

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Polish American Leadership Political Action Committee

ADDRESS (number and street) ▼

2500 Ravine Way

☐ Check if different than previously reported. (ACC)

Glenview

IL

60025

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528760

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2013

12

31

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Janine Pawlus

Signature of Treasurer

Janine Pawlus

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

31

2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

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: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		76000.00
(b) Cash on Hand at Beginning of Reporting Period.....	65604.67	
(c) Total Receipts (from Line 19)	53607.74	116699.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	119212.41	192699.27
7. Total Disbursements (from Line 31)	87017.34	160504.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32195.07	32195.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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:

M M M	/	D D D	/	Y Y Y Y Y
07		01		2013

To:

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

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

55884.85

(ii) Unitemized

0.00

6906.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

62791.53

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

63091.53

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).....

2891.50

2891.50

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

50716.24

50716.24

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))..... ▶

53607.74

116699.27

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

53607.74

116699.27

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	73986.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	73986.86
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	-500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-500.00
29. Other Disbursements	87017.34	87017.34
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)) ..	87017.34	160504.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87017.34	160504.20

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	63091.53
34. Total Contribution Refunds (from Line 28(d))	0.00	-500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	63591.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	73986.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2891.50	2891.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-2891.50	71095.36

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 100

☐ 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. OAK MILL BAKERY

Mailing Address 24802 S WOLF ROAD

City
DES PLAINES

State Zip Code
IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2891.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 03 2013

Transaction ID : SA15.5131

Amount of Each Receipt this Period

2891.50

Returned Catering Services Check

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ►

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

2891.50

2891.50

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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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 ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2013

Transaction ID : SA17.5134

Amount of Each Receipt this Period

1410.00

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 ▼

2810.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2013

Transaction ID : SA17.5135

Amount of Each Receipt this Period

1380.00

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 ▼

2870.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2013

Transaction ID : SA17.5136

Amount of Each Receipt this Period

60.00

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

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

2850.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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 ▼

2890.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2013

Transaction ID : SA17.5137

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 ▼

3090.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2013

Transaction ID : SA17.5138

Amount of Each Receipt this Period

200.00

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 ▼

3602.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2013

Transaction ID : SA17.5139

Amount of Each Receipt this Period

512.00

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

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

732.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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 ▼

4102.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 26 2013

Transaction ID : SA17.5140

Amount of Each Receipt this Period

500.00

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 ▼

4602.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 26 2013

Transaction ID : SA17.5141

Amount of Each Receipt this Period

500.00

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 ▼

4702.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 26 2013

Transaction ID : SA17.5142

Amount of Each Receipt this Period

100.00

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

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

1100.00

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

Use separate schedule(s)
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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 ▼

4852.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 26 2013

Transaction ID : SA17.5143

Amount of Each Receipt this Period

150.00

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 ▼

5352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 26 2013

Transaction ID : SA17.5144

Amount of Each Receipt this Period

500.00

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 ▼

5372.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 02 2013

Transaction ID : SA17.5145

Amount of Each Receipt this Period

20.00

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

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

670.00

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

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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 ▼

5472.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 06 / 2013

Transaction ID : SA17.5146

Amount of Each Receipt this Period

100.00

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 ▼

5572.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA17.5147

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 ▼

5592.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2013

Transaction ID : SA17.5148

Amount of Each Receipt this Period

20.00

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

220.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

5611.30

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 19 / 2013

Transaction ID : SA17.5149

Amount of Each Receipt this Period

19.30

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 ▼

5631.30

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 20 / 2013

Transaction ID : SA17.5150

Amount of Each Receipt this Period

20.00

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 ▼

8631.30

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 21 / 2013

Transaction ID : SA17.5151

Amount of Each Receipt this Period

3000.00

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

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

3039.30

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

Use separate schedule(s)
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FOR LINE NUMBER:
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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 ▼

8731.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 22 2013

Transaction ID : SA17.5152

Amount of Each Receipt this Period

100.00

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 ▼

8751.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 26 2013

Transaction ID : SA17.5153

Amount of Each Receipt this Period

20.00

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 ▼

8771.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 04 2013

Transaction ID : SA17.5154

Amount of Each Receipt this Period

20.00

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

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

140.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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 ▼

8791.30

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA17.5155

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 ▼

8811.30

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 24 / 2013

Transaction ID : SA17.5156

Amount of Each Receipt this Period

20.00

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 ▼

8868.66

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 26 / 2013

Transaction ID : SA17.5157

Amount of Each Receipt this Period

57.36

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

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

97.36

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)

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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 ▼

8968.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA17.5158

Amount of Each Receipt this Period

100.00

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 ▼

8969.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA17.5159

Amount of Each Receipt this Period

1.00

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 ▼

9069.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA17.5160

Amount of Each Receipt this Period

100.00

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

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

201.00

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

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

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(check only one)

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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 ▼

9569.66

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA17.5161

Amount of Each Receipt this Period

500.00

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 ▼

9589.66

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA17.5162

Amount of Each Receipt this Period

20.00

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 ▼

9634.66

Date of Receipt

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

Transaction ID : SA17.5163

Amount of Each Receipt this Period

45.00

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

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

565.00

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)

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☐ 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 ▼

9673.52

Date of Receipt

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

Transaction ID : SA17.5164

Amount of Each Receipt this Period

38.86

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 ▼

9712.38

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA17.5165

Amount of Each Receipt this Period

38.86

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 ▼

9731.68

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA17.5166

Amount of Each Receipt this Period

19.30

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

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

97.02

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

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

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

9751.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA17.5167

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 ▼

9771.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2013

Transaction ID : SA17.5168

Amount of Each Receipt this Period

20.00

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 ▼

9871.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA17.5169

Amount of Each Receipt this Period

100.00

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

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

140.00

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

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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 ▼

9891.68

Date of Receipt

10 / 29 / 2013

Transaction ID : SA17.5170

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 ▼

9911.68

Date of Receipt

10 / 29 / 2013

Transaction ID : SA17.5171

Amount of Each Receipt this Period

20.00

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 ▼

9931.68

Date of Receipt

10 / 29 / 2013

Transaction ID : SA17.5172

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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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 ▼

9951.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 29 2013

Transaction ID : SA17.5173

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 ▼

9971.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 29 2013

Transaction ID : SA17.5174

Amount of Each Receipt this Period

20.00

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 ▼

13511.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 07 2013

Transaction ID : SA17.5175

Amount of Each Receipt this Period

3540.00

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

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

3580.00

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

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Detailed Summary Page

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(check only one)

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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 ▼

13611.68

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA17.5176

Amount of Each Receipt this Period

100.00

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 ▼

13631.68

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA17.5178

Amount of Each Receipt this Period

20.00

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 ▼

13651.68

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : SA17.5179

Amount of Each Receipt this Period

20.00

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

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

140.00

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

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

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

14071.68

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 29 / 2013

Transaction ID : SA17.5180

Amount of Each Receipt this Period

420.00

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 ▼

15101.68

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 29 / 2013

Transaction ID : SA17.5181

Amount of Each Receipt this Period

1030.00

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 ▼

15121.68

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA17.5182

Amount of Each Receipt this Period

20.00

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

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

1470.00

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

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

FOR LINE NUMBER: PAGE 23 OF 100
(check only one)

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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 ▼

15141.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 05 2013

Transaction ID : SA17.5183

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 ▼

34891.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2013

Transaction ID : SA17.5184

Amount of Each Receipt this Period

19750.00

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 ▼

34971.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 14 2013

Transaction ID : SA17.5185

Amount of Each Receipt this Period

80.00

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

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

19850.00

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

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

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(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 ▼

35171.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 14 2013

Transaction ID : SA17.5186

Amount of Each Receipt this Period

200.00

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 ▼

43616.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2013

Transaction ID : SA17.5187

Amount of Each Receipt this Period

8445.00

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 ▼

48406.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2013

Transaction ID : SA17.5188

Amount of Each Receipt this Period

4790.00

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

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

13435.00

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)

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☐ 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 ▼

50696.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2013

Transaction ID : SA17.5189

Amount of Each Receipt this Period

2290.00

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 ▼

50716.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 20 2013

Transaction ID : SA17.5191

Amount of Each Receipt this Period

19.56

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

2309.56

50696.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 100

<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. K ALEKSANDROWICZ

Mailing Address 1608 VERMONT

City	State	Zip Code
ELK GROVE VILLAGE	IL	60007

Purpose of Disbursement
Contract Services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : SB29.5116

Amount of Each Disbursement this Period

940.00

Full Name (Last, First, Middle Initial)

B. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City	State	Zip Code
CHICAGO	IL	60656

Purpose of Disbursement
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : SB29.5106

Amount of Each Disbursement this Period

1680.00

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

Transaction ID : SB29.5017

Amount of Each Disbursement this Period

500.00

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

3120.00

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5116

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5106

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5017

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 100

<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 GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2013

Transaction ID : SB29.5031

Amount of Each Disbursement this Period

24.90

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : SB29.5060

Amount of Each Disbursement this Period

37.64

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Transaction ID : SB29.5073

Amount of Each Disbursement this Period

25.55

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

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

88.09

--

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

Form/Schedule: SB29

Transaction ID : SB29.5031

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5060

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5073

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 100

<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 GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Transaction ID : SB29.5074

Amount of Each Disbursement this Period

23.84

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : SB29.5089

Amount of Each Disbursement this Period

49.77

Full Name (Last, First, Middle Initial)

C. ADRIANNA BORCZYK

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Contract Services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2013

Transaction ID : SB29.5086

Amount of Each Disbursement this Period

342.00

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

415.61

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5074

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5089

Non-Contribution Account

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5086

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 PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 100

<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. ADRIANNA BORCZYK

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Contract Services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Transaction ID : SB29.5109

Amount of Each Disbursement this Period

243.00

Full Name (Last, First, Middle Initial)

B. Grazyna Buda

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Refund of Overpayment

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SB29.5099

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Chase Card Services

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Office Supplies

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : SB29.5068

Amount of Each Disbursement this Period

1835.00

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

2578.00

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5109

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5099

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5068

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 100

<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. CHICAGO YACHTING ASSOCIATION

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2013

Transaction ID : SB29.5117

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 3001

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement
Internet

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2013

Transaction ID : SB29.5003

Amount of Each Disbursement this Period

145.40

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 3001

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement
Internet

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2013

Transaction ID : SB29.5025

Amount of Each Disbursement this Period

145.40

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

790.80

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5117

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5003

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5025

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 3001

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement
Internet

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

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

Transaction ID : SB29.5058

Amount of Each Disbursement this Period

293.75

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 3001

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement
Internet

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Transaction ID : SB29.5072

Amount of Each Disbursement this Period

157.92

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 3001

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement
Internet

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : SB29.5088

Amount of Each Disbursement this Period

148.42

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

600.09

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

Form/Schedule: SB29

Transaction ID : SB29.5058

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5072

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5088

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 3001

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement
Internet

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : SB29.5108

Amount of Each Disbursement this Period

148.42

Full Name (Last, First, Middle Initial)

B. CONNECT-INSPIRE-GROW

Mailing Address 8868 N Kenneth Apt 2G

City	State	Zip Code
Des Plaines	IL	60616

Purpose of Disbursement
Contract Services - Video

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2013

Transaction ID : SB29.5000

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CONNECT-INSPIRE-GROW

Mailing Address 8868 N Kenneth Apt 2G

City	State	Zip Code
Des Plaines	IL	60616

Purpose of Disbursement
Contract Services - Video

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : SB29.5111

Amount of Each Disbursement this Period

500.00

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

1148.42

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5108

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5000

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5111

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 PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 100

<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	State	Zip Code
CHICAGO	IL	60630

Purpose of Disbursement
Facilities Rent

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2013

Transaction ID : SB29.5026

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. Bogdan Dola

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Contract Services - Photographer

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : SB29.5112

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. European Crystal Banquet

Mailing Address 519 W. Algonquin Rd.

City	State	Zip Code
Arlington Heights	IL	60005

Purpose of Disbursement
Facilities Rental

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Transaction ID : SB29.5102

Amount of Each Disbursement this Period

9582.50

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

10832.50

--

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

Form/Schedule: SB29

Transaction ID : SB29.5026

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5112

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5102

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 100

<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	State	Zip Code
Arlington Heights	IL	60005

Purpose of Disbursement
Facilities Rental

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Transaction ID : SB29.5110

Amount of Each Disbursement this Period

9582.50

Full Name (Last, First, Middle Initial)

B. EVENTBRITE

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SB29.5192

Amount of Each Disbursement this Period

592.50

Full Name (Last, First, Middle Initial)

C. EVENTBRITE

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SB29.5193

Amount of Each Disbursement this Period

587.07

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

10762.07

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5110

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 100

<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. EVENTBRITE

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SB29.5195

Amount of Each Disbursement this Period

147.86

Full Name (Last, First, Middle Initial)

B. FAKTY CHICAGO - PIOTR CZARNY

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

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

Transaction ID : SB29.5064

Amount of Each Disbursement this Period

570.00

Full Name (Last, First, Middle Initial)

C. FAKTY CHICAGO - PIOTR CZARNY

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Transaction ID : SB29.5081

Amount of Each Disbursement this Period

570.00

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

1287.86

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

Form/Schedule: SB29

Transaction ID : SB29.5064

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5081

Non-Contribution Account

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 100

<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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Office Supplies / Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : SB29.5007

Amount of Each Disbursement this Period

249.07

Full Name (Last, First, Middle Initial)

B. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SB29.5018

Amount of Each Disbursement this Period

1473.82

Full Name (Last, First, Middle Initial)

C. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SB29.5019

Amount of Each Disbursement this Period

747.65

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

2470.54

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

Form/Schedule: SB29

Transaction ID : SB29.5007

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5018

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5019

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 100

<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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2013

Transaction ID : SB29.5027

Amount of Each Disbursement this Period

1473.81

Full Name (Last, First, Middle Initial)

B. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : SB29.5032

Amount of Each Disbursement this Period

1473.82

Full Name (Last, First, Middle Initial)

C. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Travel

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Transaction ID : SB29.5045

Amount of Each Disbursement this Period

839.00

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

3786.63

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5027

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5032

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5045

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 100

<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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : SB29.5056

Amount of Each Disbursement this Period

1473.81

Full Name (Last, First, Middle Initial)

B. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SB29.5061

Amount of Each Disbursement this Period

1473.82

Full Name (Last, First, Middle Initial)

C. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : SB29.5067

Amount of Each Disbursement this Period

1473.80

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

4421.43

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

Form/Schedule: SB29

Transaction ID : SB29.5056

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5061

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5067

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 100

<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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Transaction ID : SB29.5071

Amount of Each Disbursement this Period

1473.82

Full Name (Last, First, Middle Initial)

B. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Travel

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : SB29.5079

Amount of Each Disbursement this Period

59.42

Full Name (Last, First, Middle Initial)

C. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : SB29.5080

Amount of Each Disbursement this Period

1473.81

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

3007.05

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

Form/Schedule: SB29

Transaction ID : SB29.5071

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5079

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5080

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 100

<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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2013

Transaction ID : SB29.5085

Amount of Each Disbursement this Period

1473.82

Full Name (Last, First, Middle Initial)

B. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : SB29.5097

Amount of Each Disbursement this Period

1473.81

Full Name (Last, First, Middle Initial)

C. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Travel

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SB29.5098

Amount of Each Disbursement this Period

138.00

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

3085.63

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

Form/Schedule: SB29

Transaction ID : SB29.5085

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5097

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5098

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 100

<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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Travel

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SB29.5101

Amount of Each Disbursement this Period

47.18

Full Name (Last, First, Middle Initial)

B. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City Niles	State IL	Zip Code 60714
---------------	-------------	-------------------

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Transaction ID : SB29.5124

Amount of Each Disbursement this Period

1473.82

Full Name (Last, First, Middle Initial)

C. ANDREW GRZELAK

Mailing Address 4237 N NEW ENGLAND AVE

City 4237 N NEW ENGLAND AVE	State IL	Zip Code 60706
--------------------------------	-------------	-------------------

Purpose of Disbursement
Contract services - Entertainment

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Transaction ID : SB29.5104

Amount of Each Disbursement this Period

1700.00

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

3221.00

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5101

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5124

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5104

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IDES

Mailing Address 850 E MADISON

City	State	Zip Code
SPRINGFIELD	IL	62703

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SB29.5063

Amount of Each Disbursement this Period

415.39

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2013

Transaction ID : SB29.5028

Amount of Each Disbursement this Period

192.30

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : SB29.5033

Amount of Each Disbursement this Period

96.15

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

703.84

--

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

Form/Schedule: SB29

Transaction ID : SB29.5063

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5028

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5033

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 PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Transaction ID : SB29.5046

Amount of Each Disbursement this Period

96.15

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : SB29.5065

Amount of Each Disbursement this Period

192.30

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2013

Transaction ID : SB29.5075

Amount of Each Disbursement this Period

96.15

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

384.60

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5046

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5065

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5075

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : SB29.5077

Amount of Each Disbursement this Period

96.15

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : SB29.5094

Amount of Each Disbursement this Period

96.15

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City	State	Zip Code
Springfield	IL	62794

Purpose of Disbursement
State Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SB29.5119

Amount of Each Disbursement this Period

96.15

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

288.45

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5077

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5094

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5119

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address 500 N CAPITOL DRIVE

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2013

Transaction ID : SB29.5029

Amount of Each Disbursement this Period

1000.46

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address 500 N CAPITOL DRIVE

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : SB29.5034

Amount of Each Disbursement this Period

500.22

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address 500 N CAPITOL DRIVE

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Transaction ID : SB29.5047

Amount of Each Disbursement this Period

500.24

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

2000.92

--

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

Form/Schedule: SB29

Transaction ID : SB29.5029

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5034

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5047

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address 500 N CAPITOL DRIVE

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
Federal Payroll taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SB29.5062

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address 500 N CAPITOL DRIVE

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2013

Transaction ID : SB29.5066

Amount of Each Disbursement this Period

1000.48

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address 500 N CAPITOL DRIVE

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2013

Transaction ID : SB29.5076

Amount of Each Disbursement this Period

500.22

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

1542.70

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

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

Form/Schedule: SB29

Transaction ID : SB29.5062

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5066

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5076

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 PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : SB29.5078

Amount of Each Disbursement this Period

500.24

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

Transaction ID : SB29.5084

Amount of Each Disbursement this Period

500.22

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : SB29.5096

Amount of Each Disbursement this Period

500.24

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

1500.70

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5078

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5084

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5096

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 100

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

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address 500 N CAPITOL DRIVE

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SB29.5120

Amount of Each Disbursement this Period

500.22

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER KAMYSZEF

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Contract Services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : SB29.5090

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Jan Mlynarski

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : SB29.5114

Amount of Each Disbursement this Period

750.00

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

4750.22

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5120

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5090

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5114

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 PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 100

<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. OAK MILL BAKERY

Mailing Address 24802 S WOLF ROAD

City	State	Zip Code
DES PLAINES	IL	60018

Purpose of Disbursement
Catering Services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Transaction ID : SB29.5009

Amount of Each Disbursement this Period

2891.50

Full Name (Last, First, Middle Initial)

B. OAK MILL BAKERY

Mailing Address 24802 S WOLF ROAD

City	State	Zip Code
DES PLAINES	IL	60018

Purpose of Disbursement
Catering Services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SB29.5100

Amount of Each Disbursement this Period

1425.45

Full Name (Last, First, Middle Initial)

C. POLISH AMERICAN CHAMBER OF COMMERCEMailing Address 5214 W Lawrence Ave
Suite # 1

City	State	Zip Code
Chicago	IL	60630

Purpose of Disbursement
Holiday Gala

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SB29.5121

Amount of Each Disbursement this Period

8043.72

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

12360.67

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

Form/Schedule: SB29

Transaction ID : SB29.5009

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5100

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5121

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 100

<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. POLNET COMMUNICATIONS

Mailing Address 3656 WEST BELMONT AVE

City	State	Zip Code
CHICAGO	IL	60618

Purpose of Disbursement
Vendor Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

Transaction ID : SB29.5015

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. RA Zweig, Inc.

Mailing Address 2500 Ravine Way

City	State	Zip Code
Glenview	IL	60025

Purpose of Disbursement
Office Supplies

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : SB29.5006

Amount of Each Disbursement this Period

193.94

Full Name (Last, First, Middle Initial)

C. RA Zweig, Inc.

Mailing Address 2500 Ravine Way

City	State	Zip Code
Glenview	IL	60025

Purpose of Disbursement
Office Supplies / Travel

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : SB29.5057

Amount of Each Disbursement this Period

1491.58

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

2085.52

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

Form/Schedule: SB29

Transaction ID : SB29.5015

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5006

Non-Contribution Account

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.5057

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. ROSEMONT CONVENTION CENTER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2013

Mailing Address 9301 W BRYN MAWR

Transaction ID : SB29.5004

City ROSEMONT State IL Zip Code 60018

Amount of Each Disbursement this Period

Purpose of Disbursement
Catering Services

001

4323.57

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Richard Schmidt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Mailing Address GOOD FAITH EFFORT

Transaction ID : SB29.5024

Amount of Each Disbursement this Period

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Refund of Contribution

010

500.00

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. UNKNOWN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Mailing Address GOOD FAITH EFFORT

Transaction ID : SB29.5196

Amount of Each Disbursement this Period

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Balancing Adjustment

001

3334.79

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

8158.36

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

85391.70

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

Form/Schedule: SB29

Transaction ID : SB29.5004

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5024

Non-Contribution Account