

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 IL
11 / 04 / 2014

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
10 / 16 / 2014 through 11 / 24 / 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 Luczkiv
Signature of Treasurer Anthony Luczkiv *[Electronically Filed]* Date M M / D D / Y Y Y Y
12 / 03 / 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))....	22494.90	307138.06
(b) Total Contribution Refunds (from Line 20(d))	4.85	3950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22490.05	303188.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42906.92	314466.86
(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)).....	42906.92	314466.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3352.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20800.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

KAIFESH FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="8708.91"/>	<input type="text" value="244858.55"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="4195.99"/>	<input type="text" value="38859.97"/>	<input type="text" value="944.99"/>
(iii) Total of contributions from individuals		
<input type="text" value="12904.90"/>	<input type="text" value="283718.52"/>	<input type="text" value="944.99"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="9500.00"/>	<input type="text" value="20625.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 49

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
90.00	2294.54	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
22494.90	307138.06	944.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	3000.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	21000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	21000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
1.93	3451.93	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
22496.83	334589.99	944.99

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 49

Write or Type Committee Name

KAIFESH FOR CONGRESS

Report Covering the Period: From: / / To: / / **II. DISBURSEMENTS**

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="42906.92"/>	<input type="text" value="314466.86"/>	<input type="text" value="11210.67"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="4.85"/>	<input type="text" value="3950.00"/>	<input type="text" value="4.85"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 49

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

4.85	3950.00	4.85
------	---------	------

21. OTHER DISBURSEMENTS

0.00	550.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

44911.77	318966.86	13215.52
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

22490.05	303188.06	940.14
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

42906.92	314466.86	11210.67
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25767.54
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	22496.83
25. SUBTOTAL (add Line 23 and Line 24).....	48264.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44911.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	3352.60

**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 49
	<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)
Piotr Aleszczyk

Mailing Address 115 Corsaire Ln

City Schaumburg State IL Zip Code 60173

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

Name of Employer PJA Associates Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.6706

Amount of Each Receipt this Period
500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Mariusz Augustyniak

Mailing Address 852 Spring Valley Court

City Schaumburg State IL Zip Code 60193

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

Name of Employer Knights of Columbus Occupation Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
840.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.6845

Amount of Each Receipt this Period
840.00
Contribution

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

Mailing Address 102 Cedar Lane

City Stafford State VA Zip Code 22554

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

Name of Employer Dept of the Army Occupation PSM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
305.50

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.6853

Amount of Each Receipt this Period
5.50
Contribution

SUBTOTAL of Receipts This Page (optional).....	1345.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<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 Danhires

Mailing Address 102 Cedar Lane

City Stafford State VA Zip Code 22554

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

Name of Employer Dept of the Army Occupation PSM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **337.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.6856

Amount of Each Receipt this Period
 Contribution **31.50**

B. Full Name (Last, First, Middle Initial)
Pete Dubish

Mailing Address 454 N Racine

City Chicago State IL Zip Code 60642

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

Name of Employer Sales Occupation DePuy Orthopedics

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.6802

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

C. Full Name (Last, First, Middle Initial)
Kirk Hamilton

Mailing Address 126 Carriage Rd

City North Barrington State IL Zip Code 60010

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

Name of Employer Hamilton Partners Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.6837

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

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

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

1031.50

**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 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Peter Huizenga		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2215 York Road Suite 500		Transaction ID : SA11AI.6801
City State Zip Code Oak Brook IL 60523	Amount of Each Receipt this Period Contribution 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Huizenga Capital Management CEO	Amount of Each Receipt this Period Contribution 2500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Patrick Johnson		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 11824 Jamestown		Transaction ID : SA11AI.6699
City State Zip Code Dallas TX 75230	Amount of Each Receipt this Period Contribution 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Sovereign Bank Energy Banking	Amount of Each Receipt this Period Contribution 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Larry Kaifesh		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 869 E Schaumburg Rd #377		Transaction ID : SA11AI.7005
City State Zip Code Schaumburg IL 60194	Amount of Each Receipt this Period In-kind - Go Daddy 256.92	
FEC ID number of contributing federal political committee. C H4IL08126	Name of Employer Occupation USMC Marine Reserves	Amount of Each Receipt this Period 24296.72
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 24296.72	

