b>A. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11AI.5573</b>	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23244.48		
		Amount of Each Receipt this Period 4.99 In-kind - Website Fee	

Full Name (Last, First, Middle Initial) <b>B. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11AI.5593</b>	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23254.43		
		Amount of Each Receipt this Period 9.95 In-kind - Jot-Form	

Full Name (Last, First, Middle Initial) <b>C. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11AI.5591</b>	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23274.43		
		Amount of Each Receipt this Period 20.00 In-kind - Constant Contact	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.94
<b>TOTAL</b> 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 21 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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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  
23329.43

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : SA11AI.5579**

Amount of Each Receipt this Period  
55.00

In-kind - allocation of cell phone expense 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  
23334.42

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

**Transaction ID : SA11AI.5575**

Amount of Each Receipt this Period  
4.99

In-kind - 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  
23344.37

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2014

**Transaction ID : SA11AI.5571**

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).....

69.94

**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 22 OF 81
	<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) <b>A. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11AI.5589</b>	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23369.37		
		Amount of Each Receipt this Period 25.00 In-kind - Constant Contact	

Full Name (Last, First, Middle Initial) <b>B. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11AI.5581</b>	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23424.37		
		Amount of Each Receipt this Period 55.00 In-kind - allocation of cell phone expense to campaign	

Full Name (Last, First, Middle Initial) <b>C. Larry Kaifesh</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 869 E Schaumburg Rd #377		<b>Transaction ID : SA11AI.5577</b>	
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23429.36		
		Amount of Each Receipt this Period 4.99 In-kind - Website Fee	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.99
<b>TOTAL</b> 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 81
	<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  
23431.36

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2014

**Transaction ID : SA11AI.5587**

Amount of Each Receipt this Period  
2.00

In-kind - Constant Contact

**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  
23441.31

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : SA11AI.5595**

Amount of Each Receipt this Period  
9.95

In-kind - Jotform

**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  
23476.17

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

**Transaction ID : SA11AI.5553**

Amount of Each Receipt this Period  
34.86

In-kind - Coffee for meet and greet event

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

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

46.81

**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 81
	<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  
23491.11

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

**Transaction ID : SA11AI.5555**

Amount of Each Receipt this Period  
14.94

In-kind - Office Key

**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  
23521.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period  
30.00

In-kind - Constant Contact

**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  
23576.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5583**

Amount of Each Receipt this Period  
55.00

In-kind - allocation of cell phone expense to campaign

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

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

99.94



**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 25 OF 81
	<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) <b>Tina Kaifesh</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2014
Mailing Address 406 N Warwick		<b>Transaction ID : SA11AI.5266</b>
City Westmont	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Retired	Occupation Retired	Contribution 3100.00
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>Tina Kaifesh</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 406 N Warwick		<b>Transaction ID : SA11AI.5322</b>
City Westmont	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Retired	Occupation Retired	Contribution 3200.00
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>Tina Kaifesh</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 406 N Warwick		<b>Transaction ID : SA11AI.5323</b>
City Westmont	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00
Name of Employer Retired	Occupation Retired	Contribution 3250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 26 OF 81
	<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)  
**Michael Keiser**

Mailing Address 2450 N Lakeview Avenue

City Chicago State IL Zip Code 60614

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

Name of Employer Bandon Dunes Golf Resort 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  
 06 / 11 / 2014

**Transaction ID : SA11AI.5288**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 1775 Prestwick Dr

City Inverness State IL Zip Code 60067

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

Name of Employer Northwest Community Hospital Occupation MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5404**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 1124 Lancaster Ave

City Elk Grove Village State IL Zip Code 60007

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

Name of Employer Thulin and Associates Occupation Owner/Tax Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.5233**

Amount of Each Receipt this Period  
 Contribution 250.00

**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 27 OF 81
	<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)  
**Harry Langer**

Mailing Address 2350 Dorina Dr

City Northfield State IL Zip Code 60093

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

Name of Employer Retired Occupation Self

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11AI.5483**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Joyce Langer**

Mailing Address 2350 Dorina Dr

City Northfield State IL Zip Code 60093

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  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11AI.5484**

Amount of Each Receipt this Period  
 2400.00  
 Contribution

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

Mailing Address 1312 Galloway Dr

City Woodstock State IL Zip Code 60098

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

Name of Employer AFC Occupation RN

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  
 06 / 18 / 2014

**Transaction ID : SA11AI.5311**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

5250.00

**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 81
	<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)  
**Karen Madonia**

Mailing Address 536 Flock

City Naperville State IL Zip Code 60565

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

Name of Employer Illco Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5402**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Vito Maurici**

Mailing Address 3020 Westminster Ave

City Dallas State TX Zip Code 75205

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

Name of Employer NJOY Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5468**

Amount of Each Receipt this Period  
 Contribution 300.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5429**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 29 OF 81  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Deanne Mazzochi**

Mailing Address 156 S Sunnyside Ave

City Elmhurst State IL Zip Code 60126

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

Name of Employer RMMS LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.5060**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Merrick**

Mailing Address 9 Elle Ct

City South Barrington State IL Zip Code 60110

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

Name of Employer CTI Industries Corp Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5230**

Amount of Each Receipt this Period  
 Contribution 500.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5461**

Amount of Each Receipt this Period  
 Contribution 200.00

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

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

1700.00

**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 30 OF 81
	<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)  
**Michael Miller**

Mailing Address **PO Box 363**

City **Barrington** State **IL** Zip Code **60011**

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

Name of Employer **Michael J Miller Jewelry** Occupation **Jeweler**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

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

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period  
**1000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Nicola Morgan**

Mailing Address **4420 Jonathan Street**

City **Bellaire** State **TX** Zip Code **77401**

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

Name of Employer **NA** Occupation **Home Maker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2014**

**Transaction ID : SA11AI.5293**

Amount of Each Receipt this Period  
**200.00**

Contribution

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

Mailing Address **29 River Ridge Dr**

City **Sleepy Hollow** State **IL** Zip Code **60118**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7800.00**

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

**Transaction ID : SA11AI.5064**

Amount of Each Receipt this Period  
**5200.00**

Contribution

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

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

**6400.00**

**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 81
	<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)  
**Leah Naber**

Mailing Address 29 River Ridge Dr

City State Zip Code  
Sleepy Hollow IL 60118

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  
5200.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2014

**Transaction ID : SA11AI.5066**

Amount of Each Receipt this Period  
-2600.00

Reattribute: Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Lowell Naber Jr**

Mailing Address 29 River Ridge Dr

City State Zip Code  
Sleepy Hollow IL 60118

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

Name of Employer Occupation  
Kinney Electrical Mfg Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2014

**Transaction ID : SA11AI.5067**

Amount of Each Receipt this Period  
2600.00

Reattribute: Contribution

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

Mailing Address 161 N Clark Ste 4200

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
Polsinelli Law Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2014

**Transaction ID : SA11AI.5169**

Amount of Each Receipt this Period  
300.00

Contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 32 OF 81  
(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)  
**Marc Niketas**

Mailing Address 3720 Hibbs Street

City State Zip Code  
Plano TX 75025

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

Name of Employer Occupation  
Sans Institute Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 28 2014

**Transaction ID : SA11AI.5423**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Vasilios Niketas**

Mailing Address 712 Mountain Park Dr

City State Zip Code  
Birmingham AL 35213

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

Name of Employer Occupation  
Aggregates USA CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 19 2014

**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Benjamin O'Rourke**

Mailing Address 4040 Via Solano

City State Zip Code  
Palos Verdes Estates CA 90274

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

Name of Employer Occupation  
Plex Systems Inc Sales 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  
 06 29 2014

**Transaction ID : SA11AI.5427**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1500.00



**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 81
	<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) <b>A. Scott Olson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 94 Flint Dr		<b>Transaction ID : SA11AI.5421</b>
City Lake Barrington	State IL	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Self	Occupation Windows & Exteriors by Olson	Contribution 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Pardee</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 540 Bellevue Avenue		<b>Transaction ID : SA11AI.5455</b>
City Newport	State RI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 250.00
Name of Employer Self	Occupation Marketing	Contribution 700.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>C. Jimmy Pearson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 12263 Bridgewater Rd		<b>Transaction ID : SA11AI.5161</b>
City Indianapolis	State IN	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Nico Corp	Occupation CEO	Contribution 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00

**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 81
	<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 Porter**

Mailing Address 300 N La Salle Dr Ste 24

City Chicago State IL Zip Code 60654

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

Name of Employer Kirkland & Ellis LLP Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : SA11AI.5006**

Amount of Each Receipt this Period  
Contribution 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Johnathan Radke**

Mailing Address 136 Skyline Dr

City Carpentersville State IL Zip Code 60110

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

Name of Employer Anchor Mechanical Inc Occupation Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : SA11AI.5054**

Amount of Each Receipt this Period  
Contribution 100.00

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

Mailing Address 36 Brinker Rd

City Barrington Hills State IL Zip Code 60010

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

Name of Employer Otto Engineer Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : SA11AI.5422**

Amount of Each Receipt this Period  
Contribution 2600.00

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

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

4700.00

**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 35 OF 81
	<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 **3400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11AI.5009**

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

**B.** 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 **3422.86**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 24 / 2014**

**Transaction ID : SA11AI.5563**

Amount of Each Receipt this Period  
**22.86**  
 In-kind - Promotional Materials

**C.** 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 **3722.86**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : SA11AI.5457**

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

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

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

**622.86**

**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 81
	<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) <b>A. Beverly Schwan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 27 Watergate		<b>Transaction ID : SA11AI.5560</b>	
City South Barrington	State IL	Zip Code 60010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer None	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. John Schwan</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 27 Watergate		<b>Transaction ID : SA11AI.5011</b>	
City South Barrington	State IL	Zip Code 60010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer CTI Industries	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>C. John Schwan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 27 Watergate		<b>Transaction ID : SA11AI.5247</b>	
City South Barrington	State IL	Zip Code 60010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CTI Industries	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> 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 37 OF 81
	<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 Schwan**

Mailing Address 27 Watergate

City South Barrington State IL Zip Code 60010

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

Name of Employer CTI Industries Occupation CEO

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  
 06 / 06 / 2014

**Transaction ID : SA11AI.5559**

Amount of Each Receipt this Period  
-400.00

Reattribute: Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Roy Seitz**

Mailing Address 5373 E Lake Rd

City Sheffield Lake State OH Zip Code 44054

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

Name of Employer Self Occupation Physician/Military

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
300.00

Contribution

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

Mailing Address 11011 Bertsum Lane

City Woodstock State IL Zip Code 60098

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

Name of Employer None Occupation 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  
 06 / 18 / 2014

**Transaction ID : SA11AI.5312**

Amount of Each Receipt this Period  
500.00

Contribution

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

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

400.00

**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 38 OF 81
	<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) <b>A. William Shanahan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 20342 Tanager Pl		<b>Transaction ID : SA11AI.5419</b>	
City Leesburg	State VA	Zip Code 20175	Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dept of Commerce	Occupation Attorney		
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>B. Stephen Sheaffer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 9400 Jupiter Drive		<b>Transaction ID : SA11AI.5297</b>	
City Anchorage	State AK	Zip Code 99507	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kerr McVey Sheaffer CPA	Occupation CPA		
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>C. Allen Skillicorn</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 245 Dundridge Circle		<b>Transaction ID : SA11AI.5265</b>	
City East Dundee	State IL	Zip Code 60118	Amount of Each Receipt this Period Contribution 275.00
FEC ID number of contributing federal political committee. C			
Name of Employer Power Electronics Intl	Occupation Marketing Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 39 OF 81  
(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)  
**Joan Stade**

Mailing Address 60 Baybrook Ln

City State Zip Code  
Oak Brook IL 60523

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  
 05 / 01 / 2014

**Transaction ID : SA11AI.5033**

Amount of Each Receipt this Period  
 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Alexander Stuart**

Mailing Address 506 North Washington Rd

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Sheridan Road Financial Srvs President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.5315**

Amount of Each Receipt this Period  
 2500.00

Contribution

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

Mailing Address 1304 Hawthorne Lane

City State Zip Code  
Hinsdale IL 60521

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  
1000.00

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

**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 81  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Helen West**

Mailing Address 8180 E Brookdale Lane

City Anaheim Hills State CA Zip Code 92807

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

Name of Employer Self Occupation Business Development Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 08 / 2014**

**Transaction ID : SA11AI.5055**

Amount of Each Receipt this Period  
**100.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Christina Whitwell**

Mailing Address 11N025 Lukens Rd

City Sycamore State IL Zip Code 60178

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.5485**

Amount of Each Receipt this Period  
**2600.00**

Contribution

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

Mailing Address 11N025 Lukens Rd

City Sycamore State IL Zip Code 60178

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

Name of Employer Batavia Middle School Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.5487**

Amount of Each Receipt this Period  
**2600.00**

Contribution

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

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

**5300.00**

**77547.07**



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

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

FOR LINE NUMBER: PAGE 41 OF 81  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**John Ericsson Republican League of Illinois**

Mailing Address **PO Box 642**

City **Elgin** State **IL** Zip Code **60121**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : SA11B.5477**

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 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).....

