

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.

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

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

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 checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer JOSHUA GROSSMAN

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

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="102812.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="639128.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16593.01"/>	<input type="text" value="2435266.36"/>
(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="655721.65"/>	<input type="text" value="2538078.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="174204.19"/>	<input type="text" value="2056561.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="481517.46"/>	<input type="text" value="481517.46"/>
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="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15300.00	792514.41
(ii) Unitemized	1210.00	1533.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16510.00	794047.41
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1633000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16510.00	2427047.41
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).....	44.20	7925.61
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	38.81	293.34
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))..... ▶	16593.01	2435266.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16593.01	2435266.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	31204.19	185800.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31204.19	185800.43
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)	2600.00	220005.24
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	50.00
(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	50.00
29. Other Disbursements	140400.00	1650705.75
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)) ..	174204.19	2056561.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174204.19	2056561.42

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)	16510.00	2427047.41
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16510.00	2426997.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31204.19	185800.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	44.20	7925.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31159.99	177874.82

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

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

FOR LINE NUMBER: PAGE 6 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Rob Bizzell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 Buena Vista Ct
 City Kinston State NC Zip Code 28504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Realo Discount Drugs Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.5933
 Amount of Each Receipt this Period 2250.00

B. Susan Branch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 Mason Circle
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ciena Capital, LLC Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.5924
 Amount of Each Receipt this Period 500.00

C. Dean Debnam
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Penley Circle
 City Raleigh State NC Zip Code 27609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Workplace Options Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.5916
 Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. William M Farris
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2727
 City State Zip Code
 Wilson NC 27894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Farris and Farris PA Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.5940
 Amount of Each Receipt this Period
 250.00

B. Frank Grobman
 Full Name (Last, First, Middle Initial)
 Mailing Address 13773 le havre dr
 City State Zip Code
 Palm Beach FL 33410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11AI.5852
 Amount of Each Receipt this Period
 2000.00

C. John Heagarty
 Full Name (Last, First, Middle Initial)
 Mailing Address 7729 Sandy Bottom Way
 City State Zip Code
 Raleigh NC 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

**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 8 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Megan Hull
Full Name (Last, First, Middle Initial)

Mailing Address 2226 Hall Pl. NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Consultant
--------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
1000.00

B. Betty Kenan
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cedar Club Circle

City Chapel Hill	State NC	Zip Code 27515
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Investor
--------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period
1000.00

C. Robert Lucas
Full Name (Last, First, Middle Initial)

Mailing Address 208 North Webb Street

City Selma	State NC	Zip Code 27576
---------------	-------------	-------------------

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

Name of Employer Lucas Denning Ellerbee, PA	Occupation Attorney
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.5918

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

**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 9 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Charles Meeker
Full Name (Last, First, Middle Initial)

Mailing Address 324 S. Boylan Ave

City Raleigh	State NC	Zip Code 27603
-----------------	-------------	-------------------

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

Name of Employer Parker Poe	Occupation Attorney
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period
250.00

B. William Pitney
Full Name (Last, First, Middle Initial)

Mailing Address 2600 Croasdaile Farm Pkwy

City Durham	State NC	Zip Code 27705
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
250.00

C. James Protzman
Full Name (Last, First, Middle Initial)

Mailing Address 451 Lakeshore Lane

City Chapel Hill	State NC	Zip Code 27514
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Writer
--------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA11AI.5853

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. James Protzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 451 Lakeshore Lane
 City Chapel Hill State NC Zip Code 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.5928
 Amount of Each Receipt this Period 1000.00

B. Allen Wellons
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Hancock St
 City Smithfield State NC Zip Code 27577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2014
Transaction ID : SA11AI.5855
 Amount of Each Receipt this Period 250.00

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).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	15300.00

**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 11 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)
A. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY	State CA	Zip Code 94703
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.91

Date of Receipt
 / /

10 / 30 / 2014

Transaction ID : SA17.5950

Amount of Each Receipt this Period
2.38

Full Name (Last, First, Middle Initial)
B. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY	State CA	Zip Code 94703
------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.47

Date of Receipt
 / /

10 / 30 / 2014

Transaction ID : SA17.5951

Amount of Each Receipt this Period
4.56

Full Name (Last, First, Middle Initial)
C. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY	State CA	Zip Code 94703
------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.13

Date of Receipt
 / /

10 / 30 / 2014

Transaction ID : SA17.5952

Amount of Each Receipt this Period
7.66

SUBTOTAL of Receipts This Page (optional).....▶	14.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. COOPERATIVE CREDIT UNION FCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 ASHBY AVE.
 City BERKELEY State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 293.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA17.5955
 Amount of Each Receipt this Period
 24.21

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	24.21
TOTAL This Period (last page this line number only).....▶	38.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Actblue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Transaction ID : SB21B.6005

Amount of Each Disbursement this Period

612.71

Full Name (Last, First, Middle Initial)

B. All Hands On Deck, Inc.

Mailing Address 1213 8th Avenue #2

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB21B.5953

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : SB21B.5974

Amount of Each Disbursement this Period

1368.82

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

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

2981.53

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2014

Transaction ID : **SB21B.5975**

Amount of Each Disbursement this Period: 31.00

Category/Type

Full Name (Last, First, Middle Initial)

B. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2014

Transaction ID : **SB21B.5999**

Amount of Each Disbursement this Period: 1482.03

Category/Type

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2014

Transaction ID : **SB21B.6000**

Amount of Each Disbursement this Period: 33.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1546.03

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.5903

Amount of Each Disbursement this Period

211.90

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

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.5904

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ben Barcellos

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SB21B.5912

Amount of Each Disbursement this Period

81.00

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

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

317.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Nicole Bellot

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : **SB21B.5971**

Amount of Each Disbursement this Period

1290.56

Full Name (Last, First, Middle Initial)

B. Nicole Bellot

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : **SB21B.5996**

Amount of Each Disbursement this Period

1008.66

Full Name (Last, First, Middle Initial)

C. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City State Zip Code
BERKELEY CA 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : **SB21B.5867**

Amount of Each Disbursement this Period

25.00

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

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

2324.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB21B.5868

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB21B.5869

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB21B.5870

Amount of Each Disbursement this Period

25.00

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

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

75.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB21B.5879

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB21B.5891

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SB21B.5900

Amount of Each Disbursement this Period

25.00

Category/
Type

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

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

75.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	29	/	2014

Transaction ID : SB21B.5913

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	04	/	2014

Transaction ID : SB21B.5972

Amount of Each Disbursement this Period

1239.43

Full Name (Last, First, Middle Initial)

C. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	19	/	2014

Transaction ID : SB21B.5997

Amount of Each Disbursement this Period

1239.43

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

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

2503.86

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. LCB Associates

Mailing Address 388 17th St.
Suite 200

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SB21B.5967

Amount of Each Disbursement this Period

370.50

Full Name (Last, First, Middle Initial)

B. Progressive Punch

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.5902

Amount of Each Disbursement this Period

37.84

Full Name (Last, First, Middle Initial)

C. Progressive Punch

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 12 / 2014

Transaction ID : SB21B.5985

Amount of Each Disbursement this Period

4221.50

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

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

4629.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Craigslist.org

Mailing Address 1381 9th Ave.

City San Francisco State CA Zip Code 94122

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : SB21B.5985.0

Amount of Each Disbursement this Period

480.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Virgin America

Mailing Address 555 Airport Blvd.

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : SB21B.5985.1

Amount of Each Disbursement this Period

488.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amazon Hosting

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement
Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : SB21B.5985.2

Amount of Each Disbursement this Period

268.33

[MEMO ITEM]

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

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

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Give Something Back

Mailing Address 7730 Pardee Lane

City Oakland State CA Zip Code 94621

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.5985.5

Amount of Each Disbursement this Period

60.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.5985.8

Amount of Each Disbursement this Period

363.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JetBlue

Mailing Address 27-01 Queens Plaza North

City Long Island City State NY Zip Code 11101

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.5985.9

Amount of Each Disbursement this Period

263.20

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AirBnB

Mailing Address 888 Brannan Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.5985.10

Amount of Each Disbursement this Period

975.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Leslie Stewart

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.5985.11

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement
Subscriptions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.5985.15

Amount of Each Disbursement this Period

36.84

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Insurance

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : SB21B.5985.18

Amount of Each Disbursement this Period

422.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Progressive Punch

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5990

Amount of Each Disbursement this Period

2297.38

Full Name (Last, First, Middle Initial)

C. AirBnB

Mailing Address 888 Brannan Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5990.0

Amount of Each Disbursement this Period

368.80

[MEMO ITEM]

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

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

2297.38

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Amazon Hosting

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement
Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	4

Transaction ID : SB21B.5990.2

Amount of Each Disbursement this Period

2	6	1	.	4	1
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Doubletree Hotel

Mailing Address 525 W Lafayette Blvd

City Detroit State MI Zip Code 48226

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	4

Transaction ID : SB21B.5990.7

Amount of Each Disbursement this Period

6	7	6	.	3	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Give Something Back

Mailing Address 7730 Pardee Lane

City Oakland State CA Zip Code 94621

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	4

Transaction ID : SB21B.5990.8

Amount of Each Disbursement this Period

1	2	6	.	9	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscriptions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5990.14

Amount of Each Disbursement this Period

20.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sun Country Airlines

Mailing Address 1300 Mendola Heights Rd

City Mendola Heights State MN Zip Code 55120

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5990.16

Amount of Each Disbursement this Period

234.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United States Potal Service

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5990.19

Amount of Each Disbursement this Period

4.04

[MEMO ITEM]

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Progressive Punch

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5991

Amount of Each Disbursement this Period

1068.82

Full Name (Last, First, Middle Initial)

B. Amazon Hosting

Mailing Address 410 Terry Ave North

City State Zip Code
Seattle WA 98109

Purpose of Disbursement
Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5991.0

Amount of Each Disbursement this Period

265.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Give Something Back

Mailing Address 7730 Pardee Lane

City State Zip Code
Oakland CA 94621

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5991.2

Amount of Each Disbursement this Period

147.94

[MEMO ITEM]

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

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

1068.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Insurance

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5991.4

Amount of Each Disbursement this Period

422.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscriptions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5991.7

Amount of Each Disbursement this Period

34.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United States Potal Service

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5991.9

Amount of Each Disbursement this Period

40.24

[MEMO ITEM]

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

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

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Progressive Punch

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5992

Amount of Each Disbursement this Period

1395.80

Category/
Type

Full Name (Last, First, Middle Initial)

B. Amazon Hosting

Mailing Address 410 Terry Ave North

City State Zip Code
Seattle WA 98109

Purpose of Disbursement
Hosting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5992.1

Amount of Each Disbursement this Period

269.82

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Give Something Back

Mailing Address 7730 Pardee Lane

City State Zip Code
Oakland CA 94621

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5992.4

Amount of Each Disbursement this Period

83.67

Category/
Type

[MEMO ITEM]

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

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

1395.80

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Insurance

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5992.6

Amount of Each Disbursement this Period

844.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement
Subscriptions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5992.7

Amount of Each Disbursement this Period

36.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Pedal Express

Mailing Address PO Box 10141

City Berkeley State CA Zip Code 94709

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.5992.8

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

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

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

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. United States Potal Service		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 475 L'Enfant Plaza SW		Transaction ID : SB21B.5992.10
City Washington State DC Zip Code 20260	Amount of Each Disbursement this Period 4.04	
Purpose of Disbursement Postage	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) B. Progressive Punch		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.5993
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 974.18	
Purpose of Disbursement Reimbursement	Category/Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) C. Amazon Hosting		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 410 Terry Ave North		Transaction ID : SB21B.5993.1
City Seattle State WA Zip Code 98109	Amount of Each Disbursement this Period 260.04	
Purpose of Disbursement Web Hosting	Category/Type	[MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	974.18
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Give Something Back		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 7730 Pardee Lane		Transaction ID : SB21B.5993.3
City Oakland	State CA	
Zip Code 94621	Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 138.83
Candidate Name	Category/Type	[MEMO ITEM]
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. Kaiser Foundation Health Insurance		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address File 5915		Transaction ID : SB21B.5993.6
City Los Angeles	State CA	
Zip Code 90074	Purpose of Disbursement Insurance	Amount of Each Disbursement this Period 422.24
Candidate Name	Category/Type	[MEMO ITEM]
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) C. New York Times		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 620 8th Avenue		Transaction ID : SB21B.5993.7
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Subscriptions	Amount of Each Disbursement this Period 36.84
Candidate Name	Category/Type	[MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. United States Potal Service		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 475 L'Enfant Plaza SW		Transaction ID : SB21B.5993.9
City Washington State DC Zip Code 20260	Amount of Each Disbursement this Period 14.40	
Purpose of Disbursement Postage	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Salsa Labs		Date of Disbursement MM / DD / YYYY 10 / 27 / 2014
Mailing Address PO Box 674533		Transaction ID : SB21B.5901
City Detroit State MI Zip Code 48267	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Website	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1025 Vermont Ave., NW Suite 300		Transaction ID : SB21B.5969
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 6443.26	
Purpose of Disbursement Legal Services	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	6543.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.6001

Amount of Each Disbursement this Period

205.20

Full Name (Last, First, Middle Initial)

B. Peter Sullivan

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : SB21B.5973

Amount of Each Disbursement this Period

1387.98

Full Name (Last, First, Middle Initial)

C. Peter Sullivan

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.5998

Amount of Each Disbursement this Period

2318.88

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

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

3912.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. United States Potal Service		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 475 L'Enfant Plaza SW		Transaction ID : SB21B.5989
City Washington State DC Zip Code 20260	Amount of Each Disbursement this Period 5.05	
Purpose of Disbursement Postage	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. United States Potal Service		Date of Disbursement MM / DD / YYYY 11 / 15 / 2014
Mailing Address 475 L'Enfant Plaza SW		Transaction ID : SB21B.5995
City Washington State DC Zip Code 20260	Amount of Each Disbursement this Period 5.05	
Purpose of Disbursement Postage	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) C. UPS		Date of Disbursement MM / DD / YYYY 10 / 16 / 2014
Mailing Address PO Box 7247-0244		Transaction ID : SB21B.5872
City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement Notary	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:		

SUBTOTAL of Disbursements This Page (optional).....▶	20.10
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB21B.5890

Amount of Each Disbursement this Period

41.47

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2014

Transaction ID : SB21B.5892

Amount of Each Disbursement this Period

45.65

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2014

Transaction ID : SB21B.5893

Amount of Each Disbursement this Period

37.79

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

124.91

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Notary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.5908

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.5909

Amount of Each Disbursement this Period

22.55

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.5962

Amount of Each Disbursement this Period

37.79

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

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

80.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SB21B.5966

Amount of Each Disbursement this Period

41.47

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

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

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

41.47

30911.70

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. 1Hood Media		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 5540 Rippey Place		Transaction ID : SB29.5877
City Pittsburgh	State PA	
Zip Code 15206	Purpose of Disbursement Non-Federal Ad Production	Amount of Each Disbursement this Period 2000.00
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. Comcast Ad Delivery		Date of Disbursement MM / DD / YYYY 11 / 06 / 2014
Mailing Address 13431 Collections Center Dr.		Transaction ID : SB29.5979
City Chicago	State IL	
Zip Code 60693	Purpose of Disbursement Ad Delivery-NonFederal Elections	Amount of Each Disbursement this Period 225.00
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) C. Comcast Ad Delivery		Date of Disbursement MM / DD / YYYY 11 / 06 / 2014
Mailing Address 13431 Collections Center Dr.		Transaction ID : SB29.5981
City Chicago	State IL	
Zip Code 60693	Purpose of Disbursement Ad Delivery-NonFederal Elections	Amount of Each Disbursement this Period 225.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	2450.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Mandate Media

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement
Web Services Non-Fed Elections

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB29.5875

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

B. Mandate Media

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement
Web Ads Non-Fed Elections-KS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : SB29.5963

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mandate Media

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement
Web Ads Non-Fed Elections-MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : SB29.5964

Amount of Each Disbursement this Period

400.00

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

16800.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Mandate Media

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement
Web Ads Non-Fed Elections-ME

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 31 / 2014

Transaction ID : SB29.5965

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mandate Media

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement
Web Ads Non-Fed Elections-WI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 03 / 2014

Transaction ID : SB29.5970

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Moe Consulting

Mailing Address 707 W. 21st Ave

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Non-Federal Canvassing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 16 / 2014

Transaction ID : SB29.5871

Amount of Each Disbursement this Period

10000.00

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

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

10800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Moe Consulting		Date of Disbursement MM / DD / YYYY 10 / 23 / 2014
Mailing Address 707 W. 21st Ave		Transaction ID : SB29.5886
City Anchorage	State AK	
Zip Code 99503	Purpose of Disbursement Non-Federal Canvassing	Amount of Each Disbursement this Period 10000.00
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. Moe Consulting		Date of Disbursement MM / DD / YYYY 10 / 29 / 2014
Mailing Address 707 W. 21st Ave		Transaction ID : SB29.5914
City Anchorage	State AK	
Zip Code 99503	Purpose of Disbursement Non-Federal Canvassing	Amount of Each Disbursement this Period 13000.00
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) C. PoliticsNC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2014
Mailing Address 1301 NOrth Greensboro St		Transaction ID : SB29.5898
City Carrboro	State NC	
Zip Code 27510	Purpose of Disbursement Non-Federal Mailings-NC	Amount of Each Disbursement this Period 16000.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	39000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. PoliticsNC

Mailing Address 1301 NOrth Greensboro St

City Carrboro State NC Zip Code 27510

Purpose of Disbursement
Non-Federal Mailings-NC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5907

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Progress Michigan Political Action Fund

Mailing Address 215 South Washington
Suite 100

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Non-Federal Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5880

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Relevant Information Ltd

Mailing Address 439 East Ninth Street #4

City New York State NY Zip Code 10009

Purpose of Disbursement
Media Relations-Non-Federal Elections

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.5983

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Relevant Information Ltd

Mailing Address 439 East Ninth Street #4

City New York State NY Zip Code 10009

Purpose of Disbursement
Media Relations-Non-Federal Elections

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB29.5984

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Relevant Information Ltd

Mailing Address 439 East Ninth Street #4

City New York State NY Zip Code 10009

Purpose of Disbursement
Media Relations-Non-Federal Elections

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB29.5986

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

C. Relevant Information Ltd

Mailing Address 439 East Ninth Street #4

City New York State NY Zip Code 10009

Purpose of Disbursement
Media Relations-Non-Federal Elections

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB29.5987

Amount of Each Disbursement this Period

375.00

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

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

1125.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Relevant Information Ltd		Date of Disbursement MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 439 East Ninth Street #4		Transaction ID : SB29.5988 Amount of Each Disbursement this Period 375.00	
City New York	State NY		Zip Code 10009
Purpose of Disbursement Media Relations-Non-Federal Elections	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. The Campaign Network		Date of Disbursement MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 140 Bayswater St.		Transaction ID : SB29.5882 Amount of Each Disbursement this Period 6000.00	
City Boston	State MA		Zip Code 02128
Purpose of Disbursement Video Ad Production - Non-Federal-OR	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. The Campaign Network		Date of Disbursement MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 140 Bayswater St.		Transaction ID : SB29.5883 Amount of Each Disbursement this Period 2500.00	
City Boston	State MA		Zip Code 02128
Purpose of Disbursement Video Ad Production - Non-Federal-KS	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional).....▶	8875.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. The Campaign Network

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement
Video Ad Production - Non-Federal-MI

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB29.5887

Amount of Each Disbursement this Period

4500.00

Category/Type

Full Name (Last, First, Middle Initial)

B. The Campaign Network

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement
Video Ad Production - Non-Federal-ME

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB29.5888

Amount of Each Disbursement this Period

2500.00

Category/Type

Full Name (Last, First, Middle Initial)

C. The Campaign Network

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement
Video Ad Production - Non-Federal-WI

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB29.5889

Amount of Each Disbursement this Period

3100.00

Category/Type

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

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

10100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. The Campaign Network

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement
Video Ad Production - Non-Federal-ME

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB29.5905

Amount of Each Disbursement this Period

9500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

9500.00

140400.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dakota Video & Post Productions, LLC	Nature of Debt (Purpose): Video Production
Mailing Address 311 S Minnesota Ave	
City State Zip Code Sioux Falls SD 57104	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>	Transaction ID : SD10.5777	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="600.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Campaign Network	Nature of Debt (Purpose): Ad Production
Mailing Address 140 Bayswater St.	
City State Zip Code Boston MA 02128	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.6093	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES
FEC IDENTIFICATION NUMBER
C C00492595
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Dakota Video & Post Productions, LLC
Mailing Address: 311 S Minnesota Ave
City: Sioux Falls, State: SD, Zip Code: 57104
Purpose of Expenditure: Radio Ad Production
Date of Public Distribution/Dissemination: 10/20/2014
Amount: 600.00
Transaction ID: SE.6091
Date of Disbursement or Obligation: 10/16/2014
Name of Federal Candidate: MARION MICHAEL ROUNDS
Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate
District: 00, State: SD
Disbursement For: [] Primary, [X] General
Calendar Year-To-Date Per Election for Office Sought: 101350.00

Full Name of Payee: The Campaign Network
Mailing Address: 140 Bayswater St.
City: Boston, State: MA, Zip Code: 02128
Purpose of Expenditure: Ad Production
Date of Public Distribution/Dissemination: 10/15/2014
Amount: 2000.00
Transaction ID: SE.6099
Date of Disbursement or Obligation: 10/23/2014
Name of Federal Candidate: STEWART MILLS
Support: [], Oppose: [X]
Office Sought: [X] House, [] Senate
District: 08, State: MN
Disbursement For: [] Primary, [X] General
Calendar Year-To-Date Per Election for Office Sought: 41894.44

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 2600.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 2600.00

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.
Signature: JOSHUA GROSSMAN
Date: 12/04/2014