

2



FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- Quarterly Report: (Check one:) 1st 2nd 3rd 4th
- Final Report (Fund balance on Line E must be \$0)
- Amendment of the Report Indicated Above

STATE BOARD OF ELECTIONS
JAN 11 2019
OF ELECTIONS

Full name and complete mailing address of Political Committee: CHECK FOR ADDRESS CHANGE

Polish American Congress PAC
Frank J Spula
6100 N Cicero Ave
Chicago, IL 60646-4304

COMMITTEE ID #
Committee ID: 19460
02

E-mail address: CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD FROM 12-31-17 THRU 12-31-17	CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD: \$ 25.37 Repeat this amount in SECTION D, Line (A)	ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD SPRINGFIELD, IL 62704-4503		OR STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTER 100 W RANDOLPH, STE 14-100 CHICAGO, IL 60601-3232
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SECTION A — RECEIPTS

- 1. Individual Contributions
 - a. Itemized (from Schedule A): \$ 1,005.00 (1a)
 - b. Not-Itemized: \$ (1b)
 - 2. Transfers In
 - a. Itemized (from Schedule A): \$ (2a)
 - b. Not-Itemized: \$ (2b)
 - 3. Loans Received
 - a. Itemized (from Schedule A): \$ (3a)
 - b. Not-Itemized: \$ (3b)
 - 4. Other Receipts
 - a. Itemized (from Schedule A): \$ (4a)
 - b. Not-Itemized: \$ (4b)
 - TOTAL RECEIPTS (1a thru 4b) \$ (TR)
- *****
- 5. In-Kind Contributions
 - a. Itemized (from Schedule I): \$ (5a)
 - b. Not-Itemized: \$ (5b)
 - TOTAL IN-KIND (5a + 5b) \$ (TI)
- *****

Name and address of person submitting this report if other than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

- 6. Transfers Out
 - a. Itemized (from Schedule B): \$ (6a)
 - b. Not-Itemized: \$ (6b)
 - 7. Loans Made
 - a. Itemized (from Schedule B): \$ (7a)
 - b. Not-Itemized: \$ (7b)
 - 8. Expenditures
 - a. Itemized (from Schedule B): \$ (8a)
 - b. Not-Itemized: \$ (8b)
 - 9. Independent Expenditures
 - a. Itemized (from Schedule B-9): \$ (9a)
 - b. Not-Itemized: \$ (9b)
 - TOTAL EXPENDITURES (6a thru 9b) \$ (TE)
- *****

SECTION C — DEBTS AND OBLIGATIONS

- (Include previously reported unpaid debts)
- 10. a. Itemized (from Schedule C): \$ (10a)
 - b. Not-Itemized: \$ (10b)
- TOTAL DEBTS & OBLIGATIONS \$
- *****

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: \$ 25.37 (A)

Total Receipts from Section A (TR): \$ 1,005.00 (B)

Total cash (A) plus (B): \$ 1,025.37 (C)

Total Expenditures from Section B (TE): \$ (D)

Funds available at close of reporting period (C minus D): \$ 1,025.37 (E)

Investments total (if applicable): \$ (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

DATE 1-10-19

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

POLISH AMERICAN CONGRESS
PAC, FRANK J. SPULA
2100 N. CICERO AVE
CHICAGO, IL 60646

FROM

THRU

SCHEDULE A RECEIPTS

CHECK THE PART OF FORM D-2, SECTION A, BEING ITEMIZED:

PART #1- INDIVIDUAL CONTRIBUTIONS
INCLUDING TICKETS AND RAFFLE SALES

PART #3- LOANS RECEIVED
INCLUDING ENDORSER

PART #2- TRANSFERS IN
POLITICAL COMMITTEE CONTRIBUTIONS
INCLUDING TICKET AND RAFFLE SALES

PART #4- OTHER RECEIPTS

POLITICAL COMMITTEE
IDENTIFICATION

No. **19460**

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
ANHOLDING Inc 5 COLDREN DRIVE PROSPECT HEIGHTS, IL 60070 ZYGMUNT RYGIEL	11-13-18	\$ 1,000. ⁰⁰ EMPLOYER: AN HOLDING	\$ 1,000. ⁰⁰ OCCUPATION: PRESIDENT
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:

USE A SEPARATE SCHEDULE A FOR EACH PARTS 1, 2, 3, & 4

TOTAL THIS PERIOD \$ _____