

Jay B. Myerson
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11718 Bowman Green Drive
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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

(703) 486-6391

AUG 18 12 04 PM '94
(703) 486-4049 [FAX]

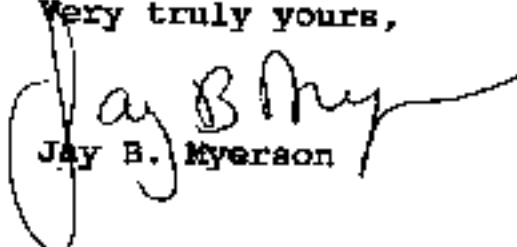
August 17, 1994

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir:

Enclosed herewith for filing is the Report of Receipts and Disbursements regarding Committee for a Progressive Congress.

Very truly yours,


Jay B. Myerson

JBM:bjm
enc.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

9412

RECEIVED
AUG 12 12 04 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Committee for a Progressive Congress

ADDRESS (number and street) Check if different than previously reported
c/o Gilbert & Wolfand, 2201 Wisconsin Ave. NW

CITY, STATE and ZIP CODE
Washington, DC 20007

2. FEC IDENTIFICATION NUMBER
C00196824

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

M8

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Governing Period	7/1/94 through 7/31/94		
6. (a) Cash on Hand January 1, 19 94			\$ 3,717.56
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,493.56	
(c) Total Receipts (from line 19)		\$ 3,881.42	\$ 22,554.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 24,374.98	\$ 26,272.26
7. Total Disbursements (from Line 30)		\$ 1,099.25	\$ 2,996.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 23,275.73	\$ 23,275.73
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$	

For further information contact
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Jay Myerson

Signature of Treasurer
Jay B. Myerson

Date
Aug. 17, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Committee for a Progressive Congress		FROM: 7/1/94	TO: 7/31/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) from:			
a. Individuals/Persons Other Than Political Committees:			
i. Itemized (use Schedule A)	3,875.00	12,807.03	
ii. Unitemized		1,200.00	
iii. Total (add i and ii) ▶	3,875.00	14,007.03	
b. Political Party Committees			
c. Other Political Committees (such as PACs)		8,500.00	
d. Total Contributions (add a iii, b and c) ▶	3,875.00	22,507.03	
12. Transfers from Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)	6.42	47.67	
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	3,881.42	22,554.70	
20. Total Federal Receipts (subtract line 18 from line 19) ▶	3,881.42	22,554.70	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures	1,099.25	2,996.53	
c. Total Operating Expenditures (Add a i, ii and b) ▶	1,099.25	2,996.53	
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c) ▶			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	1,099.25	2,996.53	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	1,099.25	2,996.53	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3,875.00	22,507.03	
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,875.00	22,507.03	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	1,099.25	2,996.53	
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) ▶	1,099.25	2,996.53	

SCHEDULE A

ITEMIZED RECEIPTS

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) **Committee for a Progressive Congress** FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code Edward Moskal 5821 N. Lacey Avenue Chicago, IL 60646		Name of Employer Polish National Alliance	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-To-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Martin Stein 1800 E. Capitol Drive Milwaukee, WI 53211		Name of Employer Stein Business Office	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-To-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Mark B. Brickman 7238 N. Barnett Lane Milwaukee, WI 53217		Name of Employer Polachek Company	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Gerald Stein 2510 W. Dean Road Milwaukee, WI 53217		Name of Employer Silber Ltd.	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-To-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code R. MAX Samson 2402 W. Bonniwell Road Mequon, WI 53097		Name of Employer Self-Employed	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Investor	Aggregate Year-To-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Lou Turner Zellner 1105 Highland Drive Elm Grove, WI 53122		Name of Employer MGIC	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-To-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code James S. MacLeod 4605 N. Lake Drive Whitefish Bay, WI 53211		Name of Employer MGIC	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-To-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	3,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
 Committee for a Progressive Congress
 FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code William B. Lacy 2503 W. Dunwood Road Glendale, WI 53209-1023		Name of Employer MGIC	Date (month, day, year) 7/26/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President/CEO	Aggregate Year-To-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Jay Myerson 11718 Bowman Green Drive Reston, VA 22090		Name of Employer Law Offices of Jay Myerson	Date (month, day, year) 7/31/94	Amount of Each Receipt this Period 75.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date > \$ 300.00	In-Kind
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	3,875.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Committee for a Progressive Congress

FBC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code Merrill Lynch Ready Assets 1850 K Street, NW Washington, DC 20006		Name of Employer Interest Income	Date (month, day, year) 7/29/94	Amount of Each Receipt this Period 6.42
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$ 42.10	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date > \$	

SUBTOTAL of Receipts This Page (optional)	6.42
TOTAL This Period (last page this line number only)	6.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Committee for a Progressive Congress

FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gilbert S Wolfand, P.C. 2201 Wisconsin Ave., NW Suite 320 Washington, DC 20007	Accounting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/94	1,012.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank P.O. Box 26150 Richmond, VA 23260	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/94	12.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay Myerson 11718 Bowman Green Drive Reston, VA 22090	Office/Admin. Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/94	75.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1,099.25

TOTAL This Period (last page this line number only)

1,099.25

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

8-17-94

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

17

JMH
PREPARER

8-19-94
DATE PREPARED