**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 42 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**ALLEN WEST GUARDIAN FUND**

Mailing Address 2140 THREE M TRAIL

City DELAND State FL Zip Code 32720

FEC ID number of contributing federal political committee. **C** C00493221

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  
 05 / 28 / 2014

**Transaction ID : SA11C.5185**

Amount of Each Receipt this Period  
 Contribution 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Supply Association PAC**

Mailing Address 1200 N Arlington Heights Suite 150

City Itasca State IL Zip Code 60143

FEC ID number of contributing federal political committee. **C** C00166074

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  
 04 / 22 / 2014

**Transaction ID : SA11C.5010**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Nick Sauer**

Mailing Address PO Box 252

City Fox River Grove State IL Zip Code 60021

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.5246**

Amount of Each Receipt this Period  
 Contribution 125.00

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

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

5625.00

**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 43 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**Hultgren for Congress**

Mailing Address P.O. Box 717

City State Zip Code  
St. Charles IL 60174

FEC ID number of contributing federal political committee. **C** C00467522

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : SA11C.5037**

Amount of Each Receipt this Period  
2000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**National Roofing Contractors Association PAC**

Mailing Address 10255 W Higgins Rd  
No. 600

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

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  
06 / 25 / 2014

**Transaction ID : SA11C.5482**

Amount of Each Receipt this Period  
1000.00  
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 Y

Amount of Each Receipt this Period

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

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

3000.00

8625.00

**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 44 OF 81	
	<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. 610 Irving LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 503 N Marion St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5080</b>
City Oak Park	State IL	
Purpose of Disbursement Rent	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. 610 Irving LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 503 N Marion St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5093</b>
City Oak Park	State IL	
Purpose of Disbursement Rent	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. 610 Irving LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 503 N Marion St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5109</b>
City Oak Park	State IL	
Purpose of Disbursement Rent	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).....	3000.00
<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 45 OF 81			
	<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. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period \$ 3.04 <b>Transaction ID : SB17.5134</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card fees	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. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period \$ 7.95 <b>Transaction ID : SB17.5135</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period \$ 5.93 <b>Transaction ID : SB17.5136</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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).....	\$ 16.93
<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 46 OF 81			
	<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. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 14.60 <b>Transaction ID : SB17.5137</b>
City Mt Prospect	State IL	
Purpose of Disbursement Credit card Fees		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. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 0.87 <b>Transaction ID : SB17.5139</b>
City Mt Prospect	State IL	
Purpose of Disbursement Credit Card Fees		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. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.5141</b>
City Mt Prospect	State IL	
Purpose of Disbursement Credit Card Fees		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).....	23.42
<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 47 OF 81	
	<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. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 0.44 <b>Transaction ID : SB17.5140</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.5345</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 18.36 <b>Transaction ID : SB17.5346</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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).....	26.75
<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 48 OF 81	
	<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. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 29.05 <b>Transaction ID : SB17.5347</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 29.05 <b>Transaction ID : SB17.5488</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 75.29 <b>Transaction ID : SB17.5489</b>
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Credit Card Fees	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).....	133.39
<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 49 OF 81	
	<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 04 / 14 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 2062.50 <b>Transaction ID : SB17.5082</b>
City Rolling Meadows	State IL Zip Code 60008	
Purpose of Disbursement Accounting	001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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. CBC Tax &amp; Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 1575.00 <b>Transaction ID : SB17.5096</b>
City Rolling Meadows	State IL Zip Code 60008	
Purpose of Disbursement Accounting	001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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. CBC Tax &amp; Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 937.50 <b>Transaction ID : SB17.5108</b>
City Rolling Meadows	State IL Zip Code 60008	
Purpose of Disbursement Accounting Services	001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4575.00
<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 50 OF 81	
	<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. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 662.49 <b>Transaction ID : SB17.5022</b>
City Kirkland	State IL	
Purpose of Disbursement Reimbursement for t-shirt purchase		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. Priority Promotions</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014
Mailing Address 337 E. State St.		Amount of Each Disbursement this Period 662.49 <b>Transaction ID : SB17.5022.0</b>
City Sycamore	State IL	
Purpose of Disbursement T-shirts		Category/ Type 003
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>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 662.49 <b>Transaction ID : SB17.5118</b>
City Kirkland	State IL	
Purpose of Disbursement Office Supplies		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).....	662.49
<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 51 OF 81			
	<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. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period 133.29
City Elgin	State IL	
Purpose of Disbursement Staples Magnets	Category/ Type 001	Transaction ID : SB17.5118.0  [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>B. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 173.98
City Kirkland	State IL	
Purpose of Disbursement Reimbursement for Office Supplies	Category/ Type 001	Transaction ID : SB17.5123  [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>c. Walmart</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 1050 N Rohlwing Rd		Amount of Each Disbursement this Period 51.19
City Addison	State IL	
Purpose of Disbursement Offices supplies	Category/ Type 001	Transaction ID : SB17.5123.1  [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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	173.98
<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 52 OF 81	
	<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. Walmart</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014
Mailing Address 1050 N Rohlwing Rd		Amount of Each Disbursement this Period 49.02
City Addison	State IL Zip Code 60101	
Purpose of Disbursement Router	Category/Type 001	Transaction ID : SB17.5123.2  [MEMO ITEM]
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>B. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 669.60
City Kirkland	State IL Zip Code 60146	
Purpose of Disbursement In-kind - T-Shirts	Category/Type 001	Transaction ID : SB17.5507
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>c. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 497.18
City Kirkland	State IL Zip Code 60146	
Purpose of Disbursement Office Supplies	Category/Type 001	Transaction ID : SB17.5348
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1166.78
<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 53 OF 81	
	<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. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 432 Randall Road		Amount of Each Disbursement this Period -29.04
City Elgin	State IL	
Zip Code 60177	Purpose of Disbursement Refund	Transaction ID : SB17.5348.0
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 7151 Walton St		Amount of Each Disbursement this Period 93.40
City Rockford	State IL	
Zip Code 61108	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5348.9
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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)	[MEMO ITEM]
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 7151 Walton St		Amount of Each Disbursement this Period 8.04
City Rockford	State IL	
Zip Code 61108	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5348.10
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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)	[MEMO ITEM]
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 54 OF 81	
	<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. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 1175.15 <b>Transaction ID : SB17.5369</b>
City Kirkland	State IL	
Purpose of Disbursement Promotional Items	001	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. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 610 Meacham Road		Amount of Each Disbursement this Period 239.00 <b>Transaction ID : SB17.5369.0</b>
City Elk Grove Village	State IL	
Purpose of Disbursement Promotional Items	001	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. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 610 Meacham Road		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : SB17.5369.1</b>
City Elk Grove Village	State IL	
Purpose of Disbursement Promotional Items	001	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).....	1175.15
<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 55 OF 81			
	<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. United States Flag Store</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 1000 Westinghouse Drive Suite 1		Amount of Each Disbursement this Period 494.40 <b>Transaction ID : SB17.5369.2</b>
City New Stanton State PA Zip Code 15672	Purpose of Disbursement Promotional Items 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		<b>[MEMO ITEM]</b>
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>B. United States Flag Store</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1000 Westinghouse Drive Suite 1		Amount of Each Disbursement this Period 271.75 <b>Transaction ID : SB17.5369.3</b>
City New Stanton State PA Zip Code 15672	Purpose of Disbursement Promotional Items 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		<b>[MEMO ITEM]</b>
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>c. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 424.78 <b>Transaction ID : SB17.5377</b>
City Kirkland State IL Zip Code 60146	Purpose of Disbursement Promotional Items 001 Category/Type	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	424.78
<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 56 OF 81			
	<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. Printing Plus</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 205 E Irving Park Road		Amount of Each Disbursement this Period 338.40
City Roselle State IL Zip Code 60172	Purpose of Disbursement Promotional Items	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		Transaction ID : SB17.5377.2 <b>[MEMO ITEM]</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	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Anna Coester</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 130.90
City Kirkland State IL Zip Code 60146	Purpose of Disbursement Printing	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		Transaction ID : SB17.5387
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	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Anna Coester</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 25.50
City Kirkland State IL Zip Code 60146	Purpose of Disbursement In-kind - Supplies Dollar General Store for Parade	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		Transaction ID : SB17.5503
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	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	156.40
<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 57 OF 81	
	<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. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 247.20 <b>Transaction ID : SB17.5509</b>
City Kirkland	State IL	
Purpose of Disbursement In-kind - USA Flags	001	Candidate Name <b>KAIFESH FOR CONGRESS</b> Category/Type
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>B. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 614.36 <b>Transaction ID : SB17.5511</b>
City Kirkland	State IL	
Purpose of Disbursement In-kind - Copies	001	Candidate Name <b>KAIFESH FOR CONGRESS</b> Category/Type
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>c. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 113.06 <b>Transaction ID : SB17.5501</b>
City Kirkland	State IL	
Purpose of Disbursement In-kind - Paint Supplies Menards for Office	001	Candidate Name <b>KAIFESH FOR CONGRESS</b> Category/Type
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	974.62
<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 58 OF 81		
	<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. Anna Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 358.58 <b>Transaction ID : SB17.5505</b>
City Kirkland	State IL	
Zip Code 60146	Purpose of Disbursement In-kind - Staples Office Supplies	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. Randy Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 232.14 <b>Transaction ID : SB17.5543</b>
City Carpentersville	State IL	
Zip Code 60146	Purpose of Disbursement In-kind - Cards for Parade	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. Randy Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 19.42 <b>Transaction ID : SB17.5598</b>
City Carpentersville	State IL	
Zip Code 60146	Purpose of Disbursement In-kind - Office Supplies	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	610.14
<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 59 OF 81	
	<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. Randy Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 307.18 <b>Transaction ID : SB17.5530</b>
City Carpentersville	State IL	
Zip Code 60146	Purpose of Disbursement In-kind - Walking Cards	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. Randy Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 89.59 <b>Transaction ID : SB17.5535</b>
City Carpentersville	State IL	
Zip Code 60146	Purpose of Disbursement In-kind - Subway Sandwiches for volunteers	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. Randy Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 160.28 <b>Transaction ID : SB17.5537</b>
City Carpentersville	State IL	
Zip Code 60146	Purpose of Disbursement In-kind - Office Cleaner	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).....	557.05
<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 60 OF 81	
	<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. Randy Coester</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 665.54 <b>Transaction ID : SB17.5539</b>
City Carpentersville	State IL	
Purpose of Disbursement In-kind - Information Cards	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 MM / DD / YYYY 04 / 14 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 115.26 <b>Transaction ID : SB17.5081</b>
City Roselle	State IL	
Purpose of Disbursement Internet 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. Comcast</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 31 S. Prospect Street		Amount of Each Disbursement this Period 105.76 <b>Transaction ID : SB17.5106</b>
City Roselle	State IL	
Purpose of Disbursement Internet 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	886.56
<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 61 OF 81	
	<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. ComEd</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 63.28
City Chicago	State IL	
Zip Code 60680	Purpose of Disbursement Utility Electric	<b>Transaction ID : SB17.5101</b>
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>B. ComEd</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 164.30
City Chicago	State IL	
Zip Code 60680	Purpose of Disbursement Electric Utility	<b>Transaction ID : SB17.5332</b>
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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>c. DuPage County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address PO Box 282		Amount of Each Disbursement this Period 300.00
City Medinah	State IL	
Zip Code 60157	Purpose of Disbursement Event Tickets	<b>Transaction ID : SB17.5341</b>
Candidate Name <b>KAIFESH FOR CONGRESS</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	527.58
<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 62 OF 81			
	<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. Dynamic Marketing Ideas</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 333.00 <b>Transaction ID : SB17.5094</b>
City McHenry	State IL	
Purpose of Disbursement Website Maintenance	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. Dynamic Marketing Ideas</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.5095</b>
City McHenry	State IL	
Purpose of Disbursement Website Maintenance	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 MM / DD / YYYY 06 / 09 / 2014
Mailing Address 5210 Malibu Ct		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.5330</b>
City McHenry	State IL	
Purpose of Disbursement Web Hosting	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).....	1233.00
<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 63 OF 81	
	<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. Fortis Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 27 N Wacker Dr Suite 585		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5028</b>
City Chicago State IL Zip Code 60606	Purpose of Disbursement Consulting 001 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. Fortis Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 27 N Wacker Dr Suite 585		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5089</b>
City Chicago State IL Zip Code 60606	Purpose of Disbursement Consulting 001 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. Fortis Strategies</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 27 N Wacker Dr Suite 585		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5090</b>
City Chicago State IL Zip Code 60606	Purpose of Disbursement Consulting 001 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).....	7500.00
<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 64 OF 81	
	<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. Keith Hanson</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 27455 West Flynn Creek Rd		Amount of Each Disbursement this Period 274.05 <b>Transaction ID : SB17.5382</b>
City Barrington	State IL	
Purpose of Disbursement Food	Category/Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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>B. Costco</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2014
Mailing Address 680 S Rand Road		Amount of Each Disbursement this Period 13.72 <b>Transaction ID : SB17.5382.2</b> <b>[MEMO ITEM]</b>
City Lake Zurich	State IL	
Purpose of Disbursement Food	Category/Type 003	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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>c. Kathryn Horchner</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 106 Ash Street		Amount of Each Disbursement this Period 433.00 <b>Transaction ID : SB17.5194</b>
City Lake Zurich	State IL	
Purpose of Disbursement Mileage & Phone Reimbursement (\$343 mileage +\$90 phone)	Category/Type 001	
Candidate Name <b>KAIFESH FOR CONGRESS</b>		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	707.05
<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 65 OF 81	
	<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. Joseph Pomaranski</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 2234 Reflections Drive		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5105</b>
City Aurora	State IL	
Zip Code 60502	Purpose of Disbursement Campaign Consulting Field Work	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. Larry Kaifesh</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 4.99 <b>Transaction ID : SB17.5574</b>
City Schaumburg	State IL	
Zip Code 60194	Purpose of Disbursement In-kind - Website Fee	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. Larry Kaifesh</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.5594</b>
City Schaumburg	State IL	
Zip Code 60194	Purpose of Disbursement In-kind - Jot-Form	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).....	2014.94
<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 66 OF 81			
	<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 04 / 26 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 7 9 9 9 20.00 <b>Transaction ID : SB17.5592</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact 001 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 04 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 7 9 9 9 55.00 <b>Transaction ID : SB17.5580</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - allocation of cell phone expense to campaign 001 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 05 / 09 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 7 9 9 9 4.99 <b>Transaction ID : SB17.5576</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Website Fee 001 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).....	79.99
<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 67 OF 81			
	<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 05 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.5572</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Jotform Monthly Subscription 001 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 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 05 / 26 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.5590</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact 001 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 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 05 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 55.00 <b>Transaction ID : SB17.5582</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - allocation of cell phone expense to campaign 001 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 Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.95
<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 68 OF 81			
	<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 MM / DD / YYYY 06 / 09 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.99 <b>Transaction ID : SB17.5578</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Website Fee 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. Larry Kaifesh</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 2.00 <b>Transaction ID : SB17.5588</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact 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>c. Larry Kaifesh</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.5596</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Jotform 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).....	16.94
<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 69 OF 81			
	<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 MM / DD / YYYY 06 / 24 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 34.86 <b>Transaction ID : SB17.5554</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Coffee for meet and greet event 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. Larry Kaifesh</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 14.94 <b>Transaction ID : SB17.5556</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Office Key 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. Larry Kaifesh</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.5586</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Constant Contact 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).....	79.80
<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 70 OF 81			
	<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 MM / DD / YYYY 06 / 30 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period \$ 55.00 <b>Transaction ID : SB17.5584</b>
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - allocation of cell phone expense to campaign 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. Lake County Republican Federation</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 320 Peterson Road		Amount of Each Disbursement this Period \$ 250.00 <b>Transaction ID : SB17.5070</b>
City Libertyville State IL Zip Code 60048	Purpose of Disbursement Event Category/Type 007	
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. Moneris</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address PO Box 59390		Amount of Each Disbursement this Period \$ 358.59 <b>Transaction ID : SB17.5133</b>
City Schaumburg State IL Zip Code 60159	Purpose of Disbursement Bank Charges 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).....	\$ 663.59
<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 71 OF 81	
	<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. Moneris</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address PO Box 59390		Amount of Each Disbursement this Period 123.68 <b>Transaction ID : SB17.5138</b>
City Schaumburg	State IL	
Purpose of Disbursement Bank Charges	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. Moneris</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address PO Box 59390		Amount of Each Disbursement this Period 372.47 <b>Transaction ID : SB17.5344</b>
City Schaumburg	State IL	
Purpose of Disbursement Bank Charge	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. Nequity Partners</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 525.62 <b>Transaction ID : SB17.5076</b>
City Glen Ellyn	State IL	
Purpose of Disbursement Media Management & Facebook Ads	Category/ Type 004	
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).....	1021.77
<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 72 OF 81	
	<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. Nequity Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.5103</b>
City Glen Ellyn	State IL	
Zip Code 60137	Purpose of Disbursement Media Management	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. Nicor</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 5407		Amount of Each Disbursement this Period 234.95 <b>Transaction ID : SB17.5102</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Gas 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. Nicor</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 5407		Amount of Each Disbursement this Period 44.54 <b>Transaction ID : SB17.5331</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Gas 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1129.49
<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 73 OF 81	
	<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. Northwest Suburban Republican Lincoln Day Dinner</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 59207		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5328</b>
City Schaumburg	State IL	
Purpose of Disbursement Event	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. Phil Simshauser</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.5100</b>
City Roselle	State IL	
Purpose of Disbursement Campaign Manager	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. Phil Simshauser</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.5338</b>
City Roselle	State IL	
Purpose of Disbursement Campaign Manager	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).....	4900.00
<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 74 OF 81			
	<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. Solid Impressions</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 1010 W Fullerton Ste D		Amount of Each Disbursement this Period 590.45 <b>Transaction ID : SB17.5107</b>
City Addison State IL Zip Code 60101	Purpose of Disbursement Postage 001 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 Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Solid Impressions</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1010 W Fullerton Ste D		Amount of Each Disbursement this Period 941.96 <b>Transaction ID : SB17.5333</b>
City Addison State IL Zip Code 60101	Purpose of Disbursement Mailing & Postage 001 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 Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Tiffany Swift</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 950 East Wilmette Rand Unit 130		Amount of Each Disbursement this Period 260.00 <b>Transaction ID : SB17.5339</b>
City Palatine State IL Zip Code 60074	Purpose of Disbursement Fundraising 001 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 Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1792.41
<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 75 OF 81			
	<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. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5026</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fund Raising 001 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. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 1917.00 <b>Transaction ID : SB17.5113</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising 003 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. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 583.00 <b>Transaction ID : SB17.5114</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising (balance of \$2500 ck not applied to loan) 003 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).....	3500.00
<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 76 OF 81	
	<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. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.5115</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising 003 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. Winning Systems Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 105 S. York Road 5th floor		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.5116</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Fundraising 003 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. York Township Republican Committeemen's Organization</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 662 S Fern Ct		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.5112</b>
City Elmhurst State IL Zip Code 60126	Purpose of Disbursement Event Reservation 001 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).....	9350.00
<b>TOTAL</b> This Period (last page this line number only).....	49169.94

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

NAME OF COMMITTEE (In Full) **KAIFESH FOR CONGRESS** Transaction ID : **SC/10.4392**

<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 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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<b>TERMS</b>	Date Incurred M 10 / D 01 / Y 2013	Date Due M / D / Y 10/02/2018	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 1000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **KAIFESH FOR CONGRESS** Transaction ID : **SC/10.4621**

<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 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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<b>TERMS</b>	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	15000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**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
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<b>TERMS</b>	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	21000.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**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  
**Fortis Strategies**

Nature of Debt (Purpose):  
Consulting service

Mailing Address 27 N Wacker Dr  
Suite 585

City State Zip Code  
Chicago IL 60606

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.4947

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

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 1

City State Zip Code  
Wheaton IL 60187

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5562

Amount Incurred This Period

708.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

708.25

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

2917.00

Transaction ID : SD10.4948

Amount Incurred This Period

0.00

Payment This Period

2917.00

Outstanding Balance at Close of This Period

0.00

- 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) ▶

708.25



**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.**

Mailing Address 105 S. York Road  
 5th floor

City State Zip Code  
 Elmhurst IL 60126

Nature of Debt (Purpose):  
 Fundraising consulting fee

Outstanding Balance Beginning This Period **Transaction ID : SD10.5561**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1800.00 0.00 1800.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1800.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	2508.25
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	21000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	23508.25