SUBTOTAL of Receipts This Page (optional).....	1006.92
TOTAL This Period (last page this line number only).....	1006.92

**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 49
	<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
24306.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.6998

Amount of Each Receipt this Period
9.99

In-kind - Jotform Monthly Subscription

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

Mailing Address 869 E Schaumburg Rd
#377

City Schaumburg State IL Zip Code 60194

FEC ID number of contributing federal political committee. **C H4IL08126**

Name of Employer USMC Occupation Marine Reserves

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
24336.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11AI.7002

Amount of Each Receipt this Period
30.00

In-kind - Constant Contact

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

Mailing Address 34 Aztec Court

City South Barrington State IL Zip Code 60010

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period
100.00

Contribution

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

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

139.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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)
Daniel Lundahl

Mailing Address 1219 Barclay Circle

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
APS Corp President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.6878

Amount of Each Receipt this Period
100.00
Contribution

B. Full Name (Last, First, Middle Initial)
Henry Massery

Mailing Address PO Box 118

City State Zip Code
Elgin IL 60121

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
225.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.6743

Amount of Each Receipt this Period
35.00
Contribution

C. Full Name (Last, First, Middle Initial)
Henry Massery

Mailing Address PO Box 118

City State Zip Code
Elgin IL 60121

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11AI.6864

Amount of Each Receipt this Period
25.00
Contribution

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

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

160.00

**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 12 OF 49
	<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)
Jonathan Pardee

Mailing Address 540 Bellevue Avenue

City State Zip Code
Newport RI 02840

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

Name of Employer Occupation
Self Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.6773

Amount of Each Receipt this Period
Contribution 200.00

B. Full Name (Last, First, Middle Initial)
Scott Pierce

Mailing Address 1332 Bladon Rd

City State Zip Code
Schaumburg IL 60195

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

Name of Employer Occupation
Alta Service Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period
Contribution 100.00

C. Full Name (Last, First, Middle Initial)
Bruce Plaxton

Mailing Address 218 Dunlap Place

City State Zip Code
Schaumburg IL 60194

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

Name of Employer Occupation
Retired 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
10 / 20 / 2014

Transaction ID : SA11AI.6720

Amount of Each Receipt this Period
Contribution 100.00

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 13 OF 49
	<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
4522.86

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.6803

Amount of Each Receipt this Period
 Contribution 300.00

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

Mailing Address 1575 Edgefield Lane

City Hoffman Estates State IL Zip Code 60169

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

Name of Employer Information requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.6891

Amount of Each Receipt this Period
 Contribution 100.00

C. Full Name (Last, First, Middle Initial)
Robert Rust

Mailing Address 1430 S Dixie Hwy Ste 315

City Coral Gables State FL Zip Code 33146

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.6823

Amount of Each Receipt this Period
 Contribution 2600.00

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

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

3000.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 49

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

NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Albert Schrautemyer

Mailing Address 19 W 106 Marino Ct

City Itasca State IL Zip Code 60143

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.6686

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Lori Wascher

Mailing Address 48W375 Immelman Ln

City Hampshire State IL Zip Code 60140

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

Name of Employer NA Occupation None

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
 10 / 21 / 2014

Transaction ID : SA11AI.6752

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Rose Wilkes

Mailing Address 316 N Ridgeland Ave

City Elmhurst State IL Zip Code 60126

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

Name of Employer Retired Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period
100.00

Contribution

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<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)
Rose Wilkes

Mailing Address 316 N Ridgeland Ave

City Elmhurst State IL Zip Code 60126

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

Name of Employer Retired Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.6858

Amount of Each Receipt this Period
 _____ 75.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Judith Wright

