Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Progressive PAC 777 S. Figueroa Street ADDRESS (number and street) Suite 4050 (Check if address is changed) Los Angeles 90017 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sshin@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address jguard@kaufmanlegalgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 12 28 2021 C00798579 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hale, Tony, , , Type or Print Name of Treasurer Hale, Tony,,, [Electronically Filed] 27 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the can	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal cainformation below.)	ampaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	State President District
(c) This committee supports/opposes only one candidate, and is NOT an	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected org	panization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	al Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
x In addition, this committee is a Leadership PAC. (Identify sp	onsor on line 6.)
(g) This committee is an independent expenditure-only political committee	(Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non	a-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee committee.	•
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee committee.	·
Committees Participating in Joint Fundraiser	
1.	C
	C

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

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

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

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5(g)	or(h). Joint Fundraisin ç	յ Participant։			
	1.		FEC II	O number	C
	2.		FEC II	O number	C
	3.		FEC II	O number	C
	4.		FEC II	O number	С
6.	Name of Any Connected (Organization, Affiliated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address	777 S. Figueroa St.			
		Ste. 4050			
		Los Angeles		CA	90017
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee	Joint Fundraisin	g Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - option	nal)		
	Mailing Address	1			
	Mailing Address				
		CITY _		STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	V CITT X			ZIF CODE A
			Telephone N	lumber	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in ntains funds.	which the commi	ittee deposit	s funds, holds accounts, rents
	Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Mailing Address	777 S. FIGUEROA STREET		
	SUITE 4050		
Relationship:	LOS ANGELES	CA CTATE A	90017
Helationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
Pesignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and the proposition of Bank, depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite dafety deposit boxes or mails and the same of Bank,	CITY A Te cries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and the proposition of Bank, depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and the proposition of Bank, depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	