

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

FRIENDS OF ALEXANDRA

ADDRESS (number and street) ▼

PO BOX 18071

Check if different than previously reported. (ACC)

CHICAGO

IL

60618

2. **FEC IDENTIFICATION NUMBER** ▼

C C00540609

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

IL

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Marian Mangoubi

Signature of Treasurer Marian Mangoubi

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF ALEXANDRA

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	968.80	37210.41
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	968.80	36710.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3305.06	37409.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3305.06	37409.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-698.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF ALEXANDRA

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250.00	21761.00
(ii) Unitemized	80.00	12548.50
(iii) TOTAL of contributions from individuals	330.00	34309.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) The Candidate	638.80	2650.91
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	968.80	37210.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.50	0.50
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	969.30	37210.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3305.06	37409.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	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 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3305.06	37909.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1637.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	969.30
25. SUBTOTAL (add Line 23 and Line 24).....	2606.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3305.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-698.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
James Teich

Mailing Address 2940 North Lakewood Avenue
#2

City Chicago State IL Zip Code 60657

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

Name of Employer James J. Teich & Associates Occupation Lawyer

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

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11Al.4858

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4903	
City Chicago State IL Zip Code 60618	Amount of Each Receipt this Period _____ 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer Occupation The Insurance People Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2039.95		

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4905	
City Chicago State IL Zip Code 60618	Amount of Each Receipt this Period _____ 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer Occupation The Insurance People Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2067.79		

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4907	
City Chicago State IL Zip Code 60618	Amount of Each Receipt this Period _____ 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer Occupation The Insurance People Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2095.63		

SUBTOTAL of Receipts This Page (optional).....	_____ 83.52
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4909	
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period _____ 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer Occupation The Insurance People Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2123.47		

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4911	
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period _____ 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer Occupation The Insurance People Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2151.31		

Full Name (Last, First, Middle Initial) Alexandra C. Eidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2013	
Mailing Address 3419 W. Irving Park Rd.		Transaction ID : SA11D.4913	
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period _____ 27.84 In-kind - Food for Volunteers		
FEC ID number of contributing federal political committee. C H4IL04083	Name of Employer Occupation The Insurance People Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2179.15		

SUBTOTAL of Receipts This Page (optional).....	_____ 83.52
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2206.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SA11D.4915

Amount of Each Receipt this Period
27.84

In-kind - Food for Volunteers

B. Full Name (Last, First, Middle Initial)
Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2242.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11D.4917

Amount of Each Receipt this Period
36.00

In-kind - Parking - Petition Contesting

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

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2280.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : SA11D.4919

Amount of Each Receipt this Period
38.00

In-kind - Parking - Petition Contesting

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

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

101.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2318.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2013

Transaction ID : SA11D.4921

Amount of Each Receipt this Period
38.00

In-kind - Parking - Petition Contesting

B. Full Name (Last, First, Middle Initial)
Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2356.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11D.4923

Amount of Each Receipt this Period
38.00

In-kind - Parking - Petition Contesting

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

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2394.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11D.4925

Amount of Each Receipt this Period
38.00

In-kind - Parking - Petition Contesting

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

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

114.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

A. Full Name (Last, First, Middle Initial)
Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2463.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11D.4894

Amount of Each Receipt this Period
 69.00

In-kind - Covered December '13 NationBuilder Costs (Software Licensing)

B. Full Name (Last, First, Middle Initial)
Alexandra C. Eidenberg

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C H4IL04083**

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2650.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11D.4899

Amount of Each Receipt this Period
 186.92

In-kind - Printing - Petitioning and Marketing Materials

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

255.92

638.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 10.28
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	Transaction ID : SB17.4884
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 1.98
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	Transaction ID : SB17.4885
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	Transaction ID : SB17.4904
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

SUBTOTAL of Disbursements This Page (optional).....	40.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4906
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) B. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4908
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) c. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4910
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

SUBTOTAL of Disbursements This Page (optional).....	83.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4912
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) B. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4914
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) c. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 27.84 Transaction ID : SB17.4916
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

SUBTOTAL of Disbursements This Page (optional).....	83.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 36.00 Transaction ID : SB17.4918
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Parking - Petition Contesting	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4920
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Parking - Petition Contesting	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4922
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Parking - Petition Contesting	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	112.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4924
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Parking - Petition Contesting	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) B. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4926
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Parking - Petition Contesting	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) c. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4895
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Covered December '13 NationBuilder Costs (Software Licensing)	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

SUBTOTAL of Disbursements This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. Alexandra C. Eidenberg		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 3419 W. Irving Park Rd.		Amount of Each Disbursement this Period 186.92 Transaction ID : SB17.4900
City Chicago State IL Zip Code 60618	Purpose of Disbursement In-kind - Printing - Petitioning and Marketing Materials	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) B. Korey Cotter Heather Richardson LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 20 S. Clark St. Ste 500		Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.4898
City Chicago State IL Zip Code 60603	Purpose of Disbursement Legal Services - Petition Consulting & Filing Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MB Financial Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 363 W. Ontario St.		Amount of Each Disbursement this Period 45.50 Transaction ID : SB17.4930
City Chicago State IL Zip Code 60654	Purpose of Disbursement Bank Fee/Bank Charge - Daily overdraft fees incurred on 12/9, 12/10, 12/11, 12/12, 12/13	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1932.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ALEXANDRA

Full Name (Last, First, Middle Initial) A. MB Financial Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 363 W. Ontario St.		Amount of Each Disbursement this Period 621.00 Transaction ID : SB17.4931
City Chicago State IL Zip Code 60654	Purpose of Disbursement Bank Fee/Bank Charge - Daily overdraft fees incurred on 12/16, 12/17	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MB Financial Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 363 W. Ontario St.		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.4888
City Chicago State IL Zip Code 60654	Purpose of Disbursement Credit Card Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 1101 15th Street, NW Ste 500		Amount of Each Disbursement this Period 580.00 Transaction ID : SB17.4889
City Washington State DC Zip Code 20005	Purpose of Disbursement Software Licensing - Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	621.00
TOTAL This Period (last page this line number only).....	3017.56