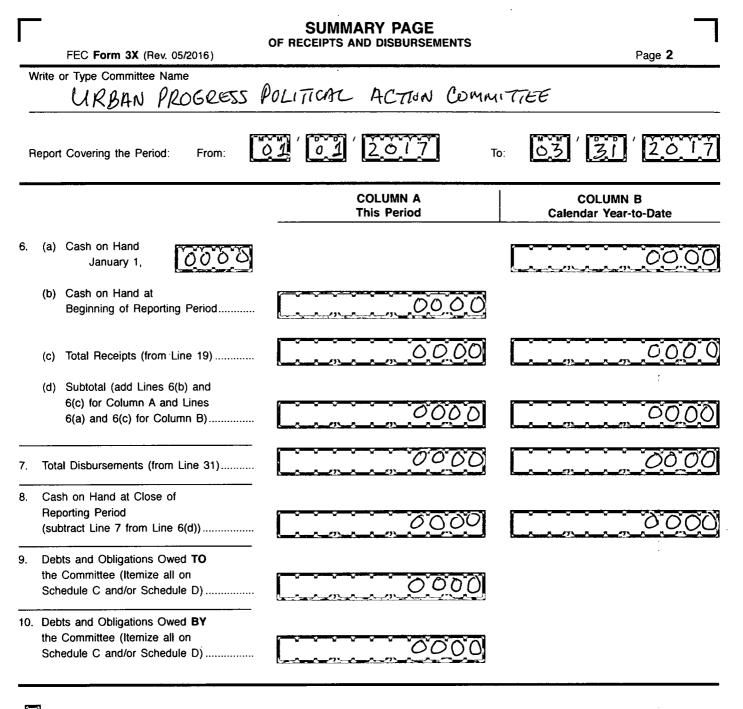
FEC FORM 3X	AN	PORT O ID DISBI Other Than An	URSEI	MENT	s	RE FEC M/ 2017 MAY	CEIVED AIL CEN 16 AM		ר 
1. NAME OF COMMITTEE (in 1	full)	E OR PRINT ▼	ove	imple: If typi ir the lines.		12FE4M		J	
L. URB	AN PR	GRESS A	OLITIC	AL A	CTION	Сомми	TTEE	~ <u>                                     </u>	
	<u> </u>					<u>i i l l</u>	<u> </u>	<u>↓ ↓ ↓ ↓ . ↓</u> .	
ADDRESS (number and	street)	$_{1}RQ_{1}$	BOX F	2,57	<u> </u>	<u>         </u>			
Check if diffe than previous reported. (AC	iy I	NALTERB	oles III			EEI	1249AiE	8-6	
2. FEC IDENTIFICA	TION NUMBE	R ▼			5		ZI	P CODE	
C 0 0 5 2	8661	]	3. IS THIS REPORT		NEW N) <b>OR</b>	AN (A	MENDED )		
July 15 Quarterly October Quarterly January 3 Year-End July 31 M Report (N Year Only	orts: Report (Q1) Report (Q2) 15 Report (Q3) 31 Report (YE) Aid-Year Ion-election	(d) 30-Day POST-Electi Report for tl	ne:			Sep	(12S) ] in S 30R) [ ] in	Nov 20 (M (Non-Election Year Only) Dec 20 (M (Non-Election Year Only) Jan 31 (YE Runoff (12F the tate of Special (30 the tate of	12) =) 
5. Covering Period			ST7	through		' <u>[3]</u> )'		2	
Type or Print Name of		BRIDGE		MUR					
Signature of Treasurer	Bris	dget X	Mi	enay	Da	ate 03	) 24	1 2017	
NOTE: Submission of fa	llse, erroneous,	or incomplete infor	nation may su	bject the pers	son signing thi	s Report to t	r		109
Office Use Only								ORM 3X 05/2016	



