

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Polish American Leadership Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="32195.07"/>	<input type="text" value="32195.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12763.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28106.49"/>	<input type="text" value="102699.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40869.58"/>	<input type="text" value="134894.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20343.62"/>	<input type="text" value="114368.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20525.96"/>	<input type="text" value="20525.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Polish American Leadership Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	606.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	28106.49	102093.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28106.49	102699.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28106.49	102699.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1960.00	6305.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	18383.62	108063.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20343.62	114368.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20343.62	114368.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	606.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-606.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.5797

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5643

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5657

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 9 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)
A. CONTRACTOR LICENSE TRAINING CENTER, INC.
 Mailing Address 5440 N. CUMBERLAND AVE.
 SUITE 138
 City State Zip Code
 CHICAGO IL 60656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA17.5651
 Amount of Each Receipt this Period
 600.00
 Holiday Gala Tickets & Membership

Full Name (Last, First, Middle Initial)
B. CONTRACTOR LICENSE TRAINING CENTER, INC.
 Mailing Address 5440 N. CUMBERLAND AVE.
 SUITE 138
 City State Zip Code
 CHICAGO IL 60656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA17.5656
 Amount of Each Receipt this Period
 100.00
 Membership

Full Name (Last, First, Middle Initial)
C. European Crystal Banquet
 Mailing Address 519 W. Algonquin Rd.
 City State Zip Code
 Arlington Heights IL 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : SA17.5694
 Amount of Each Receipt this Period
 500.00
 Refund

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.5651

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5656

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5694

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

A. MAGDA HERRON
Full Name (Last, First, Middle Initial)

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

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

Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA17.5756

Amount of Each Receipt this Period
 300.00

Holiday Gala Tickets

B. MARZENA JONAK
Full Name (Last, First, Middle Initial)

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

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

Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA17.5770

Amount of Each Receipt this Period
 300.00

Holiday Gala Tickets

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

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

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

Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA17.5787

Amount of Each Receipt this Period
 300.00

Holiday Gala Tickets

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA17

Transaction ID : SA17.5756

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5770

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5787

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 15 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)
A. JAN KRYNSKI

Mailing Address **GOOD FAITH EFFORT**

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Occupation
DOM ITP SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
12 / 19 / 2014

Transaction ID : SA17.5781

Amount of Each Receipt this Period
150.00

Holiday Gala Tickets

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

Mailing Address **GOOD FAITH EFFORT**

City State Zip Code
GOOD FAITH EFFORT IL 60025

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

Name of Employer Occupation
GOOD FAITH EFFORT GOOD FAITH EFFORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
12 / 19 / 2014

Transaction ID : SA17.5784

Amount of Each Receipt this Period
540.00

Holiday Gala Tickets

Full Name (Last, First, Middle Initial)
C. LEGION OF YOUNG POLISH WOMEN

Mailing Address **5216 W. LAWRENCE AVE.**

City State Zip Code
CHICAGO IL 60630

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 19 / 2014

Transaction ID : SA17.5728

Amount of Each Receipt this Period
180.00

Holiday Gala Tickets

SUBTOTAL of Receipts This Page (optional)..... ▶ **870.00**

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

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

Form/Schedule: SA17

Transaction ID : SA17.5781

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5784

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5728

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

A. Mario Machnicki
Full Name (Last, First, Middle Initial)

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

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

Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA17.5723

Amount of Each Receipt this Period
150.00

Holiday Gala Tickets

B. Barbara Martin
Full Name (Last, First, Middle Initial)

Mailing Address 35 Park Lane

City Park Ridge State IL Zip Code 60068

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

Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SA17.5664

Amount of Each Receipt this Period
1000.00

Holiday Gala Tickets

c. MBB Enterprises of Chicago, Inc.
Full Name (Last, First, Middle Initial)

Mailing Address 3352 W. Grand Ave.

City Chicago State IL Zip Code 60651

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2014

Transaction ID : SA17.5610

Amount of Each Receipt this Period
1000.00

Holiday Gala Advertising

SUBTOTAL of Receipts This Page (optional).....▶	2150.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA17

Transaction ID : SA17.5723

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5664

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5610

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial) A. PETRA M PALULIS MAGOWSKI		Date of Receipt
Mailing Address 134 COUNTRY CLUB DR.		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City State Zip Code BLOOMINGDALE IL 60108		Transaction ID : SA17.5621
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Name of Employer GOOD FAITH EFFORT	Occupation GOOD FAITH EFFORT	Holiday Gala Tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. RA Zweig, Inc.		Date of Receipt
Mailing Address 2500 Ravine Way		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City State Zip Code Glenview IL 60025		Transaction ID : SA17.5699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Name of Employer	Occupation	Holiday Gala Advertising & Tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. ZYGMUNT RYGIEL		Date of Receipt
Mailing Address GOOD FAITH EFFORT		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code GOOD FAITH EFFORT IL 60025		Transaction ID : SA17.5718
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer GOOD FAITH EFFORT	Occupation GOOD FAITH EFFORT	Holiday Gala Tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2675.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA17

Transaction ID : SA17.5621

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5699

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5718

Non-Contribution Account

Form/Schedule:

Transaction ID:

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.5632

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5722

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5765

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

A. Jerzy Szymanski
 Full Name (Last, First, Middle Initial)
 Mailing Address 12721 S. Misty Harbour Ln
 City Palos Park State IL Zip Code 60464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 905.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA17.5821
 Amount of Each Receipt this Period 905.00
 Holiday Gala Tickets

B. UK FAMILY PRACTICE, SC
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E. STRONG ST.
 City WHEELING State IL Zip Code 60090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2014
Transaction ID : SA17.5666
 Amount of Each Receipt this Period 500.00
 Holiday Gala Advertising & Tickets

C. UNKNOWN
 Full Name (Last, First, Middle Initial)
 Mailing Address GOOD FAITH EFFORT
 City GOOD FAITH EFFORT State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8061.65

Date of Receipt 12 / 15 / 2014
Transaction ID : SA17.5693
 Amount of Each Receipt this Period 1380.00
 Holiday Gala

SUBTOTAL of Receipts This Page (optional)..... ▶ 2785.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA17

Transaction ID : SA17.5821

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5666

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5693

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

A. VIOLET WOZNICZKA
 Full Name (Last, First, Middle Initial)
 Mailing Address GOOD FAITH EFFORT
 City GOOD FAITH EFFORT State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 856.49

Date of Receipt 12 / 19 / 2014
Transaction ID : SA17.5772
 Amount of Each Receipt this Period 750.00
 Holiday Gala Tickets

B. SLAWOMIR WYSOCKI
 Full Name (Last, First, Middle Initial)
 Mailing Address GOOD FAITH EFFORT
 City GOOD FAITH EFFORT State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA17.5806
 Amount of Each Receipt this Period 750.00
 Holiday Gala Tickets

C. ANTHONY ZASKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address GOOD FAITH EFFORT
 City GOOD FAITH EFFORT State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOOD FAITH EFFORT Occupation GOOD FAITH EFFORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA17.5704
 Amount of Each Receipt this Period 1500.00
 Holiday Gala Advertising & Tickets

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA17

Transaction ID : SA17.5772

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5806

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5704

Non-Contribution Account

Form/Schedule:

Transaction ID:

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.5769

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5743

Non-Contribution Account

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 60007

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SB29.5603

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

B. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 60007

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SB29.5609

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

C. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City State Zip Code
CHICAGO IL 60656

Purpose of Disbursement
Printing

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SB29.5606

Amount of Each Disbursement this Period

1265.00

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

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

3169.74

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

Form/Schedule: SB29

Transaction ID : SB29.5603

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5609

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5606

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. AUTHNET GATEWAY BILLING

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SB29.5596

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SB29.5593

Amount of Each Disbursement this Period

46.95

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Payment

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : SB29.5582

Amount of Each Disbursement this Period

2128.00

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

2199.95

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

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

Form/Schedule: SB29

Transaction ID : SB29.5596

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5593

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5582

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALLIANCE PRINTERS & PUBLISHERS, INC.

Mailing Address 5711 N. MILWAUKEE AVE.

City State Zip Code
CHICAGO IL 60646

Purpose of Disbursement
Advertising (Non-Federal Candidate)

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : SB29.5582.0

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Mailing Address 1400 PATRIOT BLVD.

City State Zip Code
GLENVIEW IL 60026

Purpose of Disbursement
Postage

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : SB29.5582.1

Amount of Each Disbursement this Period

441.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SZECHWAN NORTH

Mailing Address 2857 PFINGSTEN RD.

City State Zip Code
GLENVIEW IL 60026

Purpose of Disbursement
Meals

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : SB29.5582.2

Amount of Each Disbursement this Period

187.00

[MEMO ITEM]

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

0.00

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

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

Form/Schedule: SB29

Transaction ID : SB29.5582.0

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5582.1

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5582.2

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 3001

City State Zip Code
SOUTHEASTERN PA 19398

Purpose of Disbursement
Internet

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SB29.5597

Amount of Each Disbursement this Period

152.45

Full Name (Last, First, Middle Initial)

B. European Crystal Banquet

Mailing Address 519 W. Algonquin Rd.

City State Zip Code
Arlington Heights IL 60005

Purpose of Disbursement
Facility Rental & Meals

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SB29.5605

Amount of Each Disbursement this Period

8700.00

Full Name (Last, First, Middle Initial)

C. EVENTBRITE

Mailing Address GOOD FAITH EFFORT

City State Zip Code
GOOD FAITH EFFORT IL 60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SB29.5824

Amount of Each Disbursement this Period

1081.72

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

9934.17

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

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

Form/Schedule: SB29

Transaction ID : SB29.5597

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5605

Non-Contribution Account

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.5824

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
State Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : **SB29.5599**

Amount of Each Disbursement this Period

103.66

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
State Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : **SB29.5601**

Amount of Each Disbursement this Period

103.66

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Federal Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : **SB29.5598**

Amount of Each Disbursement this Period

6.00

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

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

213.32

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

Form/Schedule: SB29

Transaction ID : SB29.5599

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5601

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5598

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SB29.5600

Amount of Each Disbursement this Period

575.20

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SB29.5602

Amount of Each Disbursement this Period

575.20

Full Name (Last, First, Middle Initial)

C. MAREK KALINOWSKI

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Entertainment

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SB29.5607

Amount of Each Disbursement this Period

1600.00

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

2750.40

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

18267.58

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

Form/Schedule: SB29

Transaction ID : SB29.5600

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5602

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5607

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Form/Schedule: SE

Transaction ID : SE.5595

Non-Contribution Account

Form/Schedule:

Transaction ID: