

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 C C00528760 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 10 / 15 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Polish American Leadership Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="32195.07"/>	<input type="text" value="32195.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29656.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7026.15"/>	<input type="text" value="53192.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36682.77"/>	<input type="text" value="85387.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23158.07"/>	<input type="text" value="71863.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13524.70"/>	<input type="text" value="13524.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Polish American Leadership Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	606.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7026.15	52586.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7026.15	53192.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7026.15	53192.65

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	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	23158.07	71863.02
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)) ..	23158.07	71863.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23158.07	71863.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

**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
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial) A. C&J Realty Management		Date of Receipt
Mailing Address PO Box 2802		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Glenview	IL	60025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.5403
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="3000.00"/>
		<input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) B. MIDWAY GRINDING INC		Date of Receipt
Mailing Address 1451 LUNT AVE		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
ELK GROVE VILLAGE	IL	60007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.5406
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="3000.00"/>
		<input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) C. UNKNOWN		Date of Receipt
Mailing Address GOOD FAITH EFFORT		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
GOOD FAITH EFFORT	IL	60025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.5404
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="5945.50"/>

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="6100.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Form/Schedule: SA17

Transaction ID : SA17.5403

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5406

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5404

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 9 OF 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 ▼
 6045.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA17.5405
 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 ▼
 6065.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : SA17.5407
 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 ▼
 6085.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : SA17.5408
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA17

Transaction ID : SA17.5405

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5407

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5408

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 53
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial) A. UNKNOWN		Date of Receipt
Mailing Address GOOD FAITH EFFORT		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code GOOD FAITH EFFORT IL 60025		Transaction ID : SA17.5466
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.86"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6124.36"/>	

Full Name (Last, First, Middle Initial) B. UNKNOWN		Date of Receipt
Mailing Address GOOD FAITH EFFORT		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City State Zip Code GOOD FAITH EFFORT IL 60025		Transaction ID : SA17.5467
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="437.29"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6561.65"/>	

Full Name (Last, First, Middle Initial) C. John John Wojciechowski		Date of Receipt
Mailing Address 5430 N Moody Ave.		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code Chicago IL 60630		Transaction ID : SA17.5410
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer	Occupation	
GOOD FAITH EFFORT	GOOD FAITH EFFORT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="726.15"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="6966.15"/>

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

Form/Schedule: SA17

Transaction ID : SA17.5466

Non-Contribution Account

Form/Schedule: SA17

Transaction ID: SA17.5467

Non-Contribution Account

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

Form/Schedule: SA17

Transaction ID : SA17.5410

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2014

Transaction ID : SB29.5459

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

B. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB29.5460

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

C. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.5461

Amount of Each Disbursement this Period

952.37

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

2857.11

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

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

Form/Schedule: SB29

Transaction ID : SB29.5459

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5460

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5461

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SB29.5462

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

B. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : SB29.5463

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

C. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : SB29.5464

Amount of Each Disbursement this Period

952.37

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

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

2857.11

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

Form/Schedule: SB29

Transaction ID : SB29.5462

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5463

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5464

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinga Aleksandrowicz

Mailing Address 1608 Vermont Dr.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : SB29.5465

Amount of Each Disbursement this Period

952.37

Full Name (Last, First, Middle Initial)

B. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City CHICAGO State IL Zip Code 60656

Purpose of Disbursement
Advertising

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB29.5431

Amount of Each Disbursement this Period

410.00

Full Name (Last, First, Middle Initial)

C. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City CHICAGO State IL Zip Code 60656

Purpose of Disbursement
Advertising

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : SB29.5440

Amount of Each Disbursement this Period

255.00

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

1617.37

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

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

Form/Schedule: SB29

Transaction ID : SB29.5465

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5431

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5440

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. ART VISION LLC

Mailing Address 7011 W HIGGINS AVE

City CHICAGO State IL Zip Code 60656

Purpose of Disbursement
Advertising

001
 004
Category/
Type

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 Y
08 / 27 / 2014

Transaction ID : SB29.5442

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Authnet Gateway Billing

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Fees

001
Category/
Type

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 Y
09 / 12 / 2014

Transaction ID : SB29.5429

Amount of Each Disbursement this Period

25.20

Full Name (Last, First, Middle Initial)

C. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Fees

001
Category/
Type

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 Y
07 / 02 / 2014

Transaction ID : SB29.5420

Amount of Each Disbursement this Period

46.95

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

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

222.15

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

Form/Schedule: SB29

Transaction ID : SB29.5442

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5429

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5420

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : SB29.5422

Amount of Each Disbursement this Period

46.95

Full Name (Last, First, Middle Initial)

B. BKCD PROCESSING

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SB29.5426

Amount of Each Disbursement this Period

45.99

Full Name (Last, First, Middle Initial)

C. Chase Card Services

Mailing Address GOOD FAITH EFFORT

City GOOD FAITH EFFORT State IL Zip Code 60025

Purpose of Disbursement
Credit Card Payment

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : SB29.5476

Amount of Each Disbursement this Period

112.65

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

205.59

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

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

Form/Schedule: SB29

Transaction ID : SB29.5422

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5426

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5476

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Szechwan North

Mailing Address 2857 Pfingsten Rd.

City State Zip Code
Glenview IL 60026

Purpose of Disbursement
Meals

001
Category/
Type

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 Y
08 / 19 / 2014

Transaction ID : SB29.5476.0

Amount of Each Disbursement this Period

112.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Color Press P.U.

Mailing Address Studio Nagran Dzwiekowych 'Armata'
Al. Karkonoska 10

City State Zip Code
53-015 Wroclaw, Poland ZZ 99999

Purpose of Disbursement
Advertising

004
Category/
Type

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 Y
09 / 12 / 2014

Transaction ID : SB29.5437

Amount of Each Disbursement this Period

500.00

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
Category/
Type

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 Y
07 / 21 / 2014

Transaction ID : SB29.5454

Amount of Each Disbursement this Period

149.04

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

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

649.04

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

Form/Schedule: SB29

Transaction ID : SB29.5476.0

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5437

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5454

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 3001

City State Zip Code
SOUTHEASTERN PA 19398

Purpose of Disbursement
Internet

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.5456

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 3001

City State Zip Code
SOUTHEASTERN PA 19398

Purpose of Disbursement
Internet

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.5457

Amount of Each Disbursement this Period

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
Fundraising Event

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.5417

Amount of Each Disbursement this Period

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

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

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

Form/Schedule: SB29

Transaction ID : SB29.5456

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5457

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5417

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. COPERNICUS CENTER

Mailing Address 5216 W Lawrence Ave

City CHICAGO State IL Zip Code 60630

Purpose of Disbursement
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 Y
08 / 03 / 2014

Transaction ID : SB29.5455

Amount of Each Disbursement this Period

137.00

Full Name (Last, First, Middle Initial)

B. COPERNICUS CENTER

Mailing Address 5216 W Lawrence Ave

City CHICAGO State IL Zip Code 60630

Purpose of Disbursement
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 Y
08 / 22 / 2014

Transaction ID : SB29.5441

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. COPERNICUS CENTER

Mailing Address 5216 W Lawrence Ave

City CHICAGO State IL Zip Code 60630

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 Y
09 / 10 / 2014

Transaction ID : SB29.5458

Amount of Each Disbursement this Period

235.00

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

872.00

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

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

Form/Schedule: SB29

Transaction ID : SB29.5455

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5441

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5458

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. E-LITE CHICAGO

Mailing Address 1610 W. FULLERTON
#412

City CHICAGO State IL Zip Code 60614

Purpose of Disbursement
Contract Services

001

Candidate Name

Category/
Type

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 Y
09 / 17 / 2014

Transaction ID : SB29.5453

Amount of Each Disbursement this Period

3637.35

Full Name (Last, First, Middle Initial)

B. European Crystal Banquet

Mailing Address 519 W. Algonquin Rd.

City Arlington Heights State IL Zip Code 60005

Purpose of Disbursement
Contract Services

003

Candidate Name

Category/
Type

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 Y
07 / 24 / 2014

Transaction ID : SB29.5439

Amount of Each Disbursement this Period

500.00

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

001

Candidate Name

Category/
Type

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 Y
08 / 05 / 2014

Transaction ID : SB29.5468

Amount of Each Disbursement this Period

155.70

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

4293.05

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

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

Form/Schedule: SB29

Transaction ID : SB29.5453

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5439

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5468

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
State Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB29.5470

Amount of Each Disbursement this Period

103.66

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address P.O. Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
State Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB29.5472

Amount of Each Disbursement this Period

103.66

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
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB29.5469

Amount of Each Disbursement this Period

575.20

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

782.52

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

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

Form/Schedule: SB29

Transaction ID : SB29.5470

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5472

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5469

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB29.5471

Amount of Each Disbursement this Period

575.20

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address 500 N CAPITOL DRIVE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Federal Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB29.5473

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

C. Polvision Polstudios, Inc.

Mailing Address 3656 W. Belmont

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SB29.5434

Amount of Each Disbursement this Period

3400.00

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

4011.20

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

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

Form/Schedule: SB29

Transaction ID : SB29.5471

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5473

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5434

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Polvision Polstudios, Inc.

Mailing Address 3656 W. Belmont

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Advertising

004

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 / 29 / 2014

Transaction ID : SB29.5436

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Polvision Polstudios, Inc.

Mailing Address 3656 W. Belmont

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Contract Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : SB29.5451

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Radio 1030

Mailing Address 3656 W Belmont Ave.

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Advertising

004

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 / 28 / 2014

Transaction ID : SB29.5432

Amount of Each Disbursement this Period

1190.00

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

2940.00

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

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

Form/Schedule: SB29

Transaction ID : SB29.5436

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5451

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5432

Non-Contribution Account

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Polish American Leadership Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shop & Save Market

Mailing Address 8847 S. Harlem

City State Zip Code
Bridgeview IL 60455

Purpose of Disbursement
Meals

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.5418

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Izabella Spyt

Mailing Address 2831 N. 76th Ave.
Apt. 2

City State Zip Code
Elmwood Park IL 60707

Purpose of Disbursement
Contract Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.5445

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Izabella Spyt

Mailing Address 2831 N. 76th Ave.
Apt. 2

City State Zip Code
Elmwood Park IL 60707

Purpose of Disbursement
Contract Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.5450

Amount of Each Disbursement this Period

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

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

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

Form/Schedule: SB29

Transaction ID : SB29.5418

Non-Contribution Account

Form/Schedule: SB29

Transaction ID: SB29.5445

Non-Contribution Account

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

Form/Schedule: SB29

Transaction ID : SB29.5450

Non-Contribution Account

Form/Schedule:

Transaction ID: