

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

Kaleka for Congress

ADDRESS (number and street)

P.O Box 320064

Check if different than previously reported. (ACC)

Franklin

WI

53132

2. FEC IDENTIFICATION NUMBER ▼

C C00552513

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WI

01

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 24 / 2014

through

M M / D D / Y Y Y Y
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 Pardeep Kaleka

Signature of Treasurer Pardeep Kaleka

[Electronically Filed]

Date

M M / D D / Y Y Y Y
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.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Kaleka for Congress

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))....	5365.61	153303.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5365.61	153303.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14006.51	156228.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	340.20	340.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13666.31	155887.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	712.78	
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).....	8987.46	

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

Kaleka for Congress

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

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).....	4547.00	125089.00
(ii) Unitemized.....	818.61	28190.61
(iii) TOTAL of contributions from individuals ▶	5365.61	153278.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	23.75
(d) The Candidate.....	0.00	1.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5365.61	153303.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3200.00	3200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3200.00	3200.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	340.20	340.20
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8905.81	156843.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14006.51	156228.19
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	14006.51	158228.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5813.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8905.81
25. SUBTOTAL (add Line 23 and Line 24).....	14719.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14006.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	712.78

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Kaleka for Congress

A. Full Name (Last, First, Middle Initial)
EDMOND ALLMOND

Mailing Address **PO Box 1433**

City **Hermosa Beach** State **CA** Zip Code **90254-1433**

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

Name of Employer **SELF-EMPLOYED** Occupation **PRODUCER/MEDIA CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : C4489424

Amount of Each Receipt this Period
250.00

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

Mailing Address **13437 Ventura Blvd**

City **Sherman Oaks** State **CA** Zip Code **91423-3829**

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

Name of Employer **Empresse Publisher** Occupation **author / speaker**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : C4488711

Amount of Each Receipt this Period
250.00

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

Mailing Address **7400 Latigo Cir**

City **Franksville** State **WI** Zip Code **53126**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : C4564498

Amount of Each Receipt this Period
500.00

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

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

1000.00

**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 36
	<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	

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NAME OF COMMITTEE (In Full)
Kaleka for Congress

A. Full Name (Last, First, Middle Initial)
Chris Donoyan

Mailing Address 11271 Ventura Blvd

City State Zip Code
Studio City CA 91604-3136

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

Name of Employer Occupation
Echelon Artists Agency Producer's Agent / Media Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : C4488710

Amount of Each Receipt this Period
250.00

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

Mailing Address 2934 1/2 N Beverly Glen Cir

City State Zip Code
Los Angeles CA 90077-1724

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

Name of Employer Occupation
self employed green cosmetic chemist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : C3922169

Amount of Each Receipt this Period
50.00

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

Mailing Address 2934 1/2 N Beverly Glen Cir

City State Zip Code
Los Angeles CA 90077-1724

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

Name of Employer Occupation
self employed green cosmetic chemist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : C4488706

Amount of Each Receipt this Period
200.00

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

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

500.00

**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 7 OF 36
	<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	

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NAME OF COMMITTEE (In Full)
Kaleka for Congress

A. Full Name (Last, First, Middle Initial)
Karen Glancy

Mailing Address 7403 98th Ave
Unit D

City Kenosha State WI Zip Code 53142-8335

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

Name of Employer Practice Pointe Partners Occupation Medical Coder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 27 / 2014

Transaction ID : C3921291

Amount of Each Receipt this Period
47.00

B. Full Name (Last, First, Middle Initial)
Gary R. Goyke

Mailing Address 130 Lakewood Blvd

City Madison State WI Zip Code 53704-5914

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : C4564495

Amount of Each Receipt this Period
250.00

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

Mailing Address 26841 Hot Springs Pl

City Agoura Hills State CA Zip Code 91301-5319

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

Name of Employer Karidis Productions, Inc Occupation Producer/Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : C4488829

Amount of Each Receipt this Period
250.00

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

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

547.00

**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 8 OF 36
	<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	

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NAME OF COMMITTEE (In Full)
Kaleka for Congress

A. Full Name (Last, First, Middle Initial)
Darren Kavinsky

Mailing Address 16255 Ventura Blvd
Ste 200

City Encino State CA Zip Code 91436-2300

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

Name of Employer The Kavinsky Law Firm Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : C3922135

Amount of Each Receipt this Period
250.00

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

Mailing Address 1413 Warner Ave

City Los Angeles State CA Zip Code 90024-6027

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

Name of Employer Fox Rothschild LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : C3921549

Amount of Each Receipt this Period
250.00

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

Mailing Address 8424 N Fox Croft Ln

City Fox Point State WI Zip Code 53217-2224

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

Name of Employer Cyganiak Planning Occupation Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2014

Transaction ID : C4492852

Amount of Each Receipt this Period
500.00

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

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

1000.00

**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 9 OF 36
	<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	

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NAME OF COMMITTEE (In Full)
Kaleka for Congress

Full Name (Last, First, Middle Initial) Wendy Piatek		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 1032 Red Oak Drive		Transaction ID : C4488832	
City Avon	State IN	Amount of Each Receipt this Period 1000.00	
Zip Code 46123-9457			
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) Virk Rizwan		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 590 Military Way		Transaction ID : C3922148	
City Palo Alto	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 94306-3236			
FEC ID number of contributing federal political committee. C			
Name of Employer Midverse Studios	Occupation Software entrepreneur		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Amount of Each Receipt this Period	
Zip Code			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	4547.00

**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 36
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Amar Kaleka		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Mailing Address 123 Test St.		Transaction ID : C4564504
City Woodland Hills	State CA	
FEC ID number of contributing federal political committee. C H4WI01130		Amount of Each Receipt this Period 2000.00
Name of Employer Test	Occupation Editor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3201.00	

Full Name (Last, First, Middle Initial) B. Amar Kaleka		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Mailing Address 123 Test St.		Transaction ID : C4564505
City Woodland Hills	State CA	
FEC ID number of contributing federal political committee. C H4WI01130		Amount of Each Receipt this Period 1200.00
Name of Employer Test	Occupation Editor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3201.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	3200.00

**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 11 OF 36
	<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)
Kaleka for Congress

A. Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 501 Wampanoag Trail

City Riverside State RI Zip Code 02915

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : C4564503

Amount of Each Receipt this Period
 340.20

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 / 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 / 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).....

340.20

340.20

**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 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Cafe Centraal			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2306 S Kinnickinnic Ave			Amount of Each Disbursement this Period 330.82 Transaction ID : D230539
City Bay View	State WI	Zip Code 53207-1626	
Purpose of Disbursement Fundraising Event Costs		Category/ Type 003	
Candidate Name			
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. Chase Bank			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 36520			Amount of Each Disbursement this Period 103.75 Transaction ID : D232045
City Louisville	State KY	Zip Code 40233-6520	
Purpose of Disbursement Bank Fees		Category/ Type 001	
Candidate Name			
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. Chase Bank			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 36520			Amount of Each Disbursement this Period 2.00 Transaction ID : D232046
City Louisville	State KY	Zip Code 40233-6520	
Purpose of Disbursement Bank Fee		Category/ Type 001	
Candidate Name			
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).....	436.57
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 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 34.00 Transaction ID : D232047
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 34.00 Transaction ID : D232048
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 34.00 Transaction ID : D232049
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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).....	102.00
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 14 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 34.00 Transaction ID : D232050
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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. Chase Bank		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 34.00 Transaction ID : D232051
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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. Chase Bank		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 34.00 Transaction ID : D232052
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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).....	102.00
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 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 22.95 Transaction ID : D230660
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 12.00 Transaction ID : D234003
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	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. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 12.00 Transaction ID : D250038
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement Bank Service Fees	Category/ Type 001
Candidate Name	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).....	46.95
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 36	
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Cross and Oberlie		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 916 Byrd Ave		Amount of Each Disbursement this Period 935.36 Transaction ID : D232053
City Neenah State WI Zip Code 54956	Purpose of Disbursement Campaign Signs Category/Type 006	
Candidate Name	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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 9.99 Transaction ID : D230655
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Travel Category/Type 002	
Candidate Name	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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 655.20 Transaction ID : D230657
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Travel Category/Type 002	
Candidate Name	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).....	1600.50
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 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 327 Congress Ave.		Amount of Each Disbursement this Period 64.30
City Austin State TX Zip Code 78701	Purpose of Disbursement Printing	
Candidate Name		Transaction ID : D232819
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. First Bank Merchant		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 17.43
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : D234005
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) c. First Bank Merchant		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 29.65
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : D234009
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	111.38
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 18 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. First Bank Merchant		M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	66.25
Candidate Name	Transaction ID : D234013	
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)		Date of Disbursement
B. First Bank Merchant		M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	84.13
Candidate Name	Transaction ID : D230853	
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)		Date of Disbursement
C. First Bank Merchant		M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	45.40
Candidate Name	Transaction ID : D230854	
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)	195.78
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 19 OF 36			
	<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)
Kaleka for Congress

