

**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="13524.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20020.00"/>	<input type="text" value="73212.65"/>
(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="33544.70"/>	<input type="text" value="105407.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11501.46"/>	<input type="text" value="83364.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22043.24"/>	<input type="text" value="22043.24"/>
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.).....	20020.00	72606.65
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))..... ▶	20020.00	73212.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20020.00	73212.65

DETAILED SUMMARY PAGE

of Disbursements

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)	3210.00	3210.00
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	8291.46	80154.48
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)) ..	11501.46	83364.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11501.46	83364.48

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 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.5483

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5482

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

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. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2014

Transaction ID : SB29.5498

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

B. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City CHICAGO State IL Zip Code 60656

Purpose of Disbursement
Flyer (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

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB29.5508

Amount of Each Disbursement this Period

74.00

Full Name (Last, First, Middle Initial)

C. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City CHICAGO State IL Zip Code 60656

Purpose of Disbursement
Flyer (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

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB29.5509

Amount of Each Disbursement this Period

74.00

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

1100.37

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 : SB29.5498

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5508

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 : SB29.5509

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. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City CHICAGO State IL Zip Code 60656

Purpose of Disbursement
Flyer (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 M / D D D / Y Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SB29.5510

Amount of Each Disbursement this Period

74.00

Full Name (Last, First, Middle Initial)

B. 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
10 / 02 / 2014

Transaction ID : SB29.5486

Amount of Each Disbursement this Period

25.05

Full Name (Last, First, Middle Initial)

C. 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
10 / 02 / 2014

Transaction ID : SB29.5485

Amount of Each Disbursement this Period

45.98

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

145.03

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 : SB29.5510

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5486

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 : SB29.5485

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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SB29.5496

Amount of Each Disbursement this Period

930.69

Full Name (Last, First, Middle Initial)

B. Siena Tavern

Mailing Address 51 W. Kinzie St.

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Meals

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 17 / 2014

Transaction ID : SB29.5496.2

Amount of Each Disbursement this Period

900.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 3001

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement
Internet

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SB29.5494

Amount of Each Disbursement this Period

151.94

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

1082.63

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 : SB29.5496

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5496.2

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 : SB29.5494

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. IDES

Mailing Address 850 E MADISON

City SPRINGFIELD State IL Zip Code 62703

Purpose of Disbursement
State Payroll Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.5487**

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.5488**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
State Payroll Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.5490**

Amount of Each Disbursement this Period

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

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 : SB29.5487

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5488

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 : SB29.5490

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : SB29.5492

Amount of Each Disbursement this Period

103.66

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

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB29.5489

Amount of Each Disbursement this Period

575.20

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB29.5491

Amount of Each Disbursement this Period

862.80

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

1541.66

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 : SB29.5492

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5489

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 : SB29.5491

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

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : SB29.5493

Amount of Each Disbursement this Period

575.20

Full Name (Last, First, Middle Initial)

B. POLNET COMMUNICATIONS

Mailing Address 3656 WEST BELMONT AVE

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
Radio Advertisement (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

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : SB29.5519

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Polvision Polstudios, Inc.

Mailing Address 3656 W. Belmont

City Chicago State IL Zip Code 60618

Purpose of Disbursement
TV Advertisement (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

MM / DD / YYYY
10 / 06 / 2014

Transaction ID : SB29.5522

Amount of Each Disbursement this Period

1225.00

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

2050.20

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 : SB29.5493

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5519

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 : SB29.5522

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. Polvision Polstudios, Inc.

Mailing Address 3656 W. Belmont

City Chicago State IL Zip Code 60618

Purpose of Disbursement
TV Advertisement (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

MM / DD / YYYY
10 / 06 / 2014

Transaction ID : SB29.5523

Amount of Each Disbursement this Period

1225.00

Full Name (Last, First, Middle Initial)

B. Radio 1030

Mailing Address 3656 W Belmont Ave.

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Radio Advertisement (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

MM / DD / YYYY
10 / 06 / 2014

Transaction ID : SB29.5513

Amount of Each Disbursement this Period

153.00

Full Name (Last, First, Middle Initial)

C. Radio 1030

Mailing Address 3656 W Belmont Ave.

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Radio Advertisement (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

MM / DD / YYYY
10 / 06 / 2014

Transaction ID : SB29.5514

Amount of Each Disbursement this Period

153.00

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

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

1531.00

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

Form/Schedule: SB29

Transaction ID : SB29.5523

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5513

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5514

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

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. Radio 1030

Mailing Address 3656 W Belmont Ave.

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Radio Advertisement (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
10 / 15 / 2014

Transaction ID : SB29.5517

Amount of Each Disbursement this Period

153.00

Full Name (Last, First, Middle Initial)

B. Radio 1030

Mailing Address 3656 W Belmont Ave.

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Radio Advertisement (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
10 / 15 / 2014

Transaction ID : SB29.5518

Amount of Each Disbursement this Period

153.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Amount of Each Disbursement this Period

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

306.00

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

8291.02

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

Form/Schedule: SB29

Transaction ID : SB29.5517

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5518

Non-Contribution Account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Polish American Leadership Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00528760
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ART VISION LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 7011 W HIGGINS AVE	Amount 74.00
City CHICAGO State IL Zip Code 60656	Transaction ID : SE.5506 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Purpose of Expenditure Flyer	Category/Type 004
Name of Federal Candidate ROBERT JAMES JR DOLD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

1452.00

Full Name of Payee ART VISION LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 7011 W HIGGINS AVE	Amount 74.00
City CHICAGO State IL Zip Code 60656	Transaction ID : SE.5507 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Purpose of Expenditure Flyer	Category/Type 004
Name of Federal Candidate DANIEL WILLIAM LIPINSKI	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

1452.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	148.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELLE KURZYDLOWSKI

Signature _____ [Electronically Filed] Date **10 / 23 / 2014**

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

Form/Schedule: SE

Transaction ID : SE.5506

Non-Contribution Account

Form/Schedule: SE

Transaction ID: SE.5507

Non-Contribution Account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Polish American Leadership Political Action Committee		FEC IDENTIFICATION NUMBER C C00528760
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Polvision Polstudios, Inc.		Date of Public Distribution/Dissemination 10 / 06 / 2014
Mailing Address 3656 W. Belmont		Amount 1225.00
City Chicago	State IL	Zip Code 60618
Purpose of Expenditure TV Advertisement	Category/Type 004	Transaction ID : SE.5520 Date of Disbursement or Obligation 10 / 06 / 2014
Name of Federal Candidate ROBERT JAMES JR DOLD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	1378.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Polvision Polstudios, Inc.		Date of Public Distribution/Dissemination 10 / 06 / 2014
Mailing Address 3656 W. Belmont		Amount 1225.00
City Chicago	State IL	Zip Code 60618
Purpose of Expenditure TV Advertisement	Category/Type 004	Transaction ID : SE.5521 Date of Disbursement or Obligation 10 / 06 / 2014
Name of Federal Candidate DANIEL WILLIAM LIPINSKI	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	1378.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2450.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELLE KURZYDLOWSKI
Signature

[Electronically Filed]

Date 10 / 23 / 2014

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

Form/Schedule: SE

Transaction ID : SE.5520

Non-Contribution Account

Form/Schedule: SE

Transaction ID: SE.5521

Non-Contribution Account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Polish American Leadership Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00528760
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Radio 1030	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 3656 W Belmont Ave.	Amount 153.00
City Chicago State IL Zip Code 60618	Transaction ID : SE.5511 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Purpose of Expenditure Radio Advertisement	Category/Type 004
Name of Federal Candidate ROBERT JAMES JR DOLD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President State: IL
Calendar Year-To-Date Per Election for Office Sought 153.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Radio 1030	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 3656 W Belmont Ave.	Amount 153.00
City Chicago State IL Zip Code 60618	Transaction ID : SE.5512 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Purpose of Expenditure Radio Advertisement	Category/Type 004
Name of Federal Candidate DANIEL WILLIAM LIPINSKI	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President State: IL
Calendar Year-To-Date Per Election for Office Sought 153.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	306.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELLE KURZYDLOWSKI
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

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

Form/Schedule: SE

Transaction ID : SE.5511

Non-Contribution Account

Form/Schedule: SE

Transaction ID: SE.5512

Non-Contribution Account

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Polish American Leadership Political Action Committee		FEC IDENTIFICATION NUMBER C C00528760
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Radio 1030		Date of Public Distribution/Dissemination 10 / 15 / 2014	
Mailing Address 3656 W Belmont Ave.		Amount 153.00	
City Chicago	State IL	Zip Code 60618	Transaction ID : SE.5515
Purpose of Expenditure Radio Advertisement		Category/Type 004	Date of Disbursement or Obligation 10 / 15 / 2014
Name of Federal Candidate ROBERT JAMES JR DOLD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1605.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Radio 1030		Date of Public Distribution/Dissemination 10 / 15 / 2014	
Mailing Address 3656 W Belmont Ave.		Amount 153.00	
City Chicago	State IL	Zip Code 60618	Transaction ID : SE.5516
Purpose of Expenditure Radio Advertisement		Category/Type 004	Date of Disbursement or Obligation 10 / 15 / 2014
Name of Federal Candidate DANIEL WILLIAM LIPINSKI		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1605.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	306.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3210.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELLE KURZYDLOWSKI
Signature

[Electronically Filed] Date 10 / 23 / 2014

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

Form/Schedule: SE

Transaction ID : SE.5515

Non-Contribution Account

Form/Schedule: SE

Transaction ID: SE.5516

Non-Contribution Account