

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="20525.96"/>	<input type="text" value="20525.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7965.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="66424.85"/>	<input type="text" value="91946.80"/>
(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="74390.06"/>	<input type="text" value="112472.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="51488.51"/>	<input type="text" value="89571.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22901.55"/>	<input type="text" value="22901.55"/>
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)

Page 3

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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	66424.85	91946.80
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))..... ▶	66424.85	91946.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66424.85	91946.80

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)	0.00	0.00
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	51488.51	89571.21
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)) ..	51488.51	89571.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51488.51	89571.21

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	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 127
<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

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

A. NATALIA BAJGROWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 4749 R F D
 City State Zip Code
 LONG GROVE IL 60047
 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA17.4564
 Amount of Each Receipt this Period
 200.00

B. BERNACKI & ASSOCIATES, INC
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N OAKLEY BLVD
 City State Zip Code
 CHICAGO IL 60612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 16 / 2015
Transaction ID : SA17.4546
 Amount of Each Receipt this Period
 300.00

C. C&J REALTY MANAGEMENT, INC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2802
 City State Zip Code
 GLENVIEW IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA17.4475
 Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 : SA17.4564

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4546

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 : SA17.4475

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 127
(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. C&J REALTY MANAGEMENT, INC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2802
 City GLENVIEW 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 ▼
 3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA17.4536
 Amount of Each Receipt this Period
 100.00

B. COMPUDEX CONSULTING, LTD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26869 W TAYLOR RD
 City BARRINGTON State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA17.4554
 Amount of Each Receipt this Period
 800.00

C. DPR ART RESCUE, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N OAKLEY BLVD
 City CHICAGO State IL Zip Code 60612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA17.4565
 Amount of Each Receipt this Period
 460.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1360.00
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 : SA17.4536

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4554

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 : SA17.4565

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 127
<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. GARRY R PRIC INSURANCE AGENCY, INC

Mailing Address 1 S 280 SUMMIT AVE CT E-1

City OAKBROOK TERRACE	State IL	Zip Code 60181
--------------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA17.4499

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. J L HOCHBERG

Mailing Address 275 N.DEERE PARK E

City HIGHLAND PARK	State IL	Zip Code 60035
-----------------------	-------------	-------------------

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

Name of Employer GOOD FAITH EFFORT	Occupation GOOD FAITH EFFORT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA17.4489

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. JACEK MALCZYNSKI INS AGENT, INC

Mailing Address 704 S RAND RD

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA17.4503

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 : SA17.4499

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4489

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 : SA17.4503

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 15 OF 127
<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. THADDEUS MACHNIK		Date of Receipt
Mailing Address 375 MAPLE ROW		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
NORTHFIELD	IL	60093
FEC ID number of contributing federal political committee.		Transaction ID : SA17.4496
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
GOOD FAITH EFFORT	GOOD FAITH EFFORT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARION, IN		Date of Receipt
Mailing Address 3504 N KOSTNER AVE		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHICAGO	IL	60641
FEC ID number of contributing federal political committee.		Transaction ID : SA17.4542
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BARBARA MARTIN		Date of Receipt
Mailing Address 35 PARK LN		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
PARK RIDGE	IL	60068
FEC ID number of contributing federal political committee.		Transaction ID : SA17.4506
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1200.00"/>
Name of Employer	Occupation	
GOOD FAITH EFFORT	GOOD FAITH EFFORT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2400.00"/>
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 : SA17.4496

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4542

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 : SA17.4506

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 127
<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. 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 ▼
1731.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA17.4478

Amount of Each Receipt this Period
1000.00

B. 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 ▼
1751.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : SA17.4479

Amount of Each Receipt this Period
20.00

C. UNKNOWN
Full Name (Last, First, Middle Initial)
Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT	State IL	Zip Code 60025
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FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1851.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SA17.4480

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 : SA17.4478

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4479

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 : SA17.4480

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 127
<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. 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 ▼
4746.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA17.4483

