

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) [X]
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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), 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

01 / 01 / 2012 through 03 / 31 / 2012

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 JOSHUA GROSSMAN

Signature of Treasurer

JOSHUA GROSSMAN

[Electronically Filed]

Date

04 / 05 / 2012

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

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		<input type="text" value="88995.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88995.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="80073.56"/>	<input type="text" value="80073.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="169068.69"/>	<input type="text" value="169068.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12716.71"/>	<input type="text" value="12716.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="156351.98"/>	<input type="text" value="156351.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	80000.00	80000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80000.00	80000.00
(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) .....	80000.00	80000.00
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.).....	73.56	73.56
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))..... ▶	80073.56	80073.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80073.56	80073.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	12716.71	12716.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12716.71	12716.71
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 (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12716.71	12716.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12716.71	12716.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	80000.00	80000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80000.00	80000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12716.71	12716.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12716.71	12716.71

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

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

FOR LINE NUMBER: PAGE 6 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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. Lawrence & Susan Hess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6309 Cypress Point Rd.  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Investor/Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 80000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2012  
**Transaction ID : SA11AI.4216**  
 Amount of Each Receipt this Period  
 80000.00

**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) ▼  
 Aggregate Year-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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	80000.00

**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"/> 24	<input type="checkbox"/> 25	<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. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SB21B.4214**

Amount of Each Disbursement this Period

387.71
--------

Full Name (Last, First, Middle Initial)

**B. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

149.25
--------

Full Name (Last, First, Middle Initial)

**C. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

**Transaction ID : SB21B.4217**

Amount of Each Disbursement this Period

82.26
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

619.22
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**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"/> 24	<input type="checkbox"/> 25	<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. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

Transaction ID : SB21B.4223

Amount of Each Disbursement this Period

387.65

Full Name (Last, First, Middle Initial)

**B. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

Transaction ID : SB21B.4224

Amount of Each Disbursement this Period

31.00

Full Name (Last, First, Middle Initial)

**C. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

Transaction ID : SB21B.4229

Amount of Each Disbursement this Period

417.55

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

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

836.20



**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"/> 24	<input type="checkbox"/> 25	<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. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2012

Transaction ID : **SB21B.4230**

Amount of Each Disbursement this Period: 33.00

Full Name (Last, First, Middle Initial)

**B. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2012

Transaction ID : **SB21B.4238**

Amount of Each Disbursement this Period: 563.99

Full Name (Last, First, Middle Initial)

**C. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2012

Transaction ID : **SB21B.4239**

Amount of Each Disbursement this Period: 37.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 634.74

**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"/> 24	<input type="checkbox"/> 25	<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. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4249**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4250**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4252**

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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. AT&T**

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) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4243**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cas Casados**

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4211**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cas Casados**

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4220**

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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. Cas Casados**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4226**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cas Casados**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4235**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cas Casados**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4245**

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2012

Transaction ID : SB21B.4212

Amount of Each Disbursement this Period

709.71

Full Name (Last, First, Middle Initial)

**B. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period

709.72

Full Name (Last, First, Middle Initial)

**C. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

Transaction ID : SB21B.4227

Amount of Each Disbursement this Period

709.72

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

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

2129.15

**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"/> 24	<input type="checkbox"/> 25	<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. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

Transaction ID : SB21B.4236

Amount of Each Disbursement this Period

709.71

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2012

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period

709.72

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Sandler, Reiff, Young & Lamb, PC**

Mailing Address 1025 Vermont Ave., NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2012

Transaction ID : SB21B.4225

Amount of Each Disbursement this Period

300.00

Category/  
Type

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

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

1719.43

**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"/> 24	<input type="checkbox"/> 25	<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. Leslie Stewart</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012
Mailing Address 1904 Franklin Street		<b>Transaction ID : SB21B.4213</b>
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 314.24
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Leslie Stewart</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2012
Mailing Address 1904 Franklin Street		<b>Transaction ID : SB21B.4222</b>
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 314.26
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Leslie Stewart</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2012
Mailing Address 1904 Franklin Street		<b>Transaction ID : SB21B.4228</b>
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 193.08
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	821.58
<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"/> 24	<input type="checkbox"/> 25	<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. Leslie Stewart**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2012

**Transaction ID : SB21B.4237**

Amount of Each Disbursement this Period

41.70
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Full Name (Last, First, Middle Initial)

**B. Leslie Stewart**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2012

**Transaction ID : SB21B.4247**

Amount of Each Disbursement this Period

120.81
--------

Full Name (Last, First, Middle Initial)

**C. Francene Stonebraker**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

**Transaction ID : SB21B.4240**

Amount of Each Disbursement this Period

774.19
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

936.70
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# 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"/> 24	<input type="checkbox"/> 25	<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. Francene Stonebraker**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SB21B.4248**

Amount of Each Disbursement this Period

866.95
--------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

866.95
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12390.27
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