11030653187

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2011 AUGodić uselidni2: 0.5

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4MSAIL CENTER

Miid-Artilant	ic Pro	1916KFS TUR	Lleialdiein	5 h 1 1 p 1	Cio imimi ititi el el	
			1 1 1 1 1 1 1			
ADDRESS (number and street)	RO. 1810	1X1 BR101/15	<u> </u>		·	
Check if different than previously reported. (ACC)	Ailexa	ndvia		<u>v</u> a	2232d-L	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE ▲	ZIP CODE A	
C 0,0,3,0,0,2,	3,6	3. IS THIS REPORT	NEW (N) OR	(A)	MENDED)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reparts: April 15 Quarterly Report (Country Report (Country Report (Country Report (Country Report (Country Report (Country Report (Non-electic Year Only) (MY) Termination Report (TER)	(C) 12-D PRE Repo	Election on	May 20 (M5 Jun 20 (M6) Jul 20 (M7) Primary (12P) Convention (12C) General (30G)	Sep	in the State of	
5. Covering Period	1 61	2011	through BG	30	20()	
I certify that I have examined the Type or Print Name of Treasure		-			d complete.	
Signature of Treasurer Date Date						
Office Use Only		and the second s	and policining		FEC FORM 3X Rev. 12/2004	

11030653188

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Report Covering the Period: From:	· · · · · · · · · · · · · · · · · · ·	o: 06 30 20 ()
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 20.(.)		1,6,71,0.7
(b) Cash on Hand at Beginning of Reporting Period	167.1-8.7	
(c) Total Receipts (from Line 19)	7.59.0.00	759000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	926107	926.1.05
7. Total Disbursements (from Line 31)	740137	7.40.13
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.8.5.9.7.0	1.859.7.0
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
This committee has qualified as a mul	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW	
	Washington, DC 20463	

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

Mid-Atlantic Progressive Leadership Committee

From: To: Report Covering the Period: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

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)	Iotal Tills Fellou	Calendar Year-to-Date
	(i) Ferteral Share	NA.	NA
	(ii) Non-Federal Share	NA	NA
	(b) Other Federal Operating Expenditures	687237	18773-
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	687237	6877-3-
22.	Transfers to Affiliated/Other Party		
28.	Committees	70-	70-
24	and Other Political Committees Independent Expenditures		Luaranga
		529-00	529 00
25.	(use Schedule E)	NA	NA
	,		
26.	Loan Repayments Made	WA	NA.
27.	Loans MadeRefunds of Contributions To:	-0-	
28.	(a) Individuals/Persons Other Than Political Committees	NA	NA
		4.00	A/A
	(b) Political Party Committees	NA	
	(c) Other Political Committees (such as PACs)	NA	NA
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	-0-	
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	NA	NA
		NA	A 20
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds	NA	NA'
	(c) Total Federal Election Activity (add	-0-	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbrirsements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7.401.37	7.40.1.3
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7.401.37	74013

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A COLUMN B** III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (frem Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

_	MBER	PAGE	OF	:	${\mathbb L}$			
(check only one)								•
X	11a		11b		11c	12		
	13		14		15	16	П	17

••	LIMIZED RECEIP 13		Detailed Surmary Page		11a		11b	<u></u> 11	c		12	
	information populations such Deposits and Ch	rtomonto ===	ny not ho gold ar used by severe	roop 6	13		14	15 f colici			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 snoh committee.											
K	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	Mid-Atlantic Progressive Leadership Committee											
Α.	Full Name (Last, First, Middle Initial) Collier Barbarg			ı	Date of	Re	ceipt					
	Mailing Address			7	M V M	7 /	ه م	· [70	رنما	←	۸۸.۲	T
	10923 Montrose	Aノセ , State	Zip Code	_ [01		19		2	<u>ه</u>		
	City Garrett Park	MD	20896		\mount	of	Each F	Receip	t this	s P	eriod	
	FEC ID number of contributing federal political committee.	C			i/	у —	<u>√</u>	_^_	2	ک	ے۔	00
	Name of Employer	Occupation		1								
1	General Accounting Office	17	analyst	4								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.]								
	Other (specify)		25000									
В.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address				M 1 M]′		′	T	· ~		*
	City	State	Zip Code		Amount		Each I	Receip	ot this	s P	eriod	 -
	FEC ID number of contributing federal political committee.	C					-√~ ∕¶~				~~~~~	
	Name of Employer	Occupation										
	Receipt For:	Aggregate	Year-to-Date ▼	1								
	Primary General		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	Other (specify)	<u></u>	<u> </u>									
C.	Full Name (Last, First, Middle Initial)				Date of	D-	reint					
U.	Mailing Address			7 ,	Jale OI	_	Ceibr	/ رو		√	V- V -V	*
	City	State	Zip Code	- l			لــــــــــــــــــــــــــــــــــــــ		يــــا		<u></u>	
					Amount	of	Each	Receip	ot thi	s P	eriod	
	FEC ID number of contributing federal political committee.	C					<u> </u>		√—. T—	л	~~~ 	
	Name of Employer	Occupation		7								
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv								
	Primary ☐ General Other (specify) ▼]								
Γ.	SUBTOTAL of Receipts This Page (optional)					- -G	-7V-		у <u>-</u>	<u> </u>	JJ	
\vdash				· [л - U	40 -1		ر. آ	<u> </u>	7	
1	FOTAL This Period (last page this line number of	oniy)	······	• į	ــــــــــــــــــــــــــــــــــــــ	<u>, ,</u>	∕ 7\		+	جہ		ب

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 1 (check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the par	ments may not be sold or use	ed by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Mid-Atlantic Progressive			
Full Name (Last, First, Middle Initial) A.			Date of Disbursement
Smith Wesley J Mailing Address			01 05 20 11
P.O. Box 320156	State Zip Code		
•	22320	Paracle and a second	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			D
Mailing Address			Date of Disbursement
- 7304 MOLLY ANCO	Oloto Zin Oodo		
	State Zip Code M.O. 20917	The state of the s	
Candidate Name	,	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Smith Wesley J. Mailing Address P.O.Bo+ 320156			01/12/2011
City Alexandria Pumase of Dishursement	State Zip Code		
net + cost-		002	Amount of Each Disbursement this Period

M ¢n

116306611

4J
фŋ
B. dein
M
Life
Ų0
Ф
ΝŊ
¢
dring
assert

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LO TOMI SK)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only of 21b	one)
	Detailed Summary Page	X 27 27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or user	d by any persor	
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Mid-Atlantic Progressive L	eadership Comm	uittee	
Full Name (Last, First, Middle Initial)			,
A	•		Date of Disbursement
- Winds , Carol			01/13/2011
Mailing Address			61 12 50 11
City Molly Ase	State Zip Code	•	· · · · · · · · · · · · · · · · · · ·
•	10 20912		
Purpose of Disbursement			
Candidate Name		0.0.1	Amount of Each Disbursement this Period
Janeidale Hame		Category/ Type	230.00
Office Sought: House Disbursem	nent For:	.,,,,	
Senate	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Smith Wester J.	•		Date of Disputsonian
Mailing Address Paga But	320156		01 17 2011
	State Zip Code		· · · · · · · · · · · · · · · · · · ·
	A 223 20		•
Purpose of Disbursement		The state of the s	
pet ty	cash	<u>0</u> ,٥,٧	Amount of Each Disbursement this Period
Candidate Name	•	Category/	95 00
Office Sought: House Disbursem	nent For:	Туре	
	Primary General		
President	Other (specify)	•	
State: District:			
Full Name (Last, First, Middle Initial)			Pote of Dishusers
C. Smith Wester J		1	Date of Disbursement
Mailing Address			11/2/2011
P.O. Box 320156			tertificated tertificate to the terminant to the terminan
	State Zip Code		
Purpose of Disbursement	A 22320		
- 1	1.8		Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispulsement this Pendo
		Type	20100
Office Sought: House Disbursen			
·	Primary General		
State: District:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			
			
TOTAL This Period (last page this line number only)			

	S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 3 OF /6
		EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)	
			Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
		ny information copied from such Reports and Statem for commercial purposes, other than using the name				
	Λ	NAME OF COMMITTEE (In Full)				
	\angle	Mid-Atlantic Progressive L	eadership Comm	ittee		
	A.	Full Name (Last, First, Middle Initial)	•		Date of Disburseme	nt
		Smith, Wesley J. Mailing Address			77 30	2011
		P.O. Bux 320156				
		Alexandia U. Purpose of Disbursement	State Zip Code A 22320			·
QD NU		5 2 1 0		20.1	Amount of Each Dis	bursement this Period
M) enig		Candidate Name		Category/ Type		11200
Ω. n		Office Sought: House Disbursen Senate	nent For: Primary General			
O		State: President State:	Other (specify) ▼			
(<u>)</u> ed	_	Full Name (Last, First, Middle Initial)			Date of Disburseme	ant .
estre¶	В.	1/1 n	cofin			
		Mailing Address	4		OI Bi	2011
		Mailing Address P.O. Box 2726 City Purpose of Disbursement	State Zip Code A Z326			
		Purpose of Disbursement	A 23261		1	
		State withholding Candidate Name	payment	Category/	Amount of Each Dis	sbursement this Period
		Office Sought: House Disbursen		Туре		
			Primary General			
		State: District:	Other (specify) ▼		1	
	_	Full Name (Last, First, Middle Initial)	- <u> </u>		B-44 3::	
	C.	VA Employment (on	mission		Date of Disburseme	/ <u> </u>
		Mailing Address P. 6. Bod 1358			e 3.1	2011
		City	State Zip Code			
		Purpose of Disbursement State unemp	1A 23218-1	55 B	1	
		Candidate Name	· · · · · · · · · · · · · · · · · · ·	001	Amount of Each Dis	sbursement this Period
				Category/ Type		1.9.7
	•	Office Sought: House Disbursen Senate	nent For: Primary General			
		President State: District:	Other (specify) ▼		}	
	Г	otate. District.				
	Ls	SUBTOTAL of Disbursements This Page (optional)		······		

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

	•	•				
		CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only		PAGE 4 OF 6
			Detailed Surmary Page	27	28a 28b	28c 29 30b
	Ar	ny information copied from such Reports and Statem for commercial purposes, other than using the parm	nents may not be sold or used and address of any politinal	by any pers	on for the purpose of solicit contributions	f soliciting contributions from sught committee.
	K	NAME OF COMMITTEE (In Full)				
	$ \rangle$	Mid-Atlantic Progressive L	eadership Comm	rittee		
	_	Full Name (Last, First, Middle Initial)			Date of Disburser	
	A.	Minds. Coral	•			
		Mailing Address			020	2011
		City City Takana Park Purpose of Disbursement	State Zip Code			
		Takana Dark N	10 20912			
Ó			1 7		Amount of Each I	Disbursement this Period
CID.		Candidate Name		Category/		
ML				Туре		23000
th Tu		Office Sought: House Disbursen	nent For: Primary			
CD FM			Other (specify) ▼			
(D)	_	State: District:				
grind grind	В.	Full Name (Last, First, Middle Initial)			Date of Disburser	nent
44.0		Smith Wesley J. Mailing Address			M F M I / I D E	o v Karadai
		Mailing Address \			02 0	2 60/11
		Purpose of Disbursement	State Zip Code			
		Alexandria VA	22320			
		netta cesta		0,0,2	Amount of Each I	Disbursement this Period
		Candidate Name		Category/		90 (12)
		Office Sought: House Disbursen	nent For:	Туре		7.0000
		<u> </u>	Primary General			
		State: District:	Other (specify) ▼			
	_	Full Name (Last, First, Middle Initial)			,	
	C.				Date of Disburser	ment
		Mailing Address		-	02 1	3 7 0 1 1
		P.O. But 320156				
		City	State Zip Code 2320			
		Purpose of Disbursement	22320 F	and and and	·	
		petty cash	·	002	Amount of Each	Disbursement this Period
		Candidate Name		Category/ Type		140 00
		Office Sought: House Disbursen				
		Senate	Primary General		l	

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

Other (specify) ▼

President

District:

State:

el se
Ġħ
90012
N
μħ
UD
O
M
()
Beite

SCHEDULE B	(FEC	Form	3X)
ITEMIZED DIS	BURSE	MENT	S

SCHEDOLE B (LEC LOLM 3X)		FOR LINE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b			
<u> </u>						
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used he and address of anv politinal	oy any perso I committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
1\	1	• ~ L				
Mid-Atlantic Progressive L	eadership Comn	ittee				
Full Name (Last, First, Middle Initial)			Pote of Dishusement			
A. \(\sigma_1 = \frac{1}{2} \)	•		Date of Disbursement			
Mailing Address			02 16 20 11			
P.O. B ox 320156						
City Alexandra MA Purpose of Disbursement	State Zip Code					
Alexandra UA	22320					
		^ ^ 7	Amount of Each Disbursement this Period			
Candidate Name Cash		Catanan				
		Category/ Type	8000			
Office Sought: House Disbursen	nent For:					
Senate	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·			
B.			Date of Disbursement			
Mailing Address			Minul / Ligary / Kasasasas			
Mailing Address			02 16 2011			
City S Takoma Park V Purpose of Disbursement	State Zip Code		· · · · · · · · · · · · · · · · · · ·			
Takana Daka	MO 20912	ĺ				
Purpose of Disbursement	· (0 201(2					
rent		001	Amount of Each Disbursement this Period			
Candidate Name	3	Category/	23.0.00			
Office Sought: House Disbursen	nent For:	Туре				
Senate Disburser	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
Mailing Address			02/22/2011			
P.O. BUT 320156						
	State Zip Code					
Purpose of Disbursement	22320					
1		^ ^ /	Amount of Foot Dishusement this Desired			
Candidate Name		Cotocoout	Amount of Each Disbursement this Period			
,		Category/ Type	26000			
Office Sought: House Disburser	_					
Senate	Primary General					
State: District:	Other (specify) ▼					
otate. District.	-					
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)						

OO
(f)
أعنوا
M
μħ
(J)
٧
m
\mathbb{C}
hóni
arek

SCHEDULE B (LEC LOUII 3V)	Use separate schedule(s)	FOR LINE							
ITEMIZED DISBURSEMENTS	for each category of the	Check only one)							
	Detailed Summary Page	X 27	22 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and Statem	ents may not be sold or used								
or for commercial purposes, other than using the pam	e and address of any political	committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Mid-Atlantic Progressive L	eadership Comn	nittee							
Full Name (Last, First, Middle Initial)			,						
A. < 8(1)	•		Date of Disbursement						
Smfth Wesley J. Mailing Address			10 1 2 0 1 2 A L L						
P.O. BW 320156									
· · · · · · · · · · · · · · · · · · ·	tate Zip Code	·							
Alexandria VA	22320								
	l H		Amount of Each Disbursement this Period						
Candidate Name		Category/	Amount of Each plantagement this renor						
-		Type	203.20						
Office Sought: House Disbursem	ent For:								
LI I II	Primary General								
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·						
B.			Date of Disbursement						
Mailing Address			MANY / LONG / PRINTERS						
Mailing Address			USI 07 60.[1						
Po-Box 320156	tate Zip Code								
, A	A 22320								
	I		Amount of Fook District						
Candidate Name Cash		0,0,2	Amount of Each Disbursement this Period						
Canada name (,)	,	Category/ Type	13000						
Office Sought: House Disbursem	ent For:	.,,,,,							
Senate	Primary General								
	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C.			Date of Disbursement						
Minds, Carol			M						
Mailing Address			03 04 2011						
7304 Holly Ave	tate Zip Code								
•	10 20912								
ruipose of Disoursement	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•						
Candidate Name		0011	Amount of Each Disbursement this Period						
Candidate Name]	Category/	23000						
Office Sought: House Disbursem	ent For:	Туре	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
·	Primary General	ļ							
President	Other (specify) ▼								
- State: District:									
SUBTOTAL of Disbursements This Page (optional)		······							
TOTAL This Period (last page this line number only).									
TOTAL THIS I SHOW HAVE PAGE WHO HITE HARRIST OTHY).									

đĐ
ф
topoid)
MJ
M
ŲĎ
Ç)
M
Ç
ध्वांदी
prival.

. •				•	
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any politina	d by any perso al committee to	n for the purpose of so solicit contributions fro	oliciting contributions m sugh committee.	
NAME OF COMMITTEE (In Full) Mid-Atlantic Progressive	codershin (may	mittee			
Full Name (Last, First, Middle Initial) A.	2 LUC 1 3 M/ P COUNT		Date of Disbursemen	nt	
Smith, Wesley J. Mailing Address P.O. B. + 320156			03/12	2011	
City Alexandria Purpose of Disbursement	State Zip Code			,	
Candidate Name Candidate Name		Category/ Type	Amount of Each Disi	bursement this Period	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) B.			Date of Disbursemen	nt	
Mailing Address 734 H. Hally Ade.			0.3 7.5	2011	
	State Zip Code MD 20912				
Candidate Name!	•	Category/		bursement this Period	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	Type			
Full Name (Last, First, Middle Initial) C.			Date of Disburseme	nt	
Mailing Address 1 P.O. Bux 320156			63 117	2011	
, A ,	State Zip Code 14 22323				
Candidate Name Pessy Cash	·	O_O_2 Category/ Type	Amount of Each Dis	sbursement this Period	
Office Sought: House Disburser	ment For:				

General

Primary

Other (specify)

Senate

District:

President

State:

C)
(C)
(%)
N)
Li
UΩ
CD
M
¢
Mai

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE & OF /6					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the pa	ed by any personal committee to	on for the purpose of soliciting contributions solicit aontributions from such committee.						
NAME OF COMMITTEE (In Full)								
Mid-Atlantic Progressive	Leadership Com	mittee						
Full Name (Last, First, Middle Initial) A.	Date of Disbursement							
Smith, Wesley J. Mailing Address	•		MUM / 640 / PAVOVEY					
Mailing Address			03 22 2011					
Pro. Buy 320156	State Zip Code							
Alexandia UA Purpose of Disbursement	22320							
Candidate Name		ارەن	Amount of Each Disbursement this Period					
Candidate Name		Category/	18000					
Office Sought: House Disburse	ment For:	Type						
Senate	Primary General	1						
State: District:	Other (specify)	}	•					
Full Name (Last, First, Middle Initial)								
B. Smith Wish T		ĺ	Date of Disbursement					
Smith, Wesley J. Mailing Address			03 30 2011					
P.O. Box 320156	P.O. Box 32015 6 ty State Zip Code							
Afexandria UA Purpose of Disbursement	22320							
			Amount of Each Disbursement this Period					
Candidate Name		Category/	205					
	ment For:	Type	L					
_ .	Primary General							
President	Other (specify)							
State: District: Full Name (Last, First, Middle Initial)								
C.		}	Date of Disbursement					
Mailing Address	Mailing Address							
7304 Molly AUP.	-							
City Takona Pack	State Zip Code MD 20912							
Purpose of Disbursement								
Candidate Name	•	Category/	Amount of Each Disbursement this Period					
		Category/ Type	23,000					
Office Sought: House Disburse Senate	ment For: Primary General							
President	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional).								

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

Original Control	į
C,)
(*	ļ
М	١
Ш	ì
Ç,	
Ç,	
iyr	Ì
C,	Ì
844	

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: (check only one) Use separate schedule(s)

	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	2	1b		2 8a		23 28b	24 28		25 29	П	26 30b
Ar	ny information copied from such Reports and Statem for commercial purposes, other than using the pam	nents may not be sold or use	ed by	any nmit	y p	erson	for olici	the p	ourp	ose o	f solici	ting countries	ontribu ommiti	tions ee.	
7	NAME OF COMMITTEE (In Full)														
/	Mid-Atlantic Progressive L	eadership Com	m it	te	2 (و									
۹.	Full Name (Last, First, Middle Initial)						Dat	te of	Die	burser	, ment				
٦.	Smith Wesley J.	·					, T] /	6 8	5 7 / i	Υ		~	
	Smith Wesley J. Mailing Address P.O. Bex 320156 City Alexandia Purpose of Disbursement						0	14		٥	<u>1</u> 1	20			
	City S 20/3 6	State Zip Code			•	+					 				
	Alexandria Ut	2232				_									
			0,0			9 I	Am	ount	of	Each (Disbur	emer	t this	Perio	d
	Candidate Name		Cate	ego	ry/	#		مساو		7	and and	 	2 (~	
	Office Sought: House Disbursem	nent For:	Ty	ype)	-	_	- L	<u> </u>			1	7.2		<u></u>
	├ ── │	Primary General													
	State: District:	Other (specify) ▼													
	Full Name (Last, First, Middle Initial)					+									
В.	5 . 11 () T						Da	te of	Dis	burser	nent				
	Mailing Address P.O. Box 320156 City Alexandria Purpose of Disbursement						2	ץ ע	′	77	7	2 (ĭ	
	P.O. Box 320156	State Zip Code					Berre			The in section					
	Alexandria IIA	State Zip Code													
	Purpose of Disbursement		F-72-57	i j	, all red	N I	۸	ount	٥ŧ	- Each í	Diobus		st thin	Dorio	
	Candidate Name		Cate			7 <u>3</u>							nt this		
		·		ype				7	2	733-	- Amel	<u> </u>	75	00	\
	Office Sought: House Disburserr Senate	nent For: Primary													
	├ ─┤	Other (specify) ▼		•											
_	State: District:	 				-	·				<u>i.</u>		-		
C.	Full Name (Last, First, Middle Initial)						Da	te of	Dis	bursei	ment				
	Hinds, Carol					_	N	W.	,	D	2	5	A 4 1	7,1	
	Mailing Address 7364 Holly Ave										2				
	•	State Zip Code													
	Tallong Park (M. Purpose of Disbursement	10 20912	- Character		***	_									
	CONT		0	0			Αm	ount	of	Each	Disbur	semer	nt this	Perio	d
	Candidate Name		Cate	ego:					A DEC			2	? <i>o</i>	<u>م</u> (2
	Office Sought: House Disburser					\neg	The state of		-		اسبك وي	A COLOR	edan d	de la constante	
	 1 	Primary . ☐ General Other (specify) ▼													
	State: District:	(opeony) •				_									
_	NUDTOTAL of Disk							acjus z	· Paris	म् स्टब्स्य		essella.	- Paris	est: egg	
- S	SUBTOTAL of Disbursements This Page (optional)				.)	<u>-</u>		J.,	<u> </u>	97 J.					
T	OTAL This Period (last page this line number only).				.)	>		L'anna	2-	(D)			_	Name .	
				_	_		_		_						_

S	CHEDULE B (FEC Form 3X)	Lieu congrete cohodule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS		(check only	
		Detailed Summary Page		22 23 24 25 26 28a 28b 28c 29 30b
Γ <u>Λ</u> -	ny information copied from such Banaria and Statem	ante may not be cold or uses		<u> </u>
\setminus	NAME OF COMMITTEE (In Full)			
V	Mid-Atlantic Progressive L	eadership Comv	nittee	
<u>~</u>	Full Name (Last, First, Middle Initial)			
A.				Date of Disbursement
	Mailing Address			14 2 1 2 0 1 1
	P-0. Box 32015L			
	City			
	Alexandria UA	22320		
		1 1	0 0 2	Amount of Each Disbursement this Period
	Candidate Name	£	Catter Transco	
			Type	11000
		·		
		· L		
	State: District:	(ob-on)/ ▼		
_	Full Name (Last, First, Middle Initial)			
B.	S			Date of Disbursement
	Dmith, Wesley V.		 -	NW / BILL PA
	P. C. Bux 320151			ZI KU KZ
	City	шр отп		
	Alexandria UA			
	Callan	1 3		Amount of Each Disbursement this Period
	Candidate Name			
		2	Type	135.00
	J 1			·
	I		-	
	State: District:	(opoon)) \		
_	Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address Wesley J.			ΛΨ / 2 9 / Y · Y · Y · Y · Y · Y · Y · Y · Y · Y
		tate Zip Code		
	Alexandria VA	72320		
	1			Amount of Each Dishuses and this David
	Candidate Name		Section in a property of	Amount of Each Disbursement this Period
			Type	1.95.00
•		_		Care And Delication of the Control o
	· L. L.			
	State: District:	outer (apocity)		
	A. B.	or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Mid-Atlantic Progressive Committee (In Full) Mid-Atlantic Progressive Committee (In Full) Mailing Address Political Committee (In Full) Mailing Address President Committee (In Full) A. Smith Wesley J Mailing Address President Committee (In Full) B. Since Sought: House Senate President Committee (In Full Name (Last, First, Middle Initial) B. Mailing Address Progression Committee (In Full) Mailing Address Progression Committee (In Full) Committee (In Full) Mailing Address Progression Committee (In Full) Mailing Address President Committee (In Full) Mailing Address Progression Committee (In Full) Mailing Address Progression Committee (In Full) Mailing Address President Committee (I	Salate: Disbursement Disbursem	State President Primary General Pri

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

FE7AN014

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

μų
¢
("\
MJ
ĻΩ
ŲĎ
C
MJ
C)
eta
adul

•	•			•										
SCHEDULE B (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: (check only one)				PAGE JF					
111	EMIZED DISBURSEME	:N15	for each category of the Detailed Summary Page	le 🔽 21b [F	22 28a	F	23 28b	24 280	F	25 29	26 30b
An	y information copied from such Re for commercial purposes, other that	ports and Statem an using the parr	ments may not be sold or une and address of any poli	ised by	any nmit	pers	son o sc	for the dicit ao	pur _! πtrib	pose o	of soliciti from su	ng co ah c	ontribi ommi	utions Itee.
\rangle	NAME OF COMMITTEE (In Full) Mid-Atlantic Prog		Landarahan Con		+	- 0								
<u>L</u>	Full Name (Last, First, Middle Initia		e Rockship Com				Γ				>	_		
A.	VA Department Mailing Address P.O. Box 272	of Tax	State Zip Code					Date of	Di	sburse 3	ment	2.0) [
	Richmond Purpose of Disbursement	te with	State Zip Code A 23261 Aciding		•			Amount	of	Each	Disburse	emen	t this	Period
	Candidate Name Office Sought: House	Disburser	ment For:	Cat	السحد					/r1			4	00
	State: District:		Primary General Other (specify)											
В.	Full Name (Last, First, Middle Initia	•						Date of	Di	sburse	ment			
	Mailing Address P.O. BOX	1250			_			04	1	3	0	2 () (
	Purpose of Disbursement 5+a+	<u> </u>	State Zip Code 'A 232/8-	135	8			· · · · ·		<u>-</u>				<u> </u>
	Candidate Name	t waren,	lleynest	Cat	S ego ype	ry/				·	Disburs			
	Office Sought: House Senate President State: District:	Disburser	ment For: Primary General Other (specify)											
C.	Full Name (Last, First, Middle Initia	al)						Date of	f Di	sburse	ment			
	Mailing Address 7304 Mally	Ave.						05	/	Ô.		2 0) (7
	City Takema Park Purpose of Disbursement	c M	State Zip Code	7-00-20										
	Candidate Name			Cat	o ego ype			Amoun	t of	Each	Disburs	emen	t this	Period
•	Office Sought: House	Disburser	ment For:											

State: District:

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

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

Other (specify) ▼

President

41
(2)
(N
H
μn
ŲĎ
C)
HI.
(;)
think

SCHEDULE B (FEC FOIII 3A)	Use separate schedule(s)	FOR LINE N				
ITEMIZED DISBURSEMENTS	for each category of the	(check only o	one)			
ĺ	Detailed Sur m nary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Statem	ents may not be sold or used	by any person	for the purpose of soliciting contributions			
or for commercial purposes, other than using the name	e and address of any politinal	committee to	solicit contributions from sugh committee.			
NAME OF COMMITTEE (In Full)						
Mid-Atlantic Progressive L	eadership Comn	rittee				
Full Name (Last, First, Middle Initial) A.			Date of Disbursement			
	·		M M M / [D & D] / FY = V = V = V			
Smith Wesley J. Mailing Address			05 (0 2011			
P.O. BUX 320156	itate Zip Code					
- 7	•					
Purpose of Disbursement	T #					
Candidate Name		002	Amount of Each Disbursement this Period			
		Category/ Type	80.00			
Office Sought: House Disbursem	ent For:	7.5-	The state of the s			
·	Primary General	}				
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·			
В.		}	Date of Disbursement			
Mailing Address			15 / 10 / 17 - / 17			
Mailing Address .			VJ VO KOLU			
City S City S Purpose of Disbursement	tate Zip Code					
Pumpea of Dishursement	ND 20912					
	1	20 1	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Cought.	°	Type	L			
Office Sought: House Disbursem	nent For: Primary					
	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) C.	_		Date of Disbursement			
Smith Wesley J.						
Mailing Address			05 2011			
P.O. Box 320156	State Zip Code					
City S Aces and sia UA						
Purpose of Disbursement	F	~	•			
Candidate Name		002	Amount of Each Disbursement this Period			
Samuate name		Category/ Type	90.00			
Office Sought: House Disbursem	nent For:	- · · · ·	the state of the s			
	Primary General					
State: District:	Other (specify) ▼					
Journal Land						
SUBTOTAL of Disbursements This Page (optional)		>				
TOTAL This Period (last page this line number only).		······				

M.	1
C.)
(**	į
Ņ,	1
Ļ	١
Ų.)
C.	Ì
Ηľ	į
Ċ,)
grein:	į

					•
•	FEC Form SBURSEMENTS	Llea cenarata echadu	the (check onl	• •	PAGE /3 OF // 24 25 26 28c 29 30b
	•	and Statements may not be sold on the name and address of any page 1		• •	•
NAME OF COMM	AITTEE (In Full)		 		
Mid-Atla	ntic Progra	ssive Leadership			
Full Name (Last,	First, Middle Initial)				
A.	()			Date of Disburseme	nt
Mailing Address	Larol			MS / 17	
72 AU	Wall Ara	•	•		
City Ta Ga	Mally Ave	State Zip Code MD 20912			
	rsement	7.65	001	Amount of Each Dis	sbursement this Period
Candidate Name			Category/ Type		
Office Sought:	House	Disbursement For:] .	
	Senate	Primary Gener	ral		
	President	Other (specify) —			•

	Mailing Address		05 17 2011
	7304 Holly Ave.		Company Company
	City State Zip Code Tahoma Parks Mip 20912 Purpose of Disbursement	·	
		001	Amount of Each Disbursement this Period
	Candidate Name	Category/	
		Туре	
	Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District:		
	Full Name (Last, First, Middle Initial)		
В.			Date of Disbursement
	Smith, Wesley J.		
	Mailing Address Por Box 320156		03 21 2011
	City State Zip Code		
	Alexandria VA 22320		
	Purpose of Disbursement	000	Amount of Each Disbursement this Period
	Candidate Name	002	Amount of Each Disbursement this Feriod
	- Carlotte Carlotte	Category/ Type	(15.00
	Office Sought: House Disbursement For:		
	Senate Primary General		•
	President Other (specify) ▼ State: District:		
-	Full Name (Last, First, Middle Initial)		
C.			Date of Disbursement
	Mailing Address		MEM / POTO / VEVEV
	Manify Address		05 22 2011
	City State Zip Code Tahana Pak MD 20912 Purpose of Disbursement		
	Tahona Park MD 20912		
		hantanhad	
	Candidate Name	0.0.1	Amount of Each Disbursement this Period
	Candidate Name	Category/	
	Office Sought: House Disbursement For:	Туре	115.00
	Senate Primary General		
	President Other (specify) ▼		
	State: District:		
			المستعدلات مالي من
L	SUBTOTAL of Disbursements This Page (optional)	·····	
,	OTAL This Period (last page this line number only)		I miles after after after a Manage and parage and a second at the second at
. '	TITE THE COICE (NOT PAGE THE MILE HUMBER OF STATE THE STATE OF STATE STATE OF STATE	·········	المسابين والإستان المساليسية الإستان وسياليس والإستان ستاليس

(D)
\mathbb{N}
M
Un
(D
O
M
Ç
A-424

•			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Mid-Atlantic Progressive			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address P.O. Box 320156	· · · · · · · · · · · · · · · · · · ·		05/22/2011
City Alexandria Purpose of Disbursement	State Zip Code 4 22320		
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		
B. Hinds (Cace) Mailing Address		·	Date of Disbursement
Mailing Address '		-	0601201
	State Zip Code ∧ 0 2 0 9 1 2		
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
City Alexandria VA Purpose of Disbursement	State Zip Code	·	Lacronication (Control Control
Candidate Name		Category/	Amount of Each Disbursement this Period

State:	District:	<u>, </u>	
ŞUBTOTAL	of Disbursements This Pa	ge (optional)	
TOTAL This	Period (last page this line	number only)	

General

Disbursement For:

Primary

Other (specify)

Office Sought:

House

Senate

President

P~~
Ç,
("V
ŅΠ
μn
ψ
CD
M
ርጋ
Aravid
garde d

•					
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27		PAGE/S OF 24 25 29 29	26 30b
Any information copied from such Reports and Staten or for commercial purposes, either than using the man					
NAME OF COMMITTEE (In Full)	ie ond address of any pointed	LOMMINGE LO	SOUCH GOTHIDUTIONS IN	on suan communae.	
Mid-Aflantic Pregressive	Leadership				
Full Name (Last, First, Middle Initial)			<u></u>		
A. 1			Date of Disburseme	ent .	
Hinds, Carol			M. M. / BAB	T V TO THE TANK OF	TI H
Mailing Address			06 0	2011	,4
•	State Zip Code				
Purpose of Disbursement	up 20112		•		
		00 1	Amount of Each Di	sbursement this Peri	riod
Candidate Name		Category/ Type	8	150	1
Office Sought: House Disburser	nent For:	- 1,50	Commence of the State of Commence of the State of the Sta	allera di Meriti alla banya Meseri Celebra di	K 2000 (14)
Senate President	Primary General Other (specify) ▼				
State: District:	Other (specify)	Ì	<u>.</u>		
Full Name (Last, First, Middle Initial)					
B. Smith all I T			Date of Disburseme	ent	
Smith Wesley J. Mailing Address			06 / 12	2011	
City Bux 320156	State Zip Code				
-	72320				
Purpose of Disbursement	77320				
Candidate Name		002		oursement this Period	
Candidate Name	,	Category/		95	2 C
Office Courses		Туре		Mary Mary all was been different	No. 1
Office Sought: House Disburser Senate	nent For: Primary General		•		
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)			······································		
c .			Date of Disburseme	ent	
Hinds, Carol			N M / D O	/ 10 10 10 10 10 10 10 10 10 10 10 10 10	ŢĪ
Mailing Address '	•		<u>6 e (5</u>	2011	
City Ave.	State Zip Code	-,-			
	20912		1		
Purpose of Disbursement	T CONTE		(
rent		001	Amount of Each Di	sbursement this Peri	riod
Candidate Name		Category/		Manner almost almost administration of the leading	oliman Pil
Office Sought: House Disburser	ment For:	Туре		Man 12 Carrella Mar.	$\mathcal{O}_{\mathbb{Z}}$
Senate	Primary General		1		
President	Other (specify)				
State: District:			I		

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

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

and the other which the other than the con-

Ç,O
٢
("\
M
LI I
(I)
Ç
MJ
Ç)
6-t-id
She id

SCHEDULE B (FEC Form 3X)		FOR L	NE NUMB	FR:	···	_	PAGE	16	OF //
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check	only one)		_	_		 _	
	Detailed Summary Page			2 3a	23 28b	\vdash	24 28c	25 29	26 30t
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		ed by any i	person for					contribu	tions
NAME OF COMMITTEE (In Full)				. ,					
Mid-Atlantic Acgressive	Leadership Com	witte	ર						
Full Name (Last, First, Middle Initial) A.			Dat	e of D	isburs	emen	ıt		
Snifh, Wesley J. Mailing Address				7	′ B	0	2	717	7
Purpose of Disbursement				اط.		2	<u></u>		لك
City	State Zip Code								
Purpose of Disbursement	<u> </u>								
Candidate Name		002	Am	ount o	f Each	Dist	ourseme	nt this	Period
Candidate Name		Category	7 F					00	~ a
Office Sought: House Disburs	sement For:	Туре							
Senate	Primary General		-						
State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
Hindsy Carol			Dat	e of C	Disburs				
Malling Addross			Ö	۵	<u> </u>	4	<u>' 2</u>	٥ (
7304 Holly Ave. City Takoma Park Purpose of Disbursement	State Zip Code								
Takomin Park 1	10 709(Z								
			7		f Each	Dial		ant thin	Dorina
Candidate Name	·	Catagori	_} _	Junt 0	e Each	DISC	ourseme		Period
		Category Type	<u> </u>					15	00
Office Sought: 'House Disbur	sement For: Primary General								
President	Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C.			Date of the control o	e of C	Disburs	omer	. +		
·			, and		/ 0	Б	" / Y =	Y 8 Y 1	
Mailing Address					L		نا ،		ل
City	State Zip Code								
Purpose of Disbursement	T		7						
Candidate Name		Category Type	 -	ount o	of Each	Dist	ourseme	ent this	Period
Office Sought: House Disbur	sement For:	.,,,,	 -	-					
Senate	Primary General								
State: District:	Other (specify) ▼								
SUBTOTAL of Disbursements This Page (optional	n		<u> </u>	•		-			
SOBTOTAL OF DISDUISEMENTS THIS Page (optional	· · · · · · · · · · · · · · · · · · ·		<u> </u>	 	-	_			
TOTAL This Period (last page this line number of	ıly)		·				5.3.	65.	94

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF Z FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
· Mid-Atlantic Progressive Leadership Committee	C00300236
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, Wesley J. Mailing Address	05 (31 2011
P. U. Box 320156 State Zin Code	Amount
City State Zip Code	18300
Alexandria VA 22320	
Purpose of Expenditure salary to organize Category/ 007	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	
Barack obama	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, Wesley J. Mailing Address	06'76'2011
P.C. Box 320156	Amount
City State Zip Code	(76.00
Alexandria VA 22320	
Purpose of Expenditure Salan to organize Category/ College registration and absented Type 00.7 hallot programs at Vivainia Cameusks Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Barach Obama	Officer Office Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶
	The state of the s
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Date	
Signature	

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mid-Atlantic Progressive Leadership Committee	
Check if 24-hour notice 48-hour notice	<u> </u>
Full Name (Last, First, Middle Initial) of Payee	Date
Smith Walls P	A. W. C. B. B. V. A. S.
Smith, Wasley J. Mailing Address	06/26/20.11
Ro. Box 3201510	Amount
City State Zip Code	1.70.00
Alexandria VA 22320	
Alexandria VA 22320 Purpose of Expenditure Salary to organize Category/ College registration and absence Type 60.7	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	Check One: Support Oppose
Barach Obama	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, Firet, Middle Initial) of Payee	Date
	MAN / BAB / KARAAAA
Mailing Address	and the same of th
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type (Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ——
,	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	3/950
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	529 00
	Consultance and Consultance American Destablishment and Consultance and Consul
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
(11/1 //-	Many / Barby / Tarryy
Signature	0.01 1.71 2011
	·

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confir	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
<u> </u>	·
Overnight Delivery Service (Specify):	Shipping Date
	Shipping Date ss Day Delivery
Next Busines	ss Day Delivery
Next Busines Received from House Records & Registration Office	Date of Receipt
Next Busines Received from House Records & Registration Office Received from Senate Public Records Office Received from Electronic Filing Office	Date of Receipt Date of Receipt
Next Busines Received from House Records & Registration Office Received from Senate Public Records Office Received from Electronic Filing Office Date of Received	Date of Receipt Date of Receipt Date of Receipt