Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Progressive PAC 777 S. Figueroa Street ADDRESS (number and street) Suite 4050 (Check if address is changed) Los Angeles 90017 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS pcdfilings@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00798579 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hale, Tony,,, Type or Print Name of Treasurer Hale, Tony,,, [Electronically Filed] 03 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete th	e candidate information below.)
(b) This committee is an authorized committee, and is NOT a princ information below.)	ipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NO	OT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee	of the (Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected	ed organization on line 6.) Its connected organization is a
Corporation Corporation w/o	Capital Stock Labor Organization
Membership Organization Trade Associatio	n Cooperative
In addition, this committee is a Lobbyist/Registrant PA	C.
(f) This committee supports/opposes more than one Federal candid committee. (i.e., nonconnected committee)	date, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PA	C.
In addition, this committee is a Leadership PAC. (Iden	tify sponsor on line 6.)
(g) This committee is an independent expenditure-only political com	mittee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PA	С.
(h) This committee is a political committee with both contribution an	nd non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PA	C.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses committees/organizations, at least one of which is an authorized	•
(j) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized comm	·
Committees Participating in Joint Fundraiser	
1.	C
	C

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۷	Vrite or Type Committee Name		
	Progressive PA		
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Mailing Address	777 S. Figueroa Street	
		Suite 4050	
		Los Angeles	90017
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representativ	re x Leadership PAC Sponso
	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person ir	n possession of committee
		Anghan I	
	Kaufman, S	tepnen, J, ,	
		1777 S. Figueroa Street	
	Mailing Address		
		Suite 4050	
		Los Angeles CA	90017
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	G.1.1 = G.1.1 =	211 0002 -
	Counșel	71	3 _ 452 _ 6565
		Telephone number	
<u> </u>	Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; a	nd the name and address of
	any designated agent (e.g., a		
	Full Name Hale, Tony,	,,	
	of Treasurer		
	Mailing Address	777 S. Figueroa Street	
		Suite 4050	
		Los Angeles CA	90017
		OTTAL A	710 0000
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		3 452 6565
		Telephone number	

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De	ull Name of esignated			<u> </u>
Ag	gent			
Ma	ailing Address			
Tit	tle or Position \	CITY ▲	STATE ▲	ZIP CODE ▲
L		Telephone n	umber	
		Depositories: List all banks or other depositories in which the comm es or maintains funds.	ittee deposits f	unds, holds accounts, rents
Na	ame of Bank, D	epository, etc.		
		California Bank & Trust		
Ма	ailing Address	550 S. Hope St.		
		Los Angeles	CA	90071
		CITY A	STATE ▲	ZIP CODE ▲
Na	ame of Bank, D	epository, etc.		
Ма	ailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	777 S. Figueroa St.		
Ü	Ste. 4050		
	Los Angeles	CA CA	90017
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optional)	·	
esignated Agent: Identi	y by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A	STATE Telephone Number	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	Joint Fundraising	i ai dolpant.		
1.			FEC ID number	С
2			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundra	ising Representati	ve, or Leadership PAC Sponsor
IED	LIEU VICTOF	RY FUND		
1.4	allian Adalaha	777 S. FIGUEROA STREET		
IVI	ailing Address	SUITE 4050		
			CA	00017
		LOS ANGELES	L CA	90017
He	elationship:	CITY ▲	STATE A	ZIP CODE ▲
Designa		Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Represen	tative Leadership PAC Sponse
Full	nted Agent: Identify Name		Fundraising Represen	tative Leadership PAC Sponse
Full	ited Agent: Identify		Fundraising Represen	tative Leadership PAC Sponse
Full	nted Agent: Identify Name		Fundraising Represen	Leadership PAC Sponse
Full	nted Agent: Identify Name	by name, address (phone number – optional)		
Full Mail	nted Agent: Identify Name	by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sponse