

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF ALEXANDRA

ADDRESS (number and street)

PO BOX 18071

Check if different than previously reported. (ACC)

CHICAGO

IL

60618

2. FEC IDENTIFICATION NUMBER

C C00540609

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 03 / 18 / 2014 in the State of IL

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

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

Election on / / in the State of

5. Covering Period

01 / 01 / 2014 through 02 / 26 / 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 Marian Mangoubi

Signature of Treasurer Marian Mangoubi

[Electronically Filed]

Date

03 / 11 / 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.

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF ALEXANDRA**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3162.17	40372.58
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3162.17	39872.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2808.06	40217.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2808.06	40217.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-344.50	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF ALEXANDRA**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2600.00	24361.00
(ii) Unitemized.....	330.00	12878.50
(iii) TOTAL of contributions from individuals ▶	2930.00	37239.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) The Candidate.....	232.17	2883.08
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3162.17	40372.58
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.50
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3162.17	40373.08

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2808.06	40217.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2808.06	40717.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-698.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3162.17
25. SUBTOTAL (add Line 23 and Line 24).....	2463.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2808.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-344.50

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

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

FOR LINE NUMBER: PAGE 5 OF 10  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF ALEXANDRA**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Michuda**

Mailing Address 450 W. Surf, #3

City Chicago State IL Zip Code 60657

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

Name of Employer CallOnTheGo Occupation Founder

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11Al.4980**

Amount of Each Receipt this Period  
 2600.00

In-kind - Phone Banking Tech Software Consulting

**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).....

2600.00

2600.00

**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 10
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF ALEXANDRA**

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

Mailing Address 3419 W. Irving Park Rd.

City Chicago State IL Zip Code 60618

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

Name of Employer The Insurance People Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2883.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : SA11D.4988**

Amount of Each Receipt this Period  
 232.17

Donation

**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).....

232.17

232.17

**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 10	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF ALEXANDRA**

**A.** Full Name (Last, First, Middle Initial)  
**MB Financial Bank**

Mailing Address 363 W. Ontario St.

City Chicago State IL Zip Code 60654

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 07 / 2014**

**Transaction ID : SA14.4983**

Amount of Each Receipt this Period  
**91.00**

Credit back daily overdraft bank fee/bank charge incurred 12/4 - 12/6, 12/9 - 12/13 & 12/16 - 12/17  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MB Financial Bank**

Mailing Address 363 W. Ontario St.

City Chicago State IL Zip Code 60654

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 10 / 2014**

**Transaction ID : SA14.4987**

Amount of Each Receipt this Period  
**74.00**

Credit for NSF OD bank fee/bank charge incurred on 12/4 & 12/10 tied to unauthorized payment to NGP  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**NGP VAN**

Mailing Address 1101 15th Street, NW Ste 500

City Washington State DC Zip Code 20005

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  
**01 / 08 / 2014**

**Transaction ID : SA14.4984**

Amount of Each Receipt this Period  
**1160.00**

Refund for Charges on 10/2/13 & 12/3/13. Stopped using it in September.  
**[MEMO ITEM]**

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

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

**0.00**

**0.00**

# 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 8 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF ALEXANDRA**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014	
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period ..... 2.18	
City Somerville	State MA	Zip Code 02144	Transaction ID : SB17.4974	
Purpose of Disbursement Processing Fee			Category/ Type	
Candidate Name <b>FRIENDS OF ALEXANDRA</b>				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: IL	District: 04			

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period ..... 1.98	
City Somerville	State MA	Zip Code 02144	Transaction ID : SB17.4964	
Purpose of Disbursement Processing Fee			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>C. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014	
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period ..... 1.98	
City Somerville	State MA	Zip Code 02144	Transaction ID : SB17.4965	
Purpose of Disbursement Processing Fee			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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 6.14
<b>TOTAL</b> 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 9 OF 10
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF ALEXANDRA**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 5.93 <b>Transaction ID : SB17.4966</b>
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : SB17.4967</b>
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. MB Financial Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 363 W. Ontario St.		Amount of Each Disbursement this Period 37.00 <b>Transaction ID : SB17.4985</b>
City Chicago State IL Zip Code 60654	Purpose of Disbursement Bank Fee/Bank Charge - NSF OD Fee incurred on 1/9	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.92
<b>TOTAL</b> 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 10 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF ALEXANDRA**

Full Name (Last, First, Middle Initial) <b>A. Mark Michuda</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 450 W. Surf, #3		Amount of Each Disbursement this Period 2600.00
City Chicago	State IL Zip Code 60657	
Purpose of Disbursement In-kind - Phone Banking Tech Software Consulting		<b>Transaction ID : SB17.4981</b>
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>B. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 448 S. Hill Street Ste 200		Amount of Each Disbursement this Period 69.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Software Licensing - Fundraising/Compliance		<b>Transaction ID : SB17.4971</b>
Candidate Name <b>FRIENDS OF ALEXANDRA</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 04		

Full Name (Last, First, Middle Initial) <b>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2669.00
<b>TOTAL</b> This Period (last page this line number only).....	2719.06