

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
COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

ADDRESS (number and street) PO BOX 96308
Check if different than previously reported. (ACC) WASHINGTON DC 20077

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00549386 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 PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 KIM HOOVER

Signature of Treasurer KIM HOOVER [Electronically Filed] Date 01 / 22 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

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="2015"/>	<input type="text" value="465.29"/>	<input type="text" value="465.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="125.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2171.16"/>	<input type="text" value="3103.02"/>
(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="2296.45"/>	<input type="text" value="3568.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2261.16"/>	<input type="text" value="3533.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35.29"/>	<input type="text" value="35.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1446.09"/>	

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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

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).....	2171.16	3103.02
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2171.16	3103.02
(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)	2171.16	3103.02
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.).....	0.00	0.00
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))..... ▶	2171.16	3103.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2171.16	3103.02

DETAILED SUMMARY PAGE

of Disbursements

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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	90.00	180.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	90.00	180.00
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)	2171.16	3103.02
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	250.00
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)) ..	2261.16	3533.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2261.16	3533.02

DETAILED SUMMARY PAGE
of Disbursements

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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)	2171.16	3103.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2171.16	3103.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	90.00	180.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90.00	180.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

A. Gay & Lesbian Victory Fund

Full Name (Last, First, Middle Initial)
Mailing Address 1133 15th Street
Suite 350

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2379.30

Date of Receipt
11 / 18 / 2015
Transaction ID : SA11AI.4256

Amount of Each Receipt this Period
361.86

In-Kind - Debt Payment

B. Gay & Lesbian Victory Fund

Full Name (Last, First, Middle Initial)
Mailing Address 1133 15th Street
Suite 350

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2741.16

Date of Receipt
12 / 01 / 2015
Transaction ID : SA11AI.4257

Amount of Each Receipt this Period
361.86

In-Kind - Debt Payment

C. Gay & Lesbian Victory Fund

Full Name (Last, First, Middle Initial)
Mailing Address 1133 15th Street
Suite 350

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3103.02

Date of Receipt
12 / 21 / 2015
Transaction ID : SA11AI.4258

Amount of Each Receipt this Period
361.86

In-Kind - Debt Payment

SUBTOTAL of Receipts This Page (optional).....▶	1085.58
TOTAL This Period (last page this line number only).....▶	2171.16

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMM Political	Nature of Debt (Purpose): Phones
Mailing Address 507 N Sylvania	
City State Zip Code Fort Worth TX 76111	

Outstanding Balance Beginning This Period 3617.25	Transaction ID : SD10.4135	
Amount Incurred This Period 0.00	Payment This Period 2171.16	Outstanding Balance at Close of This Period 1446.09

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1446.09
2) TOTALS This Period (last page this line number only)..... ▶	1446.09
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1446.09

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) COMMITTEE TO ELECT A PROGRESSIVE CONGRESS		FEC IDENTIFICATION NUMBER ▼ C C00549386
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee AMM Political		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2013	
Mailing Address 507 N Sylvania		Amount 361.86	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : SE.4244
Purpose of Expenditure Phones	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2015	
Name of Federal Candidate CARL M JR SCIORTINO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 1293.72		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>	

Full Name of Payee AMM Political		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2013	
Mailing Address 507 N Sylvania		Amount 361.86	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : SE.4245
Purpose of Expenditure Phones	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2015	
Name of Federal Candidate CARL M JR SCIORTINO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 1655.58		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	723.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KIM HOOVER
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 22 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) COMMITTEE TO ELECT A PROGRESSIVE CONGRESS		FEC IDENTIFICATION NUMBER ▼ C C00549386
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee AMM Political		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2013	
Mailing Address 507 N Sylvania		Amount 361.86	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : SE.4252
Purpose of Expenditure Phones	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2015	
Name of Federal Candidate CARL M JR SCIORTINO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 2741.16		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>	

Full Name of Payee AMM Political		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2013	
Mailing Address 507 N Sylvania		Amount 361.86	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : SE.4249
Purpose of Expenditure Phones	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015	
Name of Federal Candidate CARL M JR SCIORTINO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 3103.02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	723.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2171.16

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KIM HOOVER
Signature

[Electronically Filed]

Date **01 / 22 / 2016**