Amount of Each Receipt this Period
2894.85

ARLINGTON EVENT (SQUARE, INC)

B. 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 ▼
5646.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA17.4484

Amount of Each Receipt this Period
900.00

ARLINGTON EVENT

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 ▼
5666.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA17.4569

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	3814.85
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 : SA17.4483

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4484

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 : SA17.4569

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 24 OF 127
<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. 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 ▼
8476.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA17.4491

Amount of Each Receipt this Period

2809.51

ARLINGTON EVENT (EVENTBRITE)

B. 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 ▼
8776.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA17.4492

Amount of Each Receipt this Period

300.00

EVENTBRITE

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 ▼
8796.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA17.4570

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	3129.51
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 : SA17.4491

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4492

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 : SA17.4570

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 127
(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. UNKNOWN

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8816.31

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA17.4571

Amount of Each Receipt this Period
20.00

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8916.31

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA17.4572

Amount of Each Receipt this Period
100.00

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9016.31

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA17.4573

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00

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 : SA17.4571

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4572

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 : SA17.4573

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 127
(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. UNKNOWN

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9036.31

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA17.4574

Amount of Each Receipt this Period
20.00

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21436.31

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA17.4533

Amount of Each Receipt this Period
12400.00

HOLIDAY GALA (EVENTBRITE)

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21456.31

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA17.4575

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	12440.00
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 : SA17.4574

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4533

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 : SA17.4575

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 33 OF 127
<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. ARIE ZWEIG
Full Name (Last, First, Middle Initial)

Mailing Address 2500 RAVINE WAY

City GLENVIEW State IL Zip Code 60025

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

Name of Employer R A ZWEIG, INC Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA17.4473

Amount of Each Receipt this Period
20000.00

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

Mailing Address 2500 RAVINE WAY

City GLENVIEW State IL Zip Code 60025

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

Name of Employer R A ZWEIG, INC Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA17.4488

Amount of Each Receipt this Period
550.00

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

Mailing Address 2500 RAVINE WAY

City GLENVIEW State IL Zip Code 60025

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

Name of Employer R A ZWEIG, INC Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA17.4493

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	30550.00
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 : SA17.4473

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.4488

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 : SA17.4493

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 36 OF 127
(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. Full Name (Last, First, Middle Initial)
ARIE ZWEIG

Mailing Address 2500 RAVINE WAY

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
R A ZWEIG, INC SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
31950.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA17.4543

Amount of Each Receipt this Period
1400.00

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	61384.36

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

Form/Schedule: SA17

Transaction ID : SA17.4543

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. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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
07 / 03 / 2015

Transaction ID : SB29.4418

Amount of Each Disbursement this Period

966.40

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB29.4419

Amount of Each Disbursement this Period

966.40

Full Name (Last, First, Middle Initial)

C. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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
07 / 31 / 2015

Transaction ID : SB29.4420

Amount of Each Disbursement this Period

966.40

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

2899.20

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 : SB29.4418

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4419

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 : SB29.4420

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. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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
08 / 14 / 2015

Transaction ID : SB29.4421

Amount of Each Disbursement this Period

966.40

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB29.4422

Amount of Each Disbursement this Period

969.40

Full Name (Last, First, Middle Initial)

C. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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
09 / 11 / 2015

Transaction ID : SB29.4423

Amount of Each Disbursement this Period

514.80

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

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

2450.60

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

Form/Schedule: SB29

Transaction ID : SB29.4421

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4422

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 : SB29.4423

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. 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
09 / 25 / 2015

Transaction ID : SB29.4424

Amount of Each Disbursement this Period

966.40

Full Name (Last, First, Middle Initial)

B. 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 / 09 / 2015

Transaction ID : SB29.4425

Amount of Each Disbursement this Period

966.40

Full Name (Last, First, Middle Initial)

C. 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 / 23 / 2015

Transaction ID : SB29.4426

Amount of Each Disbursement this Period

966.40

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

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

2899.20

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

Form/Schedule: SB29

Transaction ID : SB29.4424

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4425

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4426

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. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB29.4427

Amount of Each Disbursement this Period

966.40

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

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 / 20 / 2015

Transaction ID : SB29.4428

Amount of Each Disbursement this Period

966.40

Full Name (Last, First, Middle Initial)

C. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB29.4429

Amount of Each Disbursement this Period

966.40

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

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

2899.20

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

Form/Schedule: SB29

Transaction ID : SB29.4427

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4428

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 : SB29.4429

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. KINGA ALEKSANDROWICZ

Mailing Address 1608 VERMONT DR.

City State Zip Code
ELK GROVE VILLAGE IL 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

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB29.4430

Amount of Each Disbursement this Period

966.40

Full Name (Last, First, Middle Initial)

B. ARLINGTON PARK RACECOURSE, LLC

Mailing Address 2200 W EUCLID AVE

City State Zip Code
ARLINGTON PARK IL 60005

Purpose of Disbursement
EVENT EXPENSES

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
09 / 15 / 2015

Transaction ID : SB29.4370

Amount of Each Disbursement this Period

4113.55

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
EVENT EXPENSES

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
08 / 04 / 2015

Transaction ID : SB29.4372

Amount of Each Disbursement this Period

255.00

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

5334.95

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 : SB29.4430

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4370

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 : SB29.4372

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
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB29.4374

Amount of Each Disbursement this Period

740.00

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
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB29.4376

Amount of Each Disbursement this Period

1505.00

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

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

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB29.4379

Amount of Each Disbursement this Period

25.10

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

2270.10

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: SB29

Transaction ID : SB29.4374

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4376

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4379

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. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

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	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Transaction ID : SB29.4380

Amount of Each Disbursement this Period

2	5	.	0	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

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	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	1	5

Transaction ID : SB29.4381

Amount of Each Disbursement this Period

2	5	.	0	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

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	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : SB29.4382

Amount of Each Disbursement this Period

7	5	.	2	0
---	---	---	---	---

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

7	5	.	2	0
---	---	---	---	---

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

7	5	.	2	0
---	---	---	---	---

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

Form/Schedule: SB29

Transaction ID : SB29.4380

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4381

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4382

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. AUTHORIZE.NET

Mailing Address PO BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

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 / 2015

Transaction ID : SB29.4383

Amount of Each Disbursement this Period

25.05

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address P.O. BOX 947

City State Zip Code
AMERICAN FORK UT 84003

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
07 / 02 / 2015

Transaction ID : SB29.4384

Amount of Each Disbursement this Period

41.68

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address P.O. BOX 947

City State Zip Code
AMERICAN FORK UT 84003

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
07 / 06 / 2015

Transaction ID : SB29.4462

Amount of Each Disbursement this Period

35.90

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

102.63

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

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

Form/Schedule: SB29

Transaction ID : SB29.4383

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4384

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 : SB29.4462

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. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB29.4463

Amount of Each Disbursement this Period

0.46

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB29.4385

Amount of Each Disbursement this Period

31.33

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB29.4464

Amount of Each Disbursement this Period

2.29

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

34.08

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: SB29

Transaction ID : SB29.4463

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4385

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 : SB29.4464

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. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB29.4386

Amount of Each Disbursement this Period

47.82

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB29.4465

Amount of Each Disbursement this Period

0.72

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB29.4387

Amount of Each Disbursement this Period

51.49

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

100.03

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: SB29

Transaction ID : SB29.4386

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4465

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 : SB29.4387

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. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB29.4466

Amount of Each Disbursement this Period

0.46

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : SB29.4467

Amount of Each Disbursement this Period

0.46

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB29.4388

Amount of Each Disbursement this Period

53.55

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

54.47

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 : SB29.4466

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4467

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4388

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. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : SB29.4468

Amount of Each Disbursement this Period

3.62

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB29.4389

Amount of Each Disbursement this Period

49.57

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB29.4469

Amount of Each Disbursement this Period

2.32

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

55.51

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 : SB29.4468

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4389

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 : SB29.4469

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. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : SB29.4470

Amount of Each Disbursement this Period

0.46

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address P.O. BOX 947

City AMERICAN FORK State UT Zip Code 84003

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

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : SB29.4471

Amount of Each Disbursement this Period

0.72

Full Name (Last, First, Middle Initial)

C. CHASE CARDMEMBER SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

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

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB29.4391

Amount of Each Disbursement this Period

244.79

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

245.97

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 : SB29.4470

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4471

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4391

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 CARDMEMBER SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

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

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB29.4392

Amount of Each Disbursement this Period

1433.39

Full Name (Last, First, Middle Initial)

B. ARLINGTON PARK RACECOURSE, LLC

Mailing Address 2200 W EUCLID AVE

City ARLINGTON PARK State IL Zip Code 60005

Purpose of Disbursement
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB29.4392.1

Amount of Each Disbursement this Period

980.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WB PROMOTION

Mailing Address 1002 GEMINI ST
SUITE 105

City HOUSTON State TX Zip Code 77058

Purpose of Disbursement
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB29.4392.2

Amount of Each Disbursement this Period

388.79

[MEMO ITEM]

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

1433.39

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

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

Form/Schedule: SB29

Transaction ID : SB29.4392

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4392.1

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4392.2

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. CHASE CARDMEMBER SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

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	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	5

Transaction ID : SB29.4393

Amount of Each Disbursement this Period

9	5	.	7	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CHASE CARDMEMBER SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

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	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	5

Transaction ID : SB29.4394

Amount of Each Disbursement this Period

3	7	.	7	4	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 1400 PATRIOT BLVD

City GLENVIEW State IL Zip Code 60026

Purpose of Disbursement
POSTAGE

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
1	2		0	1		2	0	1	5

Transaction ID : SB29.4394.0

Amount of Each Disbursement this Period

2	9	.	4	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

4	7	.	3	1	2
---	---	---	---	---	---

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

4	7	.	3	1	2
---	---	---	---	---	---

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

Form/Schedule: SB29

Transaction ID : SB29.4393

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4394

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 : SB29.4394.0

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. SZECHWAN NORTH

Mailing Address 2857 PFINGSTEN RD.

City GLENVIEW State IL Zip Code 60026

Purpose of Disbursement MEALS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4394.1

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 3001

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement INTERNET

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4395

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 3001

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement INTERNET

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4396

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 : SB29.4394.1

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4395

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 : SB29.4396

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 SOUTHEASTERN State PA Zip Code 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

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB29.4397

Amount of Each Disbursement this Period

187.61

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB29.4398

Amount of Each Disbursement this Period

187.80

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB29.4399

Amount of Each Disbursement this Period

187.60

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

563.01

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 : SB29.4397

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4398

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4399

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. COPERNICUS CENTER

Mailing Address 5216 W. LAWRENCE AVE.

City CHICAGO State IL Zip Code 60630

Purpose of Disbursement
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2015

Transaction ID : SB29.4400

Amount of Each Disbursement this Period

630.00

Full Name (Last, First, Middle Initial)

B. COPERNICUS CENTER

Mailing Address 5216 W. LAWRENCE AVE.

City CHICAGO State IL Zip Code 60630

Purpose of Disbursement
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB29.4401

Amount of Each Disbursement this Period

158.00

Full Name (Last, First, Middle Initial)

C. E-LITE CHICAGO

Mailing Address 1610 W FULLERTON
#412

City CHICAGO State IL Zip Code 60614

Purpose of Disbursement
EVENT EXPENSES

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB29.4404

Amount of Each Disbursement this Period

1782.25

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

2570.25

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 : SB29.4400

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4401

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 : SB29.4404

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. EFTPS - UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45999

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
07 / 28 / 2015

Transaction ID : SB29.4447

Amount of Each Disbursement this Period

573.20

Full Name (Last, First, Middle Initial)

B. EFTPS - UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45999

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
07 / 28 / 2015

Transaction ID : SB29.4448

Amount of Each Disbursement this Period

573.20

Full Name (Last, First, Middle Initial)

C. EFTPS - UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45999

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
07 / 28 / 2015

Transaction ID : SB29.4449

Amount of Each Disbursement this Period

573.20

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

1719.60

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

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

Form/Schedule: SB29

Transaction ID : SB29.4447

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4448

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 : SB29.4449

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. EFTPS - UNITED STATES TREASURY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address INTERNAL REVENUE SERVICE

Transaction ID : SB29.4450

City CINCINNATI State OH Zip Code 45999

Amount of Each Disbursement this Period

2.40

Purpose of Disbursement
FEDERAL PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EFTPS - UNITED STATES TREASURY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address INTERNAL REVENUE SERVICE

Transaction ID : SB29.4451

City CINCINNATI State OH Zip Code 45999

Amount of Each Disbursement this Period

859.80

Purpose of Disbursement
FEDERAL PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. EFTPS - UNITED STATES TREASURY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

Mailing Address INTERNAL REVENUE SERVICE

Transaction ID : SB29.4452

City CINCINNATI State OH Zip Code 45999

Amount of Each Disbursement this Period

478.40

Purpose of Disbursement
FEDERAL PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

1340.60

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: SB29

Transaction ID : SB29.4450

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4451

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 : SB29.4452

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. EFTPS - UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45999

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
11 / 10 / 2015

Transaction ID : SB29.4453

Amount of Each Disbursement this Period

493.20

Full Name (Last, First, Middle Initial)

B. EFTPS - UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45999

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
11 / 10 / 2015

Transaction ID : SB29.4454

Amount of Each Disbursement this Period

481.40

Full Name (Last, First, Middle Initial)

C. EFTPS - UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45999

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
12 / 16 / 2015

Transaction ID : SB29.4455

Amount of Each Disbursement this Period

665.00

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

1639.60

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: SB29

Transaction ID : SB29.4453

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4454

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 : SB29.4455

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. EUROPEAN CRYSTAL BANQUET

Mailing Address 519 W. ALGONQUIN RD.

City ARLINGTON HEIGHTS State IL Zip Code 60005

Purpose of Disbursement
EVENT EXPENSES

003

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB29.4405

Amount of Each Disbursement this Period

8690.00

Full Name (Last, First, Middle Initial)

B. I.D.E.S.

Mailing Address 33 S. STATE ST.

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
STATE PAYROLL TAXES

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB29.4402

Amount of Each Disbursement this Period

49.09

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

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : SB29.4406

Amount of Each Disbursement this Period

77.60

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

8816.69

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 : SB29.4405

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4402

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 : SB29.4406

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address P.O. BOX 19447

Transaction ID : SB29.4407

City State Zip Code
SPRINGFIELD IL 62794

Amount of Each Disbursement this Period

77.60

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ILLINOIS DEPARTMENT OF REVENUE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address P.O. BOX 19447

Transaction ID : SB29.4408

City State Zip Code
SPRINGFIELD IL 62794

Amount of Each Disbursement this Period

77.60

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ILLINOIS DEPARTMENT OF REVENUE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address P.O. BOX 19447

Transaction ID : SB29.4409

City State Zip Code
SPRINGFIELD IL 62794

Amount of Each Disbursement this Period

116.40

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

271.60

--

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

Form/Schedule: SB29

Transaction ID : SB29.4407

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4408

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 : SB29.4409

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

Date of Disbursement

Mailing Address P.O. BOX 19447

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

City State Zip Code
SPRINGFIELD IL 62794

Transaction ID : SB29.4410

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Amount of Each Disbursement this Period

80.75

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ILLINOIS DEPARTMENT OF REVENUE

Date of Disbursement

Mailing Address P.O. BOX 19447

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

City State Zip Code
SPRINGFIELD IL 62794

Transaction ID : SB29.4411

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Amount of Each Disbursement this Period

77.60

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ILLINOIS DEPARTMENT OF REVENUE

Date of Disbursement

Mailing Address P.O. BOX 19447

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

City State Zip Code
SPRINGFIELD IL 62794

Transaction ID : SB29.4412

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Amount of Each Disbursement this Period

55.10

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

213.45

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

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

Form/Schedule: SB29

Transaction ID : SB29.4410

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4411

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.4412

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

Mailing Address P.O. BOX 19447

Transaction ID : SB29.4413

City State Zip Code
SPRINGFIELD IL 62794

Amount of Each Disbursement this Period

77.60

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ILLINOIS DEPARTMENT OF REVENUE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2015

Mailing Address P.O. BOX 19447

Transaction ID : SB29.4414

City State Zip Code
SPRINGFIELD IL 62794

Amount of Each Disbursement this Period

77.60

Purpose of Disbursement
STATE PAYROLL TAXES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. NICOLE JANABEK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Mailing Address GOOD FAITH EFFORT

Transaction ID : SB29.4434

City State Zip Code
GOOD FAITH EFFORT IL 60025

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
CONTRACT SERVICES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

455.20

--

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

Form/Schedule: SB29

Transaction ID : SB29.4413

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4414

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 : SB29.4434

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. KBE ENTERTAINMENT, INC

Mailing Address 8220 W KIMBER LN

City PALOS PARK State IL Zip Code 60464

Purpose of Disbursement
EVENT EXPENSES

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 / 16 / 2015

Transaction ID : SB29.4416

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MATEUSZ KIRAGA

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
CONTRACT SERVICES

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
09 / 08 / 2015

Transaction ID : SB29.4431

Amount of Each Disbursement this Period

335.00

Full Name (Last, First, Middle Initial)

C. POLVISION POLSTUDIOS, INC.

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

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
07 / 04 / 2015

Transaction ID : SB29.4436

Amount of Each Disbursement this Period

800.00

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

2635.00

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 : SB29.4416

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4431

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 : SB29.4436

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 AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB29.4437

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. POLVISION POLSTUDIOS, INC.

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB29.4438

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

C. POLVISION POLSTUDIOS, INC.

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB29.4439

Amount of Each Disbursement this Period

800.00

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

2400.00

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: SB29

Transaction ID : SB29.4437

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4438

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 : SB29.4439

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 AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

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 / 15 / 2015

Transaction ID : SB29.4440

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. POLVISION POLSTUDIOS, INC.

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB29.4441

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

C. POLVISION POLSTUDIOS, INC.

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB29.4442

Amount of Each Disbursement this Period

800.00

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

2400.00

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 : SB29.4440

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4441

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 : SB29.4442

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. WNVR 1030 AM CHICAGO

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB29.4456

Amount of Each Disbursement this Period

785.00

Full Name (Last, First, Middle Initial)

B. WNVR 1030 AM CHICAGO

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB29.4457

Amount of Each Disbursement this Period

355.00

Full Name (Last, First, Middle Initial)

C. WNVR 1030 AM CHICAGO

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB29.4458

Amount of Each Disbursement this Period

785.00

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

1925.00

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: SB29

Transaction ID : SB29.4456

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4457

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 : SB29.4458

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. WNVR 1030 AM CHICAGO

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

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 / 15 / 2015

Transaction ID : SB29.4459

Amount of Each Disbursement this Period

945.00

Full Name (Last, First, Middle Initial)

B. WNVR 1030 AM CHICAGO

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB29.4460

Amount of Each Disbursement this Period

930.00

Full Name (Last, First, Middle Initial)

C. WNVR 1030 AM CHICAGO

Mailing Address 3656 W. BELMONT AVE.

City CHICAGO State IL Zip Code 60618

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB29.4461

Amount of Each Disbursement this Period

760.00

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

2635.00

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

51287.87

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

Form/Schedule: SB29

Transaction ID : SB29.4459

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.4460

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 : SB29.4461

Non-Contribution Account

Form/Schedule:

Transaction ID: