

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 JAN 20 AM 8:27

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 257

Check if different than previously reported. (ACC) WALTERBORO SC 29488

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000528661

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 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 Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

10 / 31 / 2015 through 12 / 30 / 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 BRIDGET MURRAY

Signature of Treasurer Bridget Murray Date M M / D D / Y Y Y Y

01 / 13 / 2016

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. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

**10 / 31 / 2015**

To:

**12 / 30 / 2015**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0000	0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19).....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0000	0000
7. Total Disbursements (from Line 31).....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	



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)

Page 3

Write or Type Committee Name

Report Covering the Period: From: MM ' DD ' YYYY 10 ' 31 ' 2015 To: MM ' DD ' YYYY 12 ' 30 ' 2015

**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).....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(ii) Unitemized.....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(b) Political Party Committees.....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(c) Other Political Committees (such as PACs).....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
12. Transfers From Affiliated/Other Party Committees.....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
13. All Loans Received.....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
14. Loan Repayments Received.....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
17. Other Federal Receipts (Dividends, Interest, etc.).....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(b) Levin Funds (from Schedule H5).....	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
(c) Total Transfers (add 18(a) and 18(b))..	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<span style="border: 1px solid black; padding: 2px;">0000</span>	<span style="border: 1px solid black; padding: 2px;">0000</span>

NON-FEDERAL INFORMATION



**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) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000

NON-PROFIT ORGANIZATION

**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	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**A.**

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

Amount of Each Receipt this Period

**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

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....▶ **0000**

**TOTAL** This Period (last page this line number only).....▶ **0000**

NON-CONFIDENTIAL



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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**TERMS**  
 Date Incurred Date Due Interest Rate Secured:  
 Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ..... ▶ 0000  
**TOTALS** This Period (last page in this line only)..... ▶ 0000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NON-FUNCTIONAL DOCUMENT



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION Committee</b>	FEC IDENTIFICATION NUMBER <b>C 00528661</b>
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account:

Date account established: \_\_\_\_\_      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. 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	

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)..... ▶	<input type="text" value="0000"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0000"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input type="text" value="0000"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0000"/>

NON-PROFIT CORPORATION



**SCHEDULE F (FEC Form 3X)  
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

2010-01-20 10:00 AM

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/Type

Date

Amount

**SUBTOTAL** of Expenditures This Page (optional).....▶ **0000**

**TOTAL** This Period (last page this line number only).....▶ **0000**

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
 or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

2013-01-10 11:00 AM 000000140

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

NON-FEDERAL MONIES

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

**BREAKDOWN OF TRANSFER RECEIVED**

- i) Total Administrative ..... [ ]
- ii) Generic Voter Drive ..... [ ]
- iii) Exempt Activities ..... [ ]
- iv) Direct Fundraising (List Activity or Event Identifier)
  - a) \_\_\_\_\_ [ ]
  - b) \_\_\_\_\_ [ ]
  - c) Total Amount Transferred For Direct Fundraising ..... [ ]
- v) Direct Candidate Support (List Activity or Event Identifier)
  - a) \_\_\_\_\_ [ ]
  - b) \_\_\_\_\_ [ ]
  - c) Total Amount Transferred For Direct Candidate Support ..... [ ]
- vi) Public Communications Referring Only to Party (Made by PAC) ..... [ ]

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	[ 00.00 ]
TOTAL This Period (Generic Voter Drive) .....	[ 00.00 ]
TOTAL This Period (Exempt Activities) .....	[ 0000 ]
TOTAL This Period (Direct Fundraising) .....	[ 0000 ]
TOTAL This Period (Direct Candidate Support) .....	[ 0000 ]
TOTAL This Period (Public Communications Referring Only to Party) .....	[ 0000 ]
TOTAL This Period (Total Amount Transferred) .....	[ 0000 ]

NON-FEDERAL INFORMATION

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**A. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier:  
 Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D / Y Y Y Y  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier:  
 Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D / Y Y Y Y  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier:  
 Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D / Y Y Y Y  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 0000

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 0000

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 0000

2010-01-01 10:00:00 AM



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y Y Y	

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	<b>VOTER REGISTRATION</b>
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	<b>VOTER ID</b>
Total Amount Transferred for Voter ID .....	
<b>iii) GOTV</b>	<b>GOTV</b>
Total Amount Transferred for GOTV .....	
<b>iv) Generic Campaign Activity</b>	<b>GENERIC CAMPAIGN ACTIVITY</b>
Total Amount Transferred for Generic Campaign Activity .....	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y Y Y	

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	<b>VOTER REGISTRATION</b>
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	<b>VOTER ID</b>
Total Amount Transferred for Voter ID .....	
<b>iii) GOTV</b>	<b>GOTV</b>
Total Amount Transferred for GOTV .....	
<b>iv) Generic Campaign Activity</b>	<b>GENERIC CAMPAIGN ACTIVITY</b>
Total Amount Transferred for Generic Campaign Activity .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL This Period (Voter Registration)</b> .....	0000
<b>TOTAL This Period (Voter ID)</b> .....	0000
<b>TOTAL This Period (GOTV)</b> .....	0000
<b>TOTAL This Period (Generic Campaign Activity)</b> .....	0000
<b>TOTAL This Period (Total Amount of Transfers Received)</b> .....	0000

20101020300040144

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
			0000
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
			0000
<b>TOTAL This Period for the Levin Share</b>			

2010-01-20 10:00:15

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS</b> .....		
<b>3. TOTAL RECEIPTS</b> .....		
(Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS</b> .....		
<b>6. TOTAL DISBURSEMENTS</b> .....		
(Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND</b> .....		0000
(for Column B, use cash as of January 1st)		
<b>8. RECEIPTS</b> .....		0000
(from Line 3)		
<b>9. SUBTOTAL</b> .....		0000
(Add Lines 7 and 8)		
<b>10. DISBURSEMENTS</b> .....		0000
(From Line 6)		
<b>11. ENDING CASH ON HAND</b> .....		0000
(Subtract Line 10 From Line 9)		

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**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			M M / D D / Y Y Y Y		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			M M / D D / Y Y Y Y		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			M M / D D / Y Y Y Y		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer or Principal Place of Business			Aggregate Year-to-Date		
Occupation			M M / D D / Y Y Y Y		

SUBTOTAL of Receipts This Page (optional).....▶	0 0 0 0
TOTAL This Period (last page this line number only).....▶	0 0 . 0 0

NON-PROFIT ORGANIZATION

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>
<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/> 0000

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

00.00

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


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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked <b>1/14/16</b>	<b>1/20/16</b>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (3/2015)

**1/20/16**  
 DATE PREPARED

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