

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street)

1904 FRANKLIN STREET

SUITE 725

Check if different than previously reported. (ACC)

OAKLAND

CA

94612

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492595

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:  Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day

POST-Election

Report for the:  General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2018

through

MM / DD / YYYY 03 / 31 / 2018

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

GROSSMAN, JOSHUA, , ,

Type or Print Name of Treasurer

Signature of Treasurer

GROSSMAN, JOSHUA, , ,

[Electronically Filed]

Date

MM / DD / YYYY 10 / 03 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		229435.75
(b) Cash on Hand at Beginning of Reporting Period.....	229435.75	
(c) Total Receipts (from Line 19) .....	32.29	32.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	229468.04	229468.04
7. Total Disbursements (from Line 31).....	27367.62	27367.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	202100.42	202100.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	22300.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	5.75	5.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5.75	5.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5.75	5.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	26.54	26.54
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	32.29	32.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32.29	32.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	16067.62	16067.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16067.62	16067.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	11300.00	11300.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27367.62	27367.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27367.62	27367.62

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5.75	5.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5.75	5.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16067.62	16067.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16067.62	16067.62



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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A. AT&T**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7944

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. AT&T**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7953

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. AT&T**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7957

Amount of Each Disbursement this Period: 156.67

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 206.67

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address PO Box 5025		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7985</b> Amount of Each Disbursement this Period [ ] 156.85 <input type="checkbox"/> Memo Item
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phones	Category/ Type [ ]
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:	

Full Name (Last, First, Middle Initial) <b>B. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2018
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7918</b> Amount of Each Disbursement this Period [ ] 285.00 <input type="checkbox"/> Memo Item
City Windsor	State CA	
Zip Code 95492	Purpose of Disbursement Strategic Consulting	Category/ Type [ ]
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:	

Full Name (Last, First, Middle Initial) <b>C. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2018
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7921</b> Amount of Each Disbursement this Period [ ] 792.30 <input type="checkbox"/> Memo Item
City Windsor	State CA	
Zip Code 95492	Purpose of Disbursement Strategic Consulting	Category/ Type [ ]
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).....▶	[ ] 1234.15
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7947</b> Amount of Each Disbursement this Period [ ] 421.80	
City Windsor	State CA	Zip Code 95492	Category/Type [ ]
Purpose of Disbursement Strategic Consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7948</b> Amount of Each Disbursement this Period [ ] 199.50	
City Windsor	State CA	Zip Code 95492	Category/Type [ ]
Purpose of Disbursement Strategic Consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7960</b> Amount of Each Disbursement this Period [ ] 416.10	
City Windsor	State CA	Zip Code 95492	Category/Type [ ]
Purpose of Disbursement Strategic Consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1037.40
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7961</b> Amount of Each Disbursement this Period [ ] 205.20	
City Windsor	State CA	Zip Code 95492	Category/Type [ ]
Purpose of Disbursement Strategic Consulting		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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7988</b> Amount of Each Disbursement this Period [ ] 746.70	
City Windsor	State CA	Zip Code 95492	Category/Type [ ]
Purpose of Disbursement Strategic Consulting		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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7989</b> Amount of Each Disbursement this Period [ ] 1447.80	
City Windsor	State CA	Zip Code 95492	Category/Type [ ]
Purpose of Disbursement Strategic Consulting		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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2399.70
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. LCB Associates**

Mailing Address 388 17th St.  
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7917  
Amount of Each Disbursement this Period  
504.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. LCB Associates**

Mailing Address 388 17th St.  
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7932  
Amount of Each Disbursement this Period  
504.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. LCB Associates**

Mailing Address 388 17th St.  
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7954  
Amount of Each Disbursement this Period  
504.50

Memo Item

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

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

1513.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7934</b> Amount of Each Disbursement this Period [ ] 1099.27
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Reimbursement		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Kaiser Foundation Health Insurance</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address File 5915		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7934.C</b> Amount of Each Disbursement this Period [ ] 546.72
City Los Angeles	State CA	Zip Code 90074
Purpose of Disbursement Insurance		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Amazon Hosting</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address 410 Terry Ave North		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7934.</b> Amount of Each Disbursement this Period [ ] 346.46
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Weg Hosting		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

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

[ ] 1099.27

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address PO Box 660108		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7934.!</b> Amount of Each Disbursement this Period [ ] 103.10
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Phones		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7963</b> Amount of Each Disbursement this Period [ ] 777.56
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Reimbursement		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Kaiser Foundation Health Insurance</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address File 5915		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7963.</b> Amount of Each Disbursement this Period [ ] 230.19
City Los Angeles	State CA	Zip Code 90074
Purpose of Disbursement Insurance		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 777.56
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A. Amazon Hosting**

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Weg Hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7963.

Amount of Each Disbursement this Period: 357.49

Memo Item

**B. Verizon Wireless**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7963.5

Amount of Each Disbursement this Period: 86.89

Memo Item

**C. Progressive Punch**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7976

Amount of Each Disbursement this Period: 724.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 724.74

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Kaiser Foundation Health Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 31 / 2018	
Mailing Address File 5915		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7976.1</b> Amount of Each Disbursement this Period [ ] 176.09	
City Los Angeles	State CA	Zip Code 90074	Category/ Type [ ]
Purpose of Disbursement Insurance		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:	<input checked="" type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) <b>B. Amazon Hosting</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 31 / 2018	
Mailing Address 410 Terry Ave North		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7976.1</b> Amount of Each Disbursement this Period [ ] 356.65	
City Seattle	State WA	Zip Code 98109	Category/ Type [ ]
Purpose of Disbursement Weg Hosting		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:	<input checked="" type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 31 / 2018	
Mailing Address 620 8th Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7976.1</b> Amount of Each Disbursement this Period [ ] 75.13	
City New York	State NY	Zip Code 10018	Category/ Type [ ]
Purpose of Disbursement Subscription		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:	<input checked="" type="checkbox"/> Memo Item		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 0.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address PO Box 660108		FEC Identification Number C <b>Transaction ID : SB21B.7976.!</b> Amount of Each Disbursement this Period 89.02
City Dallas	State TX	
Purpose of Disbursement Phones	Zip Code 75266	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2018
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C <b>Transaction ID : SB21B.7955</b> Amount of Each Disbursement this Period 325.00
City Washington	State DC	
Purpose of Disbursement Legal Services	Zip Code 20005	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Stewart, Leslie, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C <b>Transaction ID : SB21B.7945</b> Amount of Each Disbursement this Period 1750.00
City Oakland	State CA	
Purpose of Disbursement Strategic Consulting	Zip Code 94612	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2075.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A. Stewart, Leslie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7962

Amount of Each Disbursement this Period: 1550.00

Memo Item

**B. Stewart, Leslie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7987

Amount of Each Disbursement this Period: 1100.00

Memo Item

**C. Verizon Wireless**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7922

Amount of Each Disbursement this Period: 740.11

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3390.11
<b>TOTAL</b> This Period (last page this line number only).....▶	15659.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.7916</b> Amount of Each Disbursement this Period [ ] 2500.00
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Loan		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.7919</b> Amount of Each Disbursement this Period [ ] 2000.00
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Loan		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.7930</b> Amount of Each Disbursement this Period [ ] 2000.00
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Loan		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.7946</b> Amount of Each Disbursement this Period [ ] 3300.00	
City Oakland	State CA	Zip Code 94612	Category/ Type [ ]
Purpose of Disbursement Loan		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2018	
Mailing Address 1904 Franklin Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.7956</b> Amount of Each Disbursement this Period [ ] 1500.00	
City Oakland	State CA	Zip Code 94612	Category/ Type [ ]
Purpose of Disbursement Loan		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 11300.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 20
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Progressive Punch</b>			Nature of Debt (Purpose): Loan
Mailing Address 1904 Franklin Street			
City Oakland	State CA	Zip Code 94612	

Outstanding Balance Beginning This Period 11000.00		Transaction ID : SD9.7683	
Amount Incurred This Period 11300.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22300.00	

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	22300.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	22300.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	22300.00