

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

FRIENDS OF ALEXANDRA

ADDRESS (number and street) ▼

PO BOX 18071

Check if different than previously reported. (ACC)

CHICAGO

IL

60618

2. **FEC IDENTIFICATION NUMBER** ▼

C C00540609

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IL

04

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Marian Mangoubi

Signature of Treasurer Marian Mangoubi

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF ALEXANDRA

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))....	13040.33	36241.61
(b) Total Contribution Refunds (from Line 20(d))	200.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12840.33	35741.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11167.19	34104.46
(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)).....	11167.19	34104.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1637.15	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF ALEXANDRA

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10450.00	21511.00
(ii) Unitemized.....	2043.00	12468.50
(iii) TOTAL of contributions from individuals ▶	12493.00	33979.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) The Candidate.....	297.33	2012.11
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13040.33	36241.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13040.33	36241.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11167.19	34104.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11367.19	34604.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-35.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13040.33
25. SUBTOTAL (add Line 23 and Line 24).....	13004.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11367.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1637.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 15
	<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)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Jamie (Weiss) Feldman

Mailing Address 1615 N. Wolcott #203

City Chicago State IL Zip Code 60622

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013

Transaction ID : SA11AI.4837

Amount of Each Receipt this Period
 2600.00

In-kind - Items for a fundraiser

B. Full Name (Last, First, Middle Initial)
Mason Cole

Mailing Address 1197 Bienvenida Ave.

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer Occupation
 Cole Sadkin, LLC Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2013

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period
 2000.00

In-kind - Legal Services provided 7/22/13 - 7/25/13

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

Mailing Address 1615 N. Wolcott #203

City chicago State IL Zip Code 60622

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

Name of Employer Occupation
 AJ Feldman Financial Financial Planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period
 2500.00

In-kind - Items for a fundraiser

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

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

7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<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)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Maribeth Kuzmeski

Mailing Address 1001 Potomac Court

City State Zip Code
Grayslake IL 60030

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

Name of Employer Occupation
Red Zone Marketing Consultant

Receipt For: Primary General
 Other (specify) P(2014)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2013

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Polly Reese

Mailing Address 4431 N. Maplewood

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation
Self Employed Dentist

Receipt For: Primary General
 Other (specify) P(2014)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2013

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period
250.00

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

Mailing Address 28576 West Lindbergh Dr.

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
At-a-Glance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2013

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period
2600.00
In-kind - Video Services - Why I'm Running

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

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

3350.00

10450.00

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

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Friends of Debbie Halvorson

Mailing Address 3511 Union Ave

City State Zip Code
Steger IL 60475

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) P(2014)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA11C.4828

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

250.00

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4818	
City Chicago State IL Zip Code 60618	Amount of Each Receipt this Period 241.65		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer The Insurance People Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) P(2014)	Election Cycle-to-Date 1956.43		

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4938	
City Chicago State IL Zip Code 60618	Amount of Each Receipt this Period 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer The Insurance People Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1984.27		

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4940	
City Chicago State IL Zip Code 60618	Amount of Each Receipt this Period 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer The Insurance People Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2012.11		

SUBTOTAL of Receipts This Page (optional).....	297.33
TOTAL This Period (last page this line number only).....	297.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Jamie (Weiss) Feldman		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address 1615 N. Wolcott #203		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4838
City Chicago	State IL Zip Code 60622	
Purpose of Disbursement In-kind - Items for a fundraiser	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 9.88 Transaction ID : SB17.4839
City Somerville	State MA Zip Code 02144	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 5.93 Transaction ID : SB17.4840
City Somerville	State MA Zip Code 02144	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2615.81
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 10 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 28.45 Transaction ID : SB17.4841
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 5.93 Transaction ID : SB17.4842
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.4843
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	36.36
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 11 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2013
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 10.68 Transaction ID : SB17.4844
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement Processing Fee		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 17.78 Transaction ID : SB17.4845
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement Processing Fee		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.4846
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement Processing Fee		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	30.44
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 12 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement MM / DD / YYYY 09 / 08 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.4847
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 5.66 Transaction ID : SB17.4848
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement MM / DD / YYYY 09 / 22 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.4849
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.62
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 13 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 10.28 Transaction ID : SB17.4850
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mason Cole		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2013
Mailing Address 1197 Bienvenida Ave.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4832
City Pacific Palisades State CA Zip Code 90272	Purpose of Disbursement In-kind - Legal Services provided 7/22/13 - 7/25/13	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4939
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

SUBTOTAL of Disbursements This Page (optional).....	2038.12
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 14 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Alexandra C. Eidenberg			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2013		
Mailing Address 3419 W. Irving Park Rd.			Amount of Each Disbursement this Period 27.84		
City Chicago	State IL	Zip Code 60618	Transaction ID : SB17.4941		
Purpose of Disbursement In-kind - Food for Volunteers		Category/ Type			
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IL	District: 04				

Full Name (Last, First, Middle Initial) B. Andrew Feldman			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013		
Mailing Address 1615 N. Wolcott #203			Amount of Each Disbursement this Period 2500.00		
City chicago	State IL	Zip Code 60622	Transaction ID : SB17.4836		
Purpose of Disbursement In-kind - Items for a fundraiser		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) C. NGP VAN			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013		
Mailing Address 1101 15th Street, NW Ste 500			Amount of Each Disbursement this Period 670.00		
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.4854		
Purpose of Disbursement Software Licensing - Compliance		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3197.84
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 15 OF 15			
	<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)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 1101 15th Street, NW Ste 500		Amount of Each Disbursement this Period 580.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Software Licensing - Compliance	Category/Type	Transaction ID : SB17.4855
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jared Silver		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 28576 West Lindbergh Dr.		Amount of Each Disbursement this Period 2600.00
City Barrington	State IL Zip Code 60010	
Purpose of Disbursement In-kind - Video Services - Why I'm Running	Category/Type	Transaction ID : SB17.4834
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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	Category/Type	
Candidate Name		
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).....	3180.00
TOTAL This Period (last page this line number only).....	11108.19