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

FEC Form 3X (Rev. 05/2016) DETAILED SUMMARY PAGE							
Write or Type Committee Name		Page 3					
URBAN PROF	SRESS POLITICAL ACTION C	OMMITTEE					
Report Covering the Period: From:	01 07 2017	To: 03 '31 '2017					
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
<ol> <li>Contributions (other than loans) From:         <ul> <li>(a) Individuals/Persons Other Than Political Committees                 <ul> <li>(i) Itemized (use Schedule A)</li> <li>(ii) Unitemized</li></ul></li></ul></li></ol>	0000 00000 00000 00000 00000 00000						
13. All Loans Received		0000					
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)</li> </ol>		0000					
<ol> <li>Refunds of Contributions Made to Federal Candidates and Other Political Committees</li></ol>	Funds	0000 0000 0000					
(b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(		0000					
<ol> <li>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> <li>20. Total Federal Receipts (subtract Line 18(c) from Line 19)</li> </ol>		0000					

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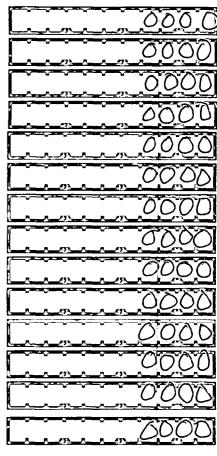
### DETAILED SUMMARY PAGE

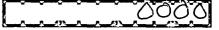
of Disbursements

COLUMN B Calendar Year-to-Date

Page 4

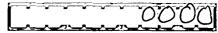
	FEC Form 3X (Rev. 05/2016)	of Disbursements
_	II. Disbursements	COLUMN A Total This Period
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	
	<ul> <li>(ii) Non-Federal Share</li> <li>(b) Other Federal Operating Expenditures</li> <li>(c) Total Operating Expenditures</li> </ul>	00.00
	(add 21(a)(i), (a)(ii), and (b))	
	Independent Expenditures (use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0000
	Loan Repayments Made	0000
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0000
	<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li></ul>	
<b>29</b> .	(add Lines 28(a), (b), and (c))	0000
30.	<ul> <li>Federal Election Activity (52 U.S.C. § 3010<sup>-1</sup></li> <li>(a) Allocated Federal Election Activity (from Schedule H6)</li> <li>(i) Federal Share</li></ul>	
	Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0000
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) Total Federal Disbursements	0000
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0000











#### **DETAILED SUMMARY PAGE**

of Disbursements

#### Page 5

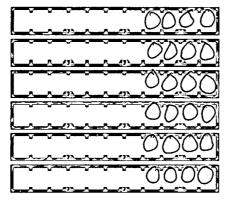
FEC Form 3X (Rev. 05/2016) III. Net Contributions/ Operating Expenditures

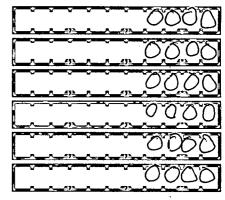
#### COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....

- (add Line 21(a)(i) and Line 21(b)) ...........▶37. Offsets to Operating Expenditures





SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the	Statements may he name and ad	y not be sold or used by any p ddress of any political committe	berson for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUI)	GRESS	POLITICAL AN	CTION COMMITTEE
Full Name (Last, First, Middle Initial) A.	*	·····	Date of Receipt
Mailing Address		<u></u>	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	·	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) <b>B.</b>	1	······································	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ♥	
Full Name (Last, First, Middle Initial)	1	<u> </u>	
C Mailing Address			Date of Receipt
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) V		Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			, , , 00,00
TOTAL This Period (last page this line numbe	er only)		0000

FEC Schedule A (Form 3X) Rev. 02/2003

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CHEDULE B (FEC Form 3X)	······································	FOR LINE	NUMBER PAGE OF		
<b>TEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30		
ny information copied from such Reports and Statem r for commercial purposes, other than using the nam	ents may not be sold or use e and address of any politic	ed by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	- <u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>			
	тя Роштин	- ACT	I DIJ COMINI TTEE		
Full Name (Last, First, Middle Initial)	•		Date of Disbursement		
Mailing Address					
City S	itate Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	N		
	nent For: Primary General Other (specify) 👻				
State: District:			· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address	<u></u>				
City S	itate Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	· · ·		
· · · · ·	nent For: Primary General Other (specify) v		· · ·		
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address					
City S	itate Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	lent For: Primary Generał Other (specify) <del>_</del>				
			• • • • • • • • • • • • • • • • • • •		
SUBTOTAL of Disbursements This Page (optional)	· · · · · · · · · · · · · · · · · · ·		0000		
TOTAL This Period (last page this line number only).		•	0000		

