

# 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)
- 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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

GROSSMAN, JOSHUA, , ,

Type or Print Name of Treasurer

Signature of Treasurer GROSSMAN, JOSHUA, , , [Electronically Filed] Date  /  /  2017

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>	<input type="text" value="483304.78"/>	<input type="text" value="483304.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="292821.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11552.22"/>	<input type="text" value="168394.85"/>
(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="304373.69"/>	<input type="text" value="651699.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16059.40"/>	<input type="text" value="363385.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="288314.29"/>	<input type="text" value="288314.29"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y Y 12 / 31 / 2016

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).....	11421.27	166921.27
(ii) Unitemized .....	24.00	235.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11445.27	167156.27
(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) .....	11445.27	167156.27
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).....	83.78	1048.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	23.17	189.82
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)).....▶	11552.22	168394.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11552.22	168394.85

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	16059.40	250774.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16059.40	250774.95
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	112610.39
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	16059.40	363385.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16059.40	363385.34

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11445.27	167156.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11445.27	167156.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16059.40	250774.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	83.78	1048.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15975.62	249726.19

**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 6 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Progressive Kick**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1904 Franklin Street

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10583.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2016

**Transaction ID : SA11AI.7514**

Amount of Each Receipt this Period  
10583.66

Memo Item

**B. Progressive Kick**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1904 Franklin Street

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11421.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2016

**Transaction ID : SA11AI.7516**

Amount of Each Receipt this Period  
837.61

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11421.27
<b>TOTAL</b> This Period (last page this line number only).....	11421.27

**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"/> 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. AmCheck</b>			Date of Disbursement MM / DD / YYYY 11 / 30 / 2016		
Mailing Address 110 West A Street			FEC Identification Number C		
City San Diego	State CA	Zip Code 92101	Transaction ID : SB21B.7502		
Purpose of Disbursement Payroll Services		Category/ Type	Amount of Each Disbursement this Period 37.38		
Candidate Name			Memo Item <input type="checkbox"/>		
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:					
Full Name (Last, First, Middle Initial) <b>B. AmCheck</b>			Date of Disbursement MM / DD / YYYY 11 / 30 / 2016		
Mailing Address 110 West A Street			FEC Identification Number C		
City San Diego	State CA	Zip Code 92101	Transaction ID : SB21B.7503		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 274.60		
Candidate Name			Memo Item <input type="checkbox"/>		
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:					
Full Name (Last, First, Middle Initial) <b>C. AmCheck</b>			Date of Disbursement MM / DD / YYYY 11 / 30 / 2016		
Mailing Address 110 West A Street			FEC Identification Number C		
City San Diego	State CA	Zip Code 92101	Transaction ID : SB21B.7504		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 760.05		
Candidate Name			Memo Item <input type="checkbox"/>		
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:					
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶			1072.03		
<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"/> 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. AmCheck</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 15 / 2016	
Mailing Address 110 West A Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7512</b> Amount of Each Disbursement this Period [ ] 33.38	
City San Diego	State CA	Zip Code 92101	Category/ Type [ ]
Purpose of Disbursement Payroll Services		Candidate Name	
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) ▼	Memo Item <input type="checkbox"/>	
State: District:	Full Name (Last, First, Middle Initial) <b>B. AmCheck</b>		
Mailing Address 110 West A Street		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 15 / 2016	
City San Diego		State CA	
Zip Code 92101		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7513</b> Amount of Each Disbursement this Period [ ] 776.76	
Purpose of Disbursement Payroll Taxes		Candidate Name	
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:		Memo Item <input type="checkbox"/>	
Full Name (Last, First, Middle Initial) <b>C. AmCheck</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 31 / 2016	
Mailing Address 110 West A Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7527</b> Amount of Each Disbursement this Period [ ] 978.04	
City San Diego		State CA	
Zip Code 92101		Candidate Name	
Purpose of Disbursement Payroll Taxes		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) ▼		Memo Item <input type="checkbox"/>	
State: District:		SUBTOTAL of Disbursements This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶		[ ] 1788.18	



**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"/> 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 Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.7528  
Amount of Each Disbursement this Period  
33.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.7506  
Amount of Each Disbursement this Period  
25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.7507  
Amount of Each Disbursement this Period  
164.19

Memo Item

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

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

222.57

**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"/> 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. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address PO Box 5025		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7519</b>
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Phones	Candidate Name	Category/ Type [ ]
Candidate Name		
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) ▼	Amount of Each Disbursement this Period [ ] 25.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address PO Box 5025		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7520</b>
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Phones	Candidate Name	Category/ Type [ ]
Candidate Name		
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) ▼	Amount of Each Disbursement this Period [ ] 164.05
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Barcellos, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7530</b>
City Santa Rosa	State CA	Zip Code 95403
Purpose of Disbursement Strategic Consulting	Candidate Name	Category/ Type [ ]
Candidate Name		
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) ▼	Amount of Each Disbursement this Period [ ] 105.00
State: District:		<input type="checkbox"/> Memo Item

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

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

[ ] 294.05
[ ]

**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"/> 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**

**A. Barcellos, Ben, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2191 Zinfandel Drive

City Santa Rosa State CA Zip Code 95403

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7531

Amount of Each Disbursement this Period: 310.00

Memo Item

**B. Brimley, Stephen, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 115 Kaler Road

City Belfast State ME Zip Code 04915

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7501

Amount of Each Disbursement this Period: 638.83

Memo Item

**C. English, Margaret, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 12 Elm Street

City Winterport State ME Zip Code 04496

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7500

Amount of Each Disbursement this Period: 496.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1445.61

**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"/> 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. English, Margaret, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016
Mailing Address 12 Elm Street		FEC Identification Number C <b>Transaction ID : SB21B.7529</b> Amount of Each Disbursement this Period 44.00
City Winterport	State ME	
Purpose of Disbursement Mileage	Zip Code 04496	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. GROSSMAN, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C <b>Transaction ID : SB21B.7498</b> Amount of Each Disbursement this Period 1354.65
City OAKLAND	State CA	
Purpose of Disbursement Payroll	Zip Code 94612	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. GROSSMAN, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2016
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C <b>Transaction ID : SB21B.7510</b> Amount of Each Disbursement this Period 1354.64
City OAKLAND	State CA	
Purpose of Disbursement Payroll	Zip Code 94612	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2753.29
<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"/> 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**

**A. GROSSMAN, JOSHUA, , ,**

Full Name (Last, First, Middle Initial)

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: 12 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7525

Amount of Each Disbursement this Period: 1356.39

Memo Item

**B. LCB Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 388 17th St.  
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7509

Amount of Each Disbursement this Period: 451.00

Memo Item

**C. Progressive Punch**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7505

Amount of Each Disbursement this Period: 1404.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3211.69

**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"/> 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. Kaiser Foundation Health Insurance</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016	
Mailing Address File 5915		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7505.1</b> Amount of Each Disbursement this Period [ ] 963.92	
City Los Angeles	State CA	Zip Code 90074	Category/ Type [ ]
Purpose of Disbursement Insurance		Candidate Name	
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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amazon Hosting</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016	
Mailing Address 410 Terry Ave North		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7505.1</b> Amount of Each Disbursement this Period [ ] 280.00	
City Seattle	State WA	Zip Code 98109	Category/ Type [ ]
Purpose of Disbursement Web Hosting		Candidate Name	
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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016	
Mailing Address 620 8th Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7505.1</b> Amount of Each Disbursement this Period [ ] 70.70	
City New York	State NY	Zip Code 10018	Category/ Type [ ]
Purpose of Disbursement Subscriptions		Candidate Name	
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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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"/> 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. AMS Liability Insurance</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016	
Mailing Address 442 W. Kortsen Rd #204			
City Casa Grande	State AZ	Zip Code 85222	
Purpose of Disbursement Insurance		Category/ Type	
Candidate Name		FEC Identification Number C	
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: _____	Transaction ID : <b>SB21B.7505.!</b> Amount of Each Disbursement this Period 38.48	
<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Progressive Punch</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2016	
Mailing Address 1904 Franklin Street			
City Oakland	State CA	Zip Code 94612	
Purpose of Disbursement Reimbursement		Category/ Type	
Candidate Name		FEC Identification Number C	
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: _____	Transaction ID : <b>SB21B.7524</b> Amount of Each Disbursement this Period 1014.27	
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Kaiser Foundation Health Insurance</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2016	
Mailing Address File 5915			
City Los Angeles	State CA	Zip Code 90074	
Purpose of Disbursement Insurance		Category/ Type	
Candidate Name		FEC Identification Number C	
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: _____	Transaction ID : <b>SB21B.7524.</b> Amount of Each Disbursement this Period 492.62	
<input checked="" type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1014.27
<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"/> 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. Amazon Hosting</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2016
Mailing Address 410 Terry Ave North		FEC Identification Number C [REDACTED]
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Web Hosting		Transaction ID : <b>SB21B.7524.</b>
Candidate Name	Category/Type	Amount of Each Disbursement this Period 268.44
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2016
Mailing Address 620 8th Avenue		FEC Identification Number C [REDACTED]
City New York	State NY	Zip Code 10018
Purpose of Disbursement Subscriptions		Transaction ID : <b>SB21B.7524.2</b>
Candidate Name	Category/Type	Amount of Each Disbursement this Period 70.70
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [REDACTED]
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Transaction ID : <b>SB21B.7508</b>
Candidate Name	Category/Type	Amount of Each Disbursement this Period 485.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	485.00
<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"/> 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**

**A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Full Name (Last, First, Middle Initial)

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7521

Amount of Each Disbursement this Period: 1065.00

Memo Item

**B. State Compensation Insurance Fund**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 748170

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7518

Amount of Each Disbursement this Period: 204.25

Memo Item

**C. Stewart, Leslie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7499

Amount of Each Disbursement this Period: 617.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ► 1887.11

**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"/> 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**

**A. Stewart, Leslie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7511

Amount of Each Disbursement this Period: 727.80

Memo Item

**B. Stewart, Leslie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7526

Amount of Each Disbursement this Period: 1117.80

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1845.60
<b>TOTAL</b> This Period (last page this line number only).....▶	16019.40