Mailing Address 3013 Seekonk Ave

City Elgin State IL Zip Code 60124

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.6757

Amount of Each Receipt this Period
 _____ 200.00
 Contribution

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

Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

_____ 275.00

_____ 8708.91

**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 49
	<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)
GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City State Zip Code
PEORIA IL 61612

FEC ID number of contributing federal political committee. **C** C00448191

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 30 2014

Transaction ID : SA11C.6829

Amount of Each Receipt this Period
5000.00
Contribution

B. Full Name (Last, First, Middle Initial)
UNDERGROUND CONTRACTORS ASSOCIATION PAC

Mailing Address 500 PARK BLVD
SUITE 154C

City State Zip Code
ITASCA IL 60143

FEC ID number of contributing federal political committee. **C** C00414599

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2014

Transaction ID : SA11C.6615

Amount of Each Receipt this Period
4500.00
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).....

9500.00

9500.00

**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 17 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Larry Kaifesh

Mailing Address 869 E Schaumburg Rd
#377

City Schaumburg State IL Zip Code 60194

FEC ID number of contributing federal political committee. **C H4IL08126**

Name of Employer USMC Occupation Marine Reserves

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
24426.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11D.7007

Amount of Each Receipt this Period
 _____ **90.00**

In-kind - allocation of cellphone expense to campaign

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).....

_____ **90.00**

_____ **90.00**

**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 18 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACTRIGHT		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 2029 K STREET NW SUITE 300		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.6725
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement Fundraising Revenue Share 003 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 7.38 Transaction ID : SB17.6797
City Mt Prospect State IL Zip Code 60056	Purpose of Disbursement AmEx Fee 003 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 1.60 Transaction ID : SB17.6798
City Mt Prospect State IL Zip Code 60056	Purpose of Disbursement AmEx Fee 003 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	16.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 3.04
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement AmEx Fee	Transaction ID : SB17.6796
Candidate Name KAIFESH FOR CONGRESS	Category/ Type 003	
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. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1084 Mt Prospect Plaza		Amount of Each Disbursement this Period 1.60
City Mt Prospect	State IL	
Zip Code 60056	Purpose of Disbursement AmEx Fee	Transaction ID : SB17.6795
Candidate Name KAIFESH FOR CONGRESS	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. AwesomeCampaigns.com Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1220 St Charles St		Amount of Each Disbursement this Period 1000.00
City Elgin	State IL	
Zip Code 60120	Purpose of Disbursement Signs	Transaction ID : SB17.6780
Candidate Name KAIFESH FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	1004.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AwesomeCampaigns.com Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1220 St Charles St		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6851
City Elgin State IL Zip Code 60120	Purpose of Disbursement Signage 004 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Bhagwakar Properties		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.6903
City Roselle State IL Zip Code 60172	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Bhagwakar Properties		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 800 E Nerge Rd		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.6959
City Roselle State IL Zip Code 60172	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	3400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CBC Tax & Accounting		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1843 Hicks Road Suite A		Amount of Each Disbursement this Period 2160.00 Transaction ID : SB17.6909
City Rolling Meadows	State IL Zip Code 60008	
Purpose of Disbursement Accounting	Category/Type 001	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Anna Coester		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 34007 Pearl St		Amount of Each Disbursement this Period 882.10 Transaction ID : SB17.6904
City Kirkland	State IL Zip Code 60146	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. ComEd		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 153.20 Transaction ID : SB17.6906
City Chicago	State IL Zip Code 60680	
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	3195.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Curtis Scott Advertising Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 1490.00 Transaction ID : SB17.6778
City Oak Brook State IL Zip Code 60523	Purpose of Disbursement Walkcards & Printing 002 Category/Type	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Curtis Scott Advertising Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1550 Spring Road Ste 220		Amount of Each Disbursement this Period 13269.73 Transaction ID : SB17.6812
City Oak Brook State IL Zip Code 60523	Purpose of Disbursement Production, Postage, Walkcards 004 Category/Type	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. DuPage County Republican Central Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO Box 282		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.6784
City Medinah State IL Zip Code 60157	Purpose of Disbursement 2 Reception Tickets 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	15159.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 49	
	<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

A. Dynamic Marketing Ideas

Full Name (Last, First, Middle Initial)
Mailing Address 5210 Malibu Ct

City McHenry State IL Zip Code 60050

Purpose of Disbursement Website Maintenance

Candidate Name KAIFESH FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 11 / 05 / 2014

Amount of Each Disbursement this Period: 1025.00

Transaction ID : SB17.6907

Category/Type: 001

B. El Sueno Americano

Full Name (Last, First, Middle Initial)
Mailing Address 1226 Inverry Lane

City Palatine State IL Zip Code 60074

Purpose of Disbursement Newspaper Advertising

Candidate Name KAIFESH FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 4960.00

Transaction ID : SB17.6792

Category/Type: 004

c. Get Out the Vote

Full Name (Last, First, Middle Initial)
Mailing Address 20 Cloverleaf Dr

City New Fairfield State CT Zip Code 06812

Purpose of Disbursement Telephone Calls

Candidate Name KAIFESH FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 11 / 13 / 2014

Amount of Each Disbursement this Period: 1919.94

Transaction ID : SB17.6961

Category/Type: 005

SUBTOTAL of Disbursements This Page (optional) 7904.94

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 116.48 Transaction ID : SB17.6781
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursement: Walmart Office Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Walmart Elk Grove Village		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 801 Meacham Rd		Amount of Each Disbursement this Period 116.48 Transaction ID : SB17.6781.0 [MEMO ITEM]
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 256.92 Transaction ID : SB17.7006
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Go Daddy Category/Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	373.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.99
City Schaumburg State IL Zip Code 60194	Category/Type	
Purpose of Disbursement In-kind - Jotform Monthly Subscription		Transaction ID : SB17.6999
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 30.00
City Schaumburg State IL Zip Code 60194	Category/Type	
Purpose of Disbursement In-kind - Constant Contact		Transaction ID : SB17.7003
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 800.00
City Schaumburg State IL Zip Code 60194	Category/Type 001	
Purpose of Disbursement Reimbursements		Transaction ID : SB17.6964
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	839.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lou Malnati's Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 1 S Roselle Rd		Amount of Each Disbursement this Period 220.77
City Schaumburg	State IL	
Purpose of Disbursement Dinner for Meeting		Category/ Type 001
Candidate Name KAIFESH FOR CONGRESS		
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 610 Meacham Road		Amount of Each Disbursement this Period 8.48
City Elk Grove Village	State IL	
Purpose of Disbursement Copies for Get out the Vote		Category/ Type 001
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Walmart Elk Grove Village		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 801 Meacham Rd		Amount of Each Disbursement this Period 54.99
City Elk Grove Village	State IL	
Purpose of Disbursement Minutes for Pay as you go Phones		Category/ Type 001
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 90.00
City Schaumburg State IL Zip Code 60194	Transaction ID : SB17.7008	
Purpose of Disbursement In-kind - allocation of cellphone expense to campaign	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 705.57
City Schaumburg State IL Zip Code 60194	Transaction ID : SB17.6910	
Purpose of Disbursement Reimbursement for Meeting Expenses	Category/Type 001	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Elgin Public House		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 219 E Chicago St		Amount of Each Disbursement this Period 291.85
City Elgin State IL Zip Code 60120	Transaction ID : SB17.6910.2	
Purpose of Disbursement Food for Meetings	Category/Type 001	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	795.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 1738.80 Transaction ID : SB17.6955
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Reimbursement Daily Herald Ad Category/Type 004	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Daily Herald		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 155 E Algonquin Rd		Amount of Each Disbursement this Period 1738.80 Transaction ID : SB17.6955.0 [MEMO ITEM]
City Arlington Heights State IL Zip Code 60006	Purpose of Disbursement Advertising Category/Type 004	
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 9.99 Transaction ID : SB17.7001
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement In-kind - Jotform Monthly Subscription Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	1748.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moneris		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 59390		Amount of Each Disbursement this Period 189.26 Transaction ID : SB17.6881
City Schaumburg	State IL	
Zip Code 60159	Purpose of Disbursement Credit Card Fee	Category/ Type 003
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) B. Nequity Partners		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.6793
City Glen Ellyn	State IL	
Zip Code 60137	Purpose of Disbursement Facebook Advertising	Category/ Type 004
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) c. Nequity Partners		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 678 Buena Vista Drive		Amount of Each Disbursement this Period 261.96 Transaction ID : SB17.6847
City Glen Ellyn	State IL	
Zip Code 60137	Purpose of Disbursement Facebook Advertising	Category/ Type 004
Candidate Name KAIFESH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