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FEC Schedule B (Form 3X) Rev. 02/2003

# SCHEDULE C (FEC Form 3X)

OANS	Use separate schedule(s) for each category of the		
	Detailed Summary Page	FOR LINE	IS OF FORM 3X
AME OF COMMITTEE (IN FUII) URBAN PROGRESS PO	INTICAL ACT.	S CAMA	ALTIE
TLOAN SOURCE Full Name (Last, First, Middle Initial)		Election	
		Primany	
		General	
Mailing Address		Other (specify	×
City State ZIP C	ode		
Original Amount of Loan Cumulative Payment T	o Date Balan	ce Outstanding at	Close of This Period
1. 1. f		; 3	
TERMS Date Incurred Date Due	e Interest Rate		Secured:
		% (apr)	Yes No
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer	· ·	······
Mailing Address	Occupation	·	·
	o boopason		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	• •	,
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	o du		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount		
City State ZIP Code	Guaranteed Outstanding:	1 )	•
4. Full Name (Last, First, Middle Initial)	Name of Employer		
			· · · · · · · · · · · · · · · · · · ·
Mailing Address	Occupation		•
	Amount		<u> </u>
City State ZIP Code	Guaranteed	1	
	Outstanding:		
CUBTOTALS This Period This Page (optional)	••••••		0000
		- ;	0000
OTALS This Period (last page in this line only)	······ • ·	7 5	
Carry outstanding balance only to LINE 3, Schedule D, for this line. It	f no Schedule D, carry forwa	rd to appropriate	line of Summary

•

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FEC Schedule C (Form 3X) Rev. 02/2003

### SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER
URBAN PROGRESS POLIT	TOPAL ACTIONS COM	with C	00528661
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	· · ·		. %
Mailing Address	Date Incurred or Established	2 <b>%</b>	· · · · · · · · · · · · · · · · · · ·
City State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurred		
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:		
C. Are other parties secondarily liable for the debt incur	red?		· · ·
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates o stocks, accounts receivable, cash on deposit, or othe	f deposit, chattel papers,		value of this collateral?
No Yes If yes, specify:		Does the le	nder have a perfected security
E. Are any future contributions or future receipts of inter collateral for the loan? No Yes If yes,			estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		· · · · · · · · · · · · · · · · · · ·
Date account established:	Address:		
	City, State, Zip:		
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loar	as pledged for this loan, or if the n was made and the basis on wh	amount pied ich it assure	ged does not equal or exceed is repayment.
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.		<u> </u>	· · · · · · · · · · · · · · · · · · ·
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:</li> <li>To the best of this institution's knowledge, the ta are accurate as stated above.</li> <li>The loan was made on terms and conditions (in similar extensions of credit to other borrowers of</li> </ol>	ncluding interest rate) no more fav f comparable credit worthiness.	vorable at th	e time than those imposed for
III. This institution Is aware of the requirement that complied with the requirements set forth at 11 0	a loan must be made on a basis	which assund this loan.	res repayment, and has
AUTHORIZED REPRESENTATIVE Typed Name		DATE	
	tle		

SCHEDULE D (FEC Form 3X)	]	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full)		nombered inter	10
URBAN PROGRESS	POLITICAL AC	TTON COM	IMITTEE
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	• :		· · ·
B. Full Name (Last, First, Middle Initial) of Debtor c	or Creditor	Nature of D	lebt (Purpose):
Mailing Address			
City State	Zip Code		\$
Outstanding Balance Beginning This Period	······································	<u>-</u> -	
. , .			:
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
, ·	: · · ·		
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
			;
City	State Zip Code		
Outstanding Balance Beginning This Period			:
Amount Incurred This Period	Payment This Period	Outetandi	ng Balance at Close of This Period
		Obtabling	-
	· · · ٤ · ·		
1) SUBTOTALS This Period This Page (optional)		►	00,00
2) TOTALS This Period (last page this line number o	nly)	►	00,00
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	🕨	00,00
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page onl	iy) ►	00,00

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	3			PAGE OF
	<u> </u>			FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER V
URBAN PROGRESS POLITI	CAR ACTI	ION COMMIT	7EE	C00528661
Check if 24-hour report 48-hour report	New rep	port Amends rep	ort filed	MŇ/DD/ŸYY Jon
Full Name of Payee	•	Memo	) Item	Date of Public Distribution/Dissemination
				М М / D D / 'Y 'Y Y 'Y
Mailing Address		<u> </u>		a ser and ser a
				Amount
City	State	Zip Code		
				1
Purpose of Expenditure		+	<del>.</del>	Date of Disbursement or Obligation
		Category/ Type		Belewi / D D'/ V Y Y'Y'Y
		<u> </u>	·	
Name of Federal Candidate:		Support	Offic	e Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date			Disb	ursement For: Primary General
Per Election for Office Sought	3 5	•		Other (specify)
Full Name of Payee			Item	Date of Public Distribution/Dissemination
		kana - ·		M N / D D / Y Y Y
Mailing Address	<u> </u>			
				Amount
	-Tou			
City	State	Zip Code		· · · · · · · · · · · · · · · · · · ·
				Date of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / V Y Y
		Туре	· .	
Name of Federal Candidate:		Support	Offic	e Sought: House District:
				President Senate State:
		<u></u>	Dish	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought				
	· · ·	• • • • • • • •		Conter (specify) ►
				22-00
(a) SUBTOTAL of Itemized Independent Expenditures	S		• 🕨	, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Uniternized Independent Expenditu	ires		• 🕨	00.00
·				
(c) TOTAL Independent Expenditures			• 🕨	$\mathcal{O}\mathcal{O}\mathcal{O}\mathcal{O}$
·				
Under penalty of perjury I certify that the independent	ent expenditures	reported herein were	not m	ade in conneration, consultation, or concert
with, or at the request or suggestion of, any candid	ate or authorized	committee or agent of	of eithe	r, or (if the reporting entity is not a political
party committee) any political party committee or its	agent.			
Rein + YM	1,		Å	ísa v ín nívtvívý vítv
Signature	May	_ Date	ð. •	3 24 2017

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FEC Schedule E (Form 3X) Rev. 05/2016

#### SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only	by Political Committees in the Gen	eral Election) FO	R LINE 25 OF FORM 3X
NAME OF COMMITTEE (IN FUL) URBAN PROGRESS	POLITICAL ACTION C	)in m 7?65	Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee		
If YES, name the designating committee:	Mailing Address		;
	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	· ·	Purpose of Expendit	ure Category/
Mailing Address		Date	Туре
City State	Zip Code	34 25	2 V Y Y V
Name of Federal Candidate Supported Office Soug	ht: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ►	÷		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expendit	
Mailing Address			Category/ Type
City State	Zip Code	Date	, , , , , , ,
Name of Federal Candidate Supported Office Soug	nt: House State: Senate District: Presidential	Amount	, · ·
Aggregate General Election Expenditure for this Candidate ►	· ·		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expendit	Category/
Mailing Address		Date	Туре
City State	Zip Code	0° 22 + 6 - Ω	- 2 V Y Y Y
Name of Federal Candidate Supported Office Sough	nt: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ► ,	; ·		, ,
SUBTOTAL of Expenditures This Page (optional)	••••••	;	, 00,00
TOTAL This Period (last page this line number only)	▶	,	0000 0000

FEC Schedule F (Form 3X) Rev. 02/2009

PAGE

OF

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

### USE ONLY ONE SECTION, A or B

#### A. State and Local Party Committees

Fixed Percentage (select one)

\_\_\_\_\_ Presidential-Only Election Year (28% Federal)

\_\_\_\_\_ Presidential and Senate Election Year (36% Federal)

\_\_\_\_\_ Senate-Only Election Year (21% Federal)

\_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

### **B.** Separate Segregated Funds and Nonconnected Committees

Flat Minimum Fed	leral Percentage							
If the committee wi <b>or</b>	If the committee will allocate using the flat minimum percentage of 50% federal funds, check <b>or</b>							
If the committee is	spending more than 50% fea	leral funds, indicate r	atio belo	w				
Federal			-	ر <sup>17</sup>				
Nonfedera	ai		-	ere To				
This ratio applies to	o (check all that apply):							
Administrative	Generic Voter Drive	Public Commun	ications	Referencing Party Only				

#### SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) PROGRESS POLITICAL ACTION CONIM TTEE RBAN RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived; where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising $\frac{1}{2}$ N.2. CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support 22 CHECK IF THE RATIO IS: Revised New Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % **NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support $\overline{\mathcal{M}}_{0}$ ъş CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support $^{1}/_{2}$ CHECK IF THE RATIO IS: Revised New Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support ۰, $\widehat{\mathbb{T}}_{i}$ CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support ۳., CHECK IF THE RATIO IS: New Revised Same as Previously Reported

#### SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)	POLITICAL ACTION C	2) VIA RA. ITTE	,
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFE	RRED
		<del>.</del> :	1
BREAKDOWN OF TRANSFER RECEIVED			1 1
			i l
		· ·	u Ar S
II) Generic Voter Drive		, <b>1</b>	
iii) Exempt Activities			t. T
iv) Direct Fundraising (List Activity or Event	t identifier)		1
a)			2
a)	<del></del>		1 8 1
b)			•
c) Total Amount Transferred For Direct Fu	undraising	, ;	9 6 7 7 6
v) Direct Candidate Support (List Activity of	-		;
			-
a)			
b)	; , ,		:
c) Total Amount Transferred For Direct Ca	andidate Support	, ·	1
vi) Public Communications Referring Only	to Party (Made by PAC)	; <u>·</u>	 
ala and a second and a second and a second and a second second second second second second second second second	S FOR BREAKDOWN OF TRANSFER RECEIVED		
TOTAL This Period (Administrative)		00.00	i
	· · · ·		
TOTAL This Period (Generic Voter Drive)	······	0000	•
TOTAL This Period (Exempt Activities)	······;	0000	
TOTAL This Period (Direct Fundralsing)		0000	
TOTAL This Period (Direct Candidate Support)			1 1 1
TOTAL This Period (Public Communications Refer	rring Only to Party)	000	20
TOTAL This Period (Total Amount Transferred)		0000 0000 000 000	×CO

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FEC Schedule H3 (Form 3X) Rev. 12/2004

### SCHEDULE H4 (FEC Form 3X)

#### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGE OF
	FOR LINE 21a OF FORM 3X
-1-7	

	URBAN PROGRESS	10LI	TICAL H	ctions (		
	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:				
-	Mailing Address				4	tive; Fundraising Exemp
	Maining Address				Voter Driv	e Direct Candidate Suppor
	City	State	Zip Code		1	mm (ref to party only) by PAC
	Purpose of Disbursement:				- Allocated Act	tivity or Event Year-To-Date
	Activity or Event Identifier.			1		· · · · ·
				Category/ Type	Date	
	FEDERAL SHARE	+	NONFEDERAL	, SHARE	=	TOTAL AMOUNT
_	· · · · · · · · · · · · · · · · · · ·		· ·	·····		; <del>,</del>
	Full Name (Last, First, Middle Initial)				Allocated Activi	ity or Event
					Administra	tive Fundraising Exemp
	Mailing Address				S Voter Driv	e 📃 Direct Candidate Suppor
	City	State	Zip Code		1	mm (ref to party only) by PAC
	Purpose of Disbursement:	·····		}	Allocated Ac	tivity or Event Year-To-Date
	Activity or Event Identifier:			1	,	<b>;</b> · · · · · · · · · · · · · · · · · · ·
				Category/ Type	Date	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT
	3 2 .		· ·			÷ • •
	Full Name (Last, First, Middle Initial)				Allocated Activi	ty or Event:
					Administra	tive Fundraising Exempt
	Mailing Address				Voter Driv	e Direct Candidate Suppor
•	City	State	Zip Code			mm (ref to party only) by PAC
-	Purpose of Disbursement:					tivity or Event Year-To-Date
-	Activity or Event Identifier:		÷		:	· · · · · · · · · · · · · · · · · · ·
				Category/ Type	Date	8 9 · · · · · · · · · · · · · · · · · ·
•	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT
	مراجع میں ا		. •			0000
SU	BTOTAL of Allocated Federal and NonFederal	Activity Thi	s Page			
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT
			· ,			0000
o	TAL This Period (last page for each line only)(f FEDERAL SHARE	<sup>2</sup> ederal sha			nare to 21(a)(ii))	TOTAL AMOUNT
				UNNIL		
	:					

FEC Schedule H4 (Form 3X) Rev. 12/2004

### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

be used I	by State, District and Local	Party Committees Only)	· ·	PAGE OF FOR LINE 18b OF FORM
ME OF CO	MITTEE (In Full)			
l	IRBAN PRUGRU	ETS POLITICAL I	ACTION COM	son i TTEE
NAME OF A		DATE OF RECEIPT		IOUNT TRANSFERRED
			·· ·	; ;
BREAKDOV	IN OF THIS TRANSFER	L	L	
i)	Voter Registration	VOTE	R REGISTRATION	ì
	Total Amount Transferred for Voter	Registration		#
			VOTER ID	
ii)	Voter ID Total Amount Transferred for Voter	10		
	Total Amount Transferred for Voter	D		
ill)	GOTV		GOTV	
	Total Amount Transferred for GOT	/	· · ·	
'nл	Generic Campaign Activity		GENERIC CA	MPAIGN ACTIVITY
••,	Total Amount Transferred for Gene	ric Campaign Activity		
			:	1 X
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AN	OUNT TRANSFERRED
			:	· · · ·
BREAKDOV	IN OF THIS TRANSFER	•		
	Voter Registration	VOTE	R REGISTRATION	
"	Total Amount Transferred for Voter	Registration		
		· · · · · · · · · · · · · · · · · · ·	VOTER ID	
ii)	Voter ID	-		
	Total Amount Transferred for Voter	ID		:
ili)	GOTV		GOTV	
,	Total Amount Transferred for GOT	۷		
			GENERIC CA	MPAIGN ACTIVITY
iv)	Generic Campaign Activity Total Amount Transferred for Gene	ric Campaion Activity		
	TOTAL ATTOUNT TRANSferred for Gene	ne Campaign Activity	;	
	TOTALS FOR BR	EAKDOWN OF TRANSFER REC	EIVED (Last Page Only)	· · · · · · · · · · · · · · · · · · ·
TOTAL	. This Period (Voter Registration)		0000	
		;	0000 00	•
TOTAL	. This Period (Voter ID)		OO	OO III
TOTAL	. This Period (GOTV)		· ·	0000
TOTAL	. This Period (Generic Campaign A	ctivity)	·······	00 0000 0000 0000
	. This Period (Total Amount of Tran			0×0

FEC Schedule H5 (Form 3X) Rev. 02/2003

### SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY (To be used by State, District and Local Party Committees Only)

PAGE OF

FOR LINE 30a OF FORM 3X

		J CU KA			
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Voter Regist			GOTV
•		Voter ID		Generic	Campaio
		···· ···	• · · ·		_
Mailing Address	• <u></u>	Allocated Ac	tivity or Ever	nt Year-To	Date
City State Zip Code	·····	4.	•	_ 1	1
			····		
Purpose of Disbursement	Category/ Type	Date	: 7	•••	• •
FEDERAL SHARE + LEVIN SHA		 =	TOTAL AMO		1
					, ,
	,		;		1 <sup>-1</sup>
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated			COT !
		Voter Regist		Generic	GOTV Campaig
		Voler 1D	•.	Generic	: Sampaig :
Mailing Address		Allocated Ac	tivity or Ever	nt Year-To-	Date
Cifv State Zip Code		,			
City State Zip Code			·		
Purpose of Disbursement	Category/ Type	Date	19 - N		t s :
FEDERAL SHARE + LEVIN SHA		=	TOTAL AMO	DUNT	<del>.</del>
					1
•		:	;		)
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated	-		
			tration	Generic	GOTV
		Voter ID		Generic	Jampaig
Mailing Address		Allocated Ac	tivity or Ever	nt Year-To-	Date
					•
City State Zip Code			· · · · · · · · · · · · · · · · · · ·		<u>.</u>
Purpose of Disbursement	Category/ Type	 Date	с <u>с</u>	;	
FEDERAL SHARE + LEVIN SHA	ARE	ـــــــــــــــــــــــــــــــــــــ	TOTAL AMO	DUNT	
	•				
	ARE	=	TOTAL AMO	JUNI	
BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA	ARE	=	TOTAL AMO		00
BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA					00
BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA				00	00
BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA TAL This Period (last page for each line only)(Federal share to 30(a)(i) and				00	00
BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA TAL This Period (last page for each line only)(Federal share to 30(a)(i) and	I Levin share to			00	00

FEC Schedule H6 (Form 3X) Rev. 02/2003

## SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

			Column A Il This Pei	RIOD		OLUMN B R-TO-DA1	
١.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)		'n		:	,	
	(b) Unitemized	;			:		
•	(c) Total				;		
2.	OTHER RECEIPTS						
). 	TOTAL RECEIPTS (Add Lines 1c and 2)		,	÷			÷
ŀ.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration				2	÷	:
	(b) Voter ID	,				×	•
	(c) GOTV	:	\$				
	(d) Generic Campaign				;	5	.*
	(e) Total	:	:			:	-
-	OTHER DISBURSEMENTS	-	·				
	TOTAL DISBURSEMENTS	······		<u> </u>		:	:
•	BEGINNING CASH ON HAND (for Cotumn B, use cash as of January 1st)						0000
-	RECEIPTS (trom Line 3)						0000
•	SUBTOTAL (Add Lines 7 and 8)				;	, <b>(</b>	0000
	DISBURSEMENTS (From Line 6)				•	- (	0000 0000
	ENDING CASH ON HAND					(	000

SCHEDULE L-A (FEC Forr	n 3X)	r	PAGE OF
•	•	Use separate schedule(s)	
		for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2 (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not i ing the name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	~	~	
V URBAN PRO	GRESS POLI	TICAL HETICH	O COMMITTEE
Full Name (Last, First, Middle Initial) / F			Date of Receipt
A.	-		
Mailing Address			Amount of Cook Desciet Mile D. 1
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of	Business		Aggregate Vest to Date
Occupation		·	Aggregate Year-to-Date
			, ·
Full Name (Last, First, Middle Initial) / F	Full Organization Name		Date of Receipt
B.			
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of	Business		s <b>s</b> .
			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / F	Full Organization Name		Date of Receipt
C	-		
Mailing Address			Amount of Foot Provident Control
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of	f Business		1 <b>1</b> 1
Orgination			Aggregate Year-to-Date
Occupation			· · · ·
Full Name (Last, First, Middle Initial) / F	Full Organization Name		Date of Receipt
D.			
Mailing Address	<u> </u>		
City			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of	f Business		· ; ·
Occupation	<u></u>		Aggregate Year-to-Date
· · · · · · · · · · · · · · · · · · ·			· j ·
SUBTOTAL of Receipts This Page (option	nal)	·····	0000
TOTAL This Period (last page this line nu			0000
		· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE L-I	B (FEC Form 3X)
ITEMIZED DISB	URSEMENTS
OF LEVIN FUN	DS

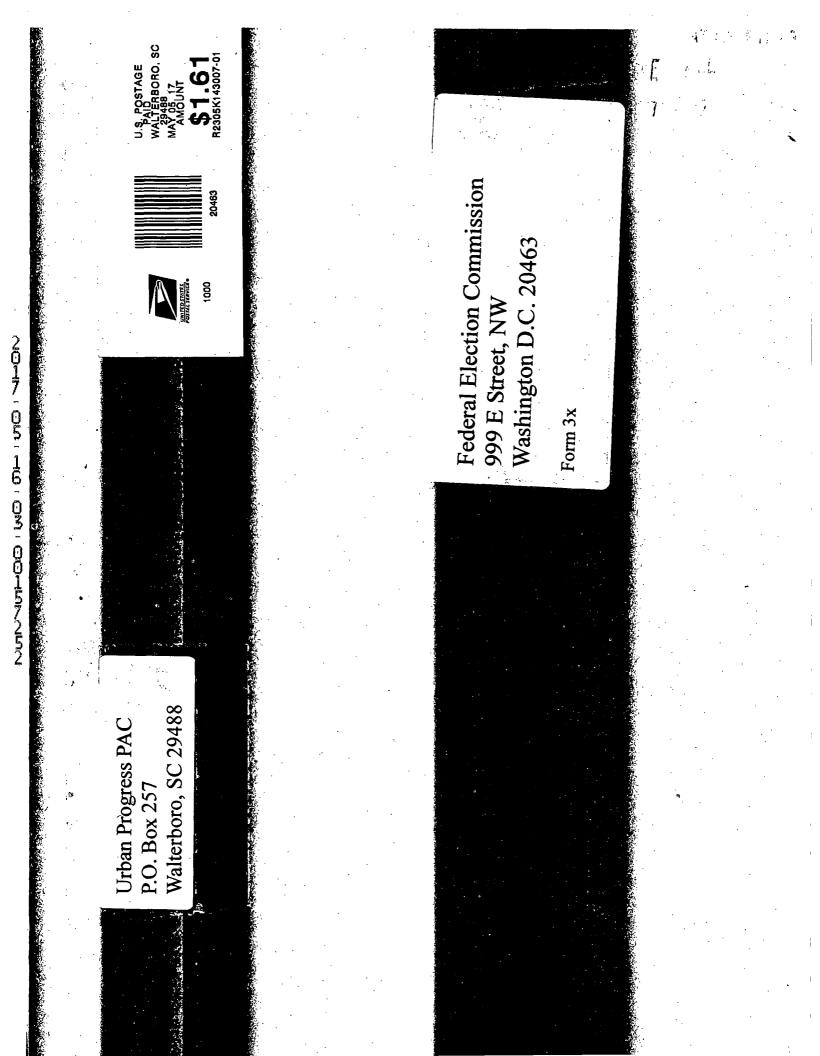
Use separate schedule(s)
for each category of the
Aggregation Page

SCHEDULE L–B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS Any information copied from such Reports and Statements may in	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4b 4d 4d
or for commercial purposes, other than using the name and addr	ress of any political committee to	solicit contributions from such committee.
URBAN PROGRESS POL		COMMETTEE
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		· · · · ·
Full Name (Last, First, Middle Initial) / Full Organization Name B.	3	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		: · · ·
Full Name (Last, First, Middle Initial) / Full Organization Name C.	9	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		н
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Disbursement
Mailing Address		e de la serie d
City State	Zip Cade	Amount of Each Disbursement this Period
Purpose of Disbursement		, <u>,</u> .
Full Name (Last, First, Middle Initial) / Full Organization Name	•	
Ε.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, 0000
SUBTOTAL of Disbursements This Page (optional)	I	00,00
TOTAL This Period (last page this line number only)		00.00

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FEC Schedule L-B (Form 3X) Rev. 02/2003

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	· · · · ·
Hand Delivered	Date of Receipt
USPS First Class Mail 5/5/2017	Date of Receipt 5/16/2017
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	f Receipt or Postmarked
PREPARER M	5/16/2017 DATE PREPARED
(3/2015)	