A. First Bank Merchant

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 34.45

Transaction ID : D230855

Category/Type: 001

B. James W. Gorman

Full Name (Last, First, Middle Initial)
Mailing Address 24907 82nd St

City Salem State WI Zip Code 53168-9501

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 01 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : D230859

Category/Type: 001

C. James W. Gorman

Full Name (Last, First, Middle Initial)
Mailing Address 24907 82nd St

City Salem State WI Zip Code 53168-9501

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : D230552

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 534.45

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 20 OF 36	
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. James W. Gorman		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 24907 82nd St		Amount of Each Disbursement this Period 200.00 Transaction ID : D232069
City Salem	State WI	
Zip Code 53168-9501	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Stephen W Hudson		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 460 W Lagoon Ln Apt 2512		Amount of Each Disbursement this Period 400.00 Transaction ID : D234018
City Oak Creek	State WI	
Zip Code 53154-2989	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name	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. Laurie Knapp		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 6028 Pomegranate Lane		Amount of Each Disbursement this Period 98.16 Transaction ID : D232074
City Woodland Hills	State CA	
Zip Code 91367	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	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).....	698.16
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 21 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Lady Printing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO Box 8429		Amount of Each Disbursement this Period 242.00
City	State Zip Code 33775	
Purpose of Disbursement Printing	Category/Type 006	Transaction ID : D230860
Candidate Name		
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. Mailchimp.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 512 Means Street		Amount of Each Disbursement this Period 75.00
City	State Zip Code Atlanta GA 30318	
Purpose of Disbursement Web / EMail Blasts	Category/Type 001	Transaction ID : D230561
Candidate Name		
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. Melrose Family Restaurant		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 6845 S 27th Street		Amount of Each Disbursement this Period 27.45
City	State Zip Code Oak Creek WI 53154	
Purpose of Disbursement Volunteer Meals	Category/Type 001	Transaction ID : D230863
Candidate Name		
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).....	344.45
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 22 OF 36		
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Tashanna Monette		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address 1819 W 6th St		Amount of Each Disbursement this Period 48.00 Transaction ID : D232093
City Racine	State WI	
Zip Code 53404-3272	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Tashanna Monette		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 1819 W 6th St		Amount of Each Disbursement this Period 96.00 Transaction ID : D232094
City Racine	State WI	
Zip Code 53404-3272	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Tashanna Monette		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 1819 W 6th St		Amount of Each Disbursement this Period 445.63 Transaction ID : D232095
City Racine	State WI	
Zip Code 53404-3272	Purpose of Disbursement Reimbursement	Category/ Type 001
Candidate Name	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).....	589.63
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 23 OF 36	
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Dan Nainan		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 101 W. 23rd St., #4-D		Amount of Each Disbursement this Period 204.00 Transaction ID : D230544
City New York	State NY	
Purpose of Disbursement Reimbursement - Fundraising Event	Zip Code 10011	Category/ Type 003
Candidate Name		
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. Lamar Patterson		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 64.00 Transaction ID : D230861
City	State	
Purpose of Disbursement Payroll	Zip Code	Category/ Type 001
Candidate Name		
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. Lamar Patterson		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 168.00 Transaction ID : D232071
City	State	
Purpose of Disbursement Payroll	Zip Code	Category/ Type 001
Candidate Name		
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)	436.00
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 24 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Lamar Patterson		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 112.00
City	State Zip Code	
Purpose of Disbursement Payroll	001	Transaction ID : D232072
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. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 99.00
City	State Zip Code	
Purpose of Disbursement Payroll Processing Fee	001	Transaction ID : D234014
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. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 105.50
City	State Zip Code	
Purpose of Disbursement Payroll Processing Fee	001	Transaction ID : D232077
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).....	316.50
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 25 OF 36	
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Print Graphix, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 4967 S. 76th Street		Amount of Each Disbursement this Period 216.48 Transaction ID : D232081
City Milwaukee State WI Zip Code 53220	Purpose of Disbursement Printing: Promotional Material Category/Type 006	
Candidate Name	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. Print Graphix, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 4967 S. 76th Street		Amount of Each Disbursement this Period 206.70 Transaction ID : D232082
City Milwaukee State WI Zip Code 53220	Purpose of Disbursement Printing: Promotional Material Category/Type 006	
Candidate Name	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. Print Graphix, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 4967 S. 76th Street		Amount of Each Disbursement this Period 364.32 Transaction ID : D232083
City Milwaukee State WI Zip Code 53220	Purpose of Disbursement Printing: Promotional Material Category/Type 006	
Candidate Name	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).....	787.50
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 26 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Print Graphix, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 4967 S. 76th Street		Amount of Each Disbursement this Period 95.04
City Milwaukee	State WI	
Purpose of Disbursement Printing: Promotional Material	Zip Code 53220	Category/ Type 006
Candidate Name		
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. Print Graphix, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 4967 S. 76th Street		Amount of Each Disbursement this Period 41.18
City Milwaukee	State WI	
Purpose of Disbursement Printing	Zip Code 53220	Category/ Type 006
Candidate Name		
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. Ryan Schroeder		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 750.00
City	State	
Purpose of Disbursement Payroll	Zip Code	Category/ Type 001
Candidate Name		
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).....	886.22
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 27 OF 36	
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Ryan Schroeder		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 750.00 Transaction ID : D232088
City	State Zip Code	
Purpose of Disbursement Payroll	001 Category/ Type	
Candidate Name		
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. Sprint Wireless		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 6391 Sprint Parkway		Amount of Each Disbursement this Period 161.37 Transaction ID : D232090
City	State Zip Code	
Overland Park KS 66251-4300		
Purpose of Disbursement Mobile Phones	001 Category/ Type	
Candidate Name		
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. Sprint Wireless		Date of Disbursement MM / DD / YYYY 09 / 18 / 2014
Mailing Address 6391 Sprint Parkway		Amount of Each Disbursement this Period 148.61 Transaction ID : D250043
City	State Zip Code	
Overland Park KS 66251-4300		
Purpose of Disbursement Mobile Phones	001 Category/ Type	
Candidate Name		
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).....	1059.98
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 28 OF 36	
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Diana Valencia		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : D230845
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Diana Valencia		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : D232058
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Diana Valencia		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : D232059
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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).....	450.00
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 29 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Diana Valencia		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 162.00 Transaction ID : D232060
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Diana Valencia		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : D232061
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Diana Valencia		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : D230546
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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).....	562.00
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 30 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Diana Valencia		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 1019 Blake Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : D230547
City Racine	State WI	
Zip Code 53404-2951	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Wacky Buttons, Inc.		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 101 Lincoln Pkwy, Suite E		Amount of Each Disbursement this Period 311.27 Transaction ID : D230871
City East Rochester	State NY	
Zip Code 14445	Purpose of Disbursement Campaign Buttons	Category/ Type 006
Candidate Name	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. Walmart Supercenter		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 5301 S. 76th Street		Amount of Each Disbursement this Period 139.30 Transaction ID : D232098
City Greendale	State WI	
Zip Code 53129	Purpose of Disbursement Campaign Event Supplies	Category/ Type 007
Candidate Name	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).....	650.57
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 31 OF 36			
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. WCLO/WJVL Radio		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 1 South Parker Dr		Amount of Each Disbursement this Period 210.00 Transaction ID : D232100
City Janesville	State WI	
Zip Code 53547	Purpose of Disbursement Radio Ad	Category/ Type 004
Candidate Name	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. Dale Weiss		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 218 N. 74 Street		Amount of Each Disbursement this Period 208.84 Transaction ID : D234017
City Milwaukee	State WI	
Zip Code 53213	Purpose of Disbursement Reimbursement	Category/ Type 001
Candidate Name	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. Larry Zamba		Date of Disbursement MM / DD / YYYY 08 / 09 / 2014
Mailing Address 24503 75th St		Amount of Each Disbursement this Period 200.00 Transaction ID : D232073
City Salem	State WI	
Zip Code 53168-9680	Purpose of Disbursement Field Consultant	Category/ Type 001
Candidate Name	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).....	618.84
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 32 OF 36		
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Larry Zamba		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 24503 75th St		Amount of Each Disbursement this Period 200.00 Transaction ID : D230862
City Salem	State WI	
Zip Code 53168-9680	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	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. Larry Zamba		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 24503 75th St		Amount of Each Disbursement this Period 500.00 Transaction ID : D230558
City Salem	State WI	
Zip Code 53168-9680	Purpose of Disbursement Field Consulting Services	Category/ Type 001
Candidate Name	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. Zamba Creative		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 24503-75 Street		Amount of Each Disbursement this Period 69.00 Transaction ID : D230873
City Salem	State WI	
Zip Code 53168	Purpose of Disbursement Photography	Category/ Type 004
Candidate Name	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).....	769.00
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 33 OF 36		
	<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)
Kaleka for Congress

Full Name (Last, First, Middle Initial) A. Zamba Creative		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 24503-75 Street		Amount of Each Disbursement this Period 40.00
City Salem	State WI	
Zip Code 53168	Purpose of Disbursement Photography	Transaction ID : D234011
Candidate Name	001 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. Zamba Creative		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 24503-75 Street		Amount of Each Disbursement this Period 200.00
City Salem	State WI	
Zip Code 53168	Purpose of Disbursement Photographer	Transaction ID : D234016
Candidate Name	001 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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	11538.53

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kaleka for Congress

Transaction ID : L776

LOAN SOURCE Full Name (Last, First, Middle Initial)

Amar Kaleka

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
123 Test St.

City State ZIP Code
Woodland Hills CA 91367

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2000.00 0.00 2000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 19 / 2014 M M / D D / 10/15/2019 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kaleka for Congress

Transaction ID : L777

LOAN SOURCE Full Name (Last, First, Middle Initial)

Amar Kaleka

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
123 Test St.

City State ZIP Code
Woodland Hills CA 91367

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1200.00 0.00 1200.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 19 / 2014 M M / D D / 10/15/2019 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1200.00
TOTALS This Period (last page in this line only)..... ▶ 3200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Kaleka for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CFO Compliance		Nature of Debt (Purpose): Compliance Consulting
Mailing Address 1 Park Row		
City	State	Zip Code
Providence	RI	02903

Outstanding Balance Beginning This Period	Transaction ID : D250196	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5787.46	0.00	5787.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	5787.46
2) TOTALS This Period (last page this line number only)	5787.46
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	3200.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	8987.46