SUBTOTAL of Disbursements This Page (optional).....	1101.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49			
	<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

A. Nequity Partners

Full Name (Last, First, Middle Initial)
Mailing Address 678 Buena Vista Drive

City State Zip Code
Glen Ellyn IL 60137

Purpose of Disbursement
Media Management

Candidate Name
KAIFESH FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: IL District: 08

Date of Disbursement
M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period
550.00

Transaction ID : SB17.6905

Category/Type
001

B. Paypal

Full Name (Last, First, Middle Initial)
Mailing Address 2211 North First Street

City State Zip Code
San Jose CA 95131

Purpose of Disbursement
Paypal Expense

Candidate Name
KAIFESH FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: IL District: 08

Date of Disbursement
M M / D D / Y Y Y Y
10 / 16 / 2014

Amount of Each Disbursement this Period
1.75

Transaction ID : SB17.6697

Category/Type
001

c. Paypal

Full Name (Last, First, Middle Initial)
Mailing Address 2211 North First Street

City State Zip Code
San Jose CA 95131

Purpose of Disbursement
Paypal Expense

Candidate Name
KAIFESH FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: IL District: 08

Date of Disbursement
M M / D D / Y Y Y Y
10 / 18 / 2014

Amount of Each Disbursement this Period
1.05

Transaction ID : SB17.6709

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 552.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6712
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 2.42 Transaction ID : SB17.6713
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Shipping 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.93 Transaction ID : SB17.6794
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Shipping 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	6.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		3.20
Purpose of Disbursement Paypal Expense	001	Transaction ID : SB17.6729
Candidate Name KAIFESH FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	
State: IL District: 08	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		2.42
Purpose of Disbursement Paypal Expense	001	Transaction ID : SB17.6730
Candidate Name KAIFESH FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	
State: IL District: 08	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		0.88
Purpose of Disbursement Paypal Expense	001	Transaction ID : SB17.6732
Candidate Name KAIFESH FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	
State: IL District: 08	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Paypal		M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6735	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1.05	
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6738	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		3.20	
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6748	
Candidate Name KAIFESH FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.05
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6763
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		3.20
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6765
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		6.10
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6767
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	10.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 49		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		2.42
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6768
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		3.20
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6770
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.75
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6772
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	7.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	6.10
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6774
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	9.00
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6804
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	1.75
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6809
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	16.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6811
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.05 Transaction ID : SB17.6833
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 2.42 Transaction ID : SB17.6834
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Shipping 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	6.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 0.46 Transaction ID : SB17.6855
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.21 Transaction ID : SB17.6857
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 75.70 Transaction ID : SB17.6868
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	77.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 49			
	<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

A. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Expense

Candidate Name
KAIFESH FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 10 / 30 / 2014

Amount of Each Disbursement this Period: 0.45

Transaction ID : SB17.6871

Category/Type: 001

B. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Expense

Candidate Name
KAIFESH FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 10 / 30 / 2014

Amount of Each Disbursement this Period: 6.10

Transaction ID : SB17.6874

Category/Type: 001

c. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Expense

Candidate Name
KAIFESH FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 10 / 30 / 2014

Amount of Each Disbursement this Period: 1.05

Transaction ID : SB17.6877

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 7.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Paypal		M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		3.20	
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6879	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Paypal		M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		2.42	
Purpose of Disbursement Paypal Shipping		Transaction ID : SB17.6880	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Paypal		M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		2.48	
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6859	
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: IL District: 08		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		3.20
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6863
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		1.03
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6854
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Paypal		M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		3.20
Purpose of Disbursement Paypal Expense		Transaction ID : SB17.6896
Candidate Name KAIFESH FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	7.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Paypal Expense	1.75
Candidate Name KAIFESH FOR CONGRESS	Category/Type 001	Transaction ID : SB17.6898
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Polnet Communications		M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3656 W Belmont		Amount of Each Disbursement this Period
City Chicago State IL Zip Code 60618	Purpose of Disbursement Advertising	840.00
Candidate Name KAIFESH FOR CONGRESS	Category/Type 004	Transaction ID : SB17.6790
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Sign Depot		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1700 Main St		Amount of Each Disbursement this Period
City Sleepy Hollow State IL Zip Code 60118	Purpose of Disbursement Signs	292.00
Candidate Name KAIFESH FOR CONGRESS	Category/Type 004	Transaction ID : SB17.6849
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	1133.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Phil Simshauser		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.6779
City Roselle State IL Zip Code 60172	Purpose of Disbursement Campaign Manager 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.6908
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. Phil Simshauser		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 636 E. Irving Park Road		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.6908
City Roselle State IL Zip Code 60172	Purpose of Disbursement Campaign Management 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Amount of Each Disbursement this Period 306.00 Transaction ID : SB17.6813
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 306.00 Transaction ID : SB17.6813
City Cincinnati State OH Zip Code 45280	Purpose of Disbursement Payroll Liabilities 3rd Quarter 001 Category/Type	
Candidate Name KAIFESH FOR CONGRESS		Amount of Each Disbursement this Period 4806.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4806.00
TOTAL This Period (last page this line number only).....	42192.25

**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 49	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB19A.6982
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Loan Repayment, Part of \$2k 11/18 withdrawal	
Candidate Name KAIFESH FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Larry Kaifesh		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 869 E Schaumburg Rd #377		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB19A.6983
City Schaumburg State IL Zip Code 60194	Purpose of Disbursement Loan Repayment, Part of \$2k 11/18 withdrawal	
Candidate Name KAIFESH FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

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

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

KAIFESH FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Larry Kaifesh

Primary

General

Other (specify) ▼

Mailing Address

869 E Schaumburg Rd
#377

City

State

ZIP Code

Schaumburg

IL

60194

Original Amount of Loan

1000.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 01 / 2013

Date Due

M M / D D / Y Y Y Y
10/02/2018

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4621

KAIFESH FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Larry Kaifesh

Primary

General

Other (specify) ▼

Mailing Address

869 E Schaumburg Rd
#377

City

State

ZIP Code

Schaumburg

IL

60194

Original Amount of Loan

15000.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

14000.00

TERMS

Date Incurred

02 / 20 / 2014

Date Due

02/21/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

14000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KAIFESH FOR CONGRESS** Transaction ID : **SC/10.4622**

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

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

Date Incurred M: 02 / D: 20 / Y: 2014	Date Due M: / D: / Y: 02/21/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	19000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAIFESH FOR CONGRESS

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

Mailing Address 105 S. York Road
5th floor

City State Zip Code
Elmhurst IL 60126

Nature of Debt (Purpose):
Fundraising consulting fee

Transaction ID : SD10.5561

Outstanding Balance Beginning This Period		
1800.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	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) SUBTOTALS This Period This Page (optional)	1800.00
2) TOTALS This Period (last page this line number only)	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	19000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	20800.00

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

Form/Schedule: SD10

Transaction ID : SD10.5561

In dispute

Form/Schedule:

Transaction ID: