

**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
REPORT☒NEW
(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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y 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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 MICHELLE KURZYDLOWSKI

Signature of Treasurer

MICHELLE KURZYDLOWSKI

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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: 01 / 01 / 2014 To: 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY 2014		32195.07
(b) Cash on Hand at Beginning of Reporting Period.....	32195.07	
(c) Total Receipts (from Line 19)	24591.00	24591.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56786.07	56786.07
7. Total Disbursements (from Line 31)	32289.11	32289.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24496.96	24496.96
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 / D D / Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 03 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

606.00

606.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

23985.00

23985.00

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))..... ▶

24591.00

24591.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

24591.00

24591.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	32289.11	32289.11
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)) ..	32289.11	32289.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32289.11	32289.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 53

☐ 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. FAKTY CHICAGO - PIOTR CZARNY

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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 04 2014

Transaction ID : SA15.5315

Amount of Each Receipt this Period

570.00

Returned Check - Contract Services

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)..... ►

570.00

570.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA15

Transaction ID : SA15.5315

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 53

☐ 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. European Crystal Banquet

Mailing Address 519 W. Algonquin Rd.

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SA17.5259

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. JK&B MANAGEMENT

Mailing Address 180 N STETSON AVE

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SA17.5258

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KBD INTERNATIONAL CORP

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SA17.5251

Amount of Each Receipt this Period

500.00

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

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

4500.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5259

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5258

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5251

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 11 OF 53
(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. DAVID KODNER

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
GOOD FAITH EFFORT

Occupation
GOOD FAITH EFFORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2014

Transaction ID : SA17.5269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JAN KRYNSKI

Mailing Address GOOD FAITH EFFORT

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOM ITP

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA17.5281

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mario Machnicki

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
GOOD FAITH EFFORT

Occupation
GOOD FAITH EFFORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA17.5285

Amount of Each Receipt this Period

3000.00

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

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

4500.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5269

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5281

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5285

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 14 OF 53
(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. Barbara Martin

Mailing Address 35 Park Lane

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

GOOD FAITH EFFORT

Occupation

GOOD FAITH EFFORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SA17.5257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Barbara Martin

Mailing Address 35 Park Lane

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

GOOD FAITH EFFORT

Occupation

GOOD FAITH EFFORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 08 / 2014

Transaction ID : SA17.5264

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. OAK MILL BAKERY

Mailing Address 24802 S WOLF ROAD

City State Zip Code
DES PLAINES 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SA17.5256

Amount of Each Receipt this Period

1000.00

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

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

2000.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5257

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5264

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5256

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 17 OF 53
(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. PINTEL FINANCIAL INC.

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 08 2014

Transaction ID : SA17.5262

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Izabela J Roman

Mailing Address 656 Ardsley Rd.

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

GOOD FAITH EFFORT

GOOD FAITH EFFORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3065.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2014

Transaction ID : SA17.5282

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. STAR-TECH GLASS

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 ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 07 2014

Transaction ID : SA17.5254

Amount of Each Receipt this Period

1170.00

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

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

4670.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5262

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5282

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5254

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 20 OF 53
(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. TOMEK STARTEK

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
GOOD FAITH EFFORT

Occupation
GOOD FAITH EFFORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA17.5283

Amount of Each Receipt this Period

3000.00

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA17.5276

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 ▼

4270.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2014

Transaction ID : SA17.5278

Amount of Each Receipt this Period

4050.00

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

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

7250.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5283

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5276

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5278

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 23 OF 53
(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 ▼

4790.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 18 2014

Transaction ID : SA17.5279

Amount of Each Receipt this Period

520.00

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 ▼

4890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 27 2014

Transaction ID : SA17.5280

Amount of Each Receipt this Period

100.00

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)..... ►

620.00

23540.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5279

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5280

Non-Contribution Account

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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. Adrianna Borczyk

Mailing Address 290 Munroe Circle

City	State	Zip Code
Des Plaines	IL	60016

Purpose of Disbursement
Contract Services

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SB29.5229

Amount of Each Disbursement this Period

333.00

Full Name (Last, First, Middle Initial)

B. Adrianna Borczyk

Mailing Address 290 Munroe Circle

City	State	Zip Code
Des Plaines	IL	60016

Purpose of Disbursement
Contract Services

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : SB29.5239

Amount of Each Disbursement this Period

351.00

Full Name (Last, First, Middle Initial)

C. COPERNICUS CENTER

Mailing Address 5216 W Lawrence Ave

City	State	Zip Code
CHICAGO	IL	60630

Purpose of Disbursement
Contract Services

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SB29.5246

Amount of Each Disbursement this Period

1495.00

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

2179.00

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5229

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5239

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5246

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. European Crystal Banquet

Mailing Address 519 W. Algonquin Rd.

City	State	Zip Code
Arlington Heights	IL	60005

Purpose of Disbursement
Contract Services

003

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SB29.5245

Amount of Each Disbursement this Period

3621.71

Full Name (Last, First, Middle Initial)

B. Federal Election Commission

Mailing Address P.O. Box 979058

City	State	Zip Code
St. Louis	MO	63197

Purpose of Disbursement
Penalty

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
01		29		2014

Transaction ID : SB29.5217

Amount of Each Disbursement this Period

4950.00

Full Name (Last, First, Middle Initial)

C. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

City	State	Zip Code
Niles	IL	60714

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2014

Transaction ID : SB29.5213

Amount of Each Disbursement this Period

1474.82

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

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

10046.53

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5245**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5217**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5213

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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:	☐ 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
01		24		2014

Transaction ID : SB29.5216

Amount of Each Disbursement this Period

1474.81

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:	☐ 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
02		07		2014

Transaction ID : SB29.5223

Amount of Each Disbursement this Period

1474.82

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:	☐ 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
02		16		2014

Transaction ID : SB29.5231

Amount of Each Disbursement this Period

1474.81

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

4424.44

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5216**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5223**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5231**

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. Elzbieta Golebiewska

Mailing Address 7851 North Oleander Ave.

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

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB29.5236

Amount of Each Disbursement this Period

1474.82

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

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : SB29.5247

Amount of Each Disbursement this Period

1474.80

Full Name (Last, First, Middle Initial)

C. IDES

Mailing Address 850 E MADISON

City SPRINGFIELD	State IL	Zip Code 62703
---------------------	-------------	-------------------

Purpose of Disbursement
State Payroll Taxes

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	08	/	2014

Transaction ID : SB29.5212

Amount of Each Disbursement this Period

281.21

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

3230.83

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5236**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5247**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5212**

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. 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:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2014

Transaction ID : SB29.5226

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:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2014

Transaction ID : SB29.5227

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:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SB29.5230

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

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5226**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5227**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5230

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. 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:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼
-------------------	---

Date of Disbursement

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

Transaction ID : SB29.5237

Amount of Each Disbursement this Period

96.15

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

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	13	/	2014

Transaction ID : SB29.5215

Amount of Each Disbursement this Period

499.22

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

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2014

Transaction ID : SB29.5220

Amount of Each Disbursement this Period

499.24

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

1094.61

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5237**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5215**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5220

Non-Contribution Account

Form/Schedule:

Transaction ID:

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Polish American Leadership Political Action Committee

A. IRS

001

998.46

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. IRS

MM / DD / YYYY

001

499.22

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Michael Krynski

001

1489.03

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

2986.71

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5228**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5238**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5235

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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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

Purpose of Disbursement
Unkown

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

Transaction ID : SB29.5211

Amount of Each Disbursement this Period

1612.17

Full Name (Last, First, Middle Initial)

B. UNKNOWN

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Unkown

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : SB29.5224

Amount of Each Disbursement this Period

149.00

Full Name (Last, First, Middle Initial)

C. UNKNOWN

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Unkown

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : SB29.5225

Amount of Each Disbursement this Period

1173.09

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

2934.26

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5211**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5224**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5225

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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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

Purpose of Disbursement
Unkown

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
02		21		2014

Transaction ID : SB29.5232

Amount of Each Disbursement this Period

549.00

Full Name (Last, First, Middle Initial)

B. UNKNOWN

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Unkown

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
02		24		2014

Transaction ID : SB29.5233

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. VIP Advertising and Promotions, LLC

Mailing Address 95 E. Oakwood Ave.

City	State	Zip Code
Chicago	IL	60016

Purpose of Disbursement
Contract Services

003

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

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

Transaction ID : SB29.5240

Amount of Each Disbursement this Period

2140.00

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

4189.00

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB29**

Transaction ID : **SB29.5232**

Non-Contribution Account

Form/Schedule: **SB29**

Transaction ID: **SB29.5233**

Non-Contribution Account

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5240

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 52 OF 53

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Banas Zbigniew

Mailing Address GOOD FAITH EFFORT

City	State	Zip Code
GOOD FAITH EFFORT	IL	60025

Purpose of Disbursement
Contract Services

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SB29.5243

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

250.00

31719.98

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SB29

Transaction ID : SB29.5243

Non-Contribution Account

Form/Schedule:

Transaction ID: