



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

MM ' DD ' YYYY  
01 ' 01 ' 2017

To:

MM ' DD ' YYYY  
03 ' 31 ' 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0000	0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19).....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0000	0000
7. Total Disbursements (from Line 31).....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0000	0000
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	



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

NON-FEDERAL CAMPAIGN FINANCING

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

**01** / **01** / **2017**

To:

**03** / **31** / **2017**

**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).....

0000

0000

(ii) Unitemized.....

0000

0000

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0000

0000

(b) Political Party Committees.....

0000

0000

(c) Other Political Committees (such as PACs).....

0000

0000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0000

0000

12. Transfers From Affiliated/Other Party Committees.....

0000

0000

13. All Loans Received.....

0000

0000

14. Loan Repayments Received.....

0000

0000

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0000

0000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0000

0000

17. Other Federal Receipts (Dividends, Interest, etc.).....

0000

0000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0000

0000

(b) Levin Funds (from Schedule H5).....

0000

0000

(c) Total Transfers (add 18(a) and 18(b))..

0000

0000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0000

0000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0000

0000

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0000	0000
(ii) Non-Federal Share.....	0000	0000
(b) Other Federal Operating Expenditures .....	0000	0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0000	0000
22. Transfers to Affiliated/Other Party Committees.....	0000	0000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0000	0000
24. Independent Expenditures (use Schedule E).....	0000	0000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0000	0000
26. Loan Repayments Made.....	0000	0000
27. Loans Made.....	0000	0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0000	0000
(b) Political Party Committees .....	0000	0000
(c) Other Political Committees (such as PACs).....	0000	0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0000	0000
29. Other Disbursements (Including Non-Federal Donations).....	0000	0000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0000	0000
(ii) "Levin" Share.....	0000	0000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0000	0000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0000	0000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0000	0000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0000	0000

NOT FOR FILING ON COINTEGRATED





**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)

PAGE OF

<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 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)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: House Senate President		
State: District:	Category/Type	

<b>B.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: House Senate President		
State: District:	Category/Type	

<b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: House Senate President		
State: District:	Category/Type	

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

0000

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

0000

20030202 14:00:00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-------------------------	----------------------------	---

TERMS	Date Incurred	Date Due	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
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	0000
TOTALS This Period (last page in this line only).....▶	0000
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

2017 ON HIG ON GOVERNANCE



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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION Committee</b>		FEC IDENTIFICATION NUMBER <b>C 0 0 5 2 8 6 6 1</b>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_\_

B. If line of credit, Total Outstanding Balance: \_\_\_\_\_  
 Amount of this Draw: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the 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 was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

- I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
  - II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
  - III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE
Title		

2017-05-15 10:01:01 AM

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. 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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
B. 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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	0000
2) TOTALS This Period (last page this line number only).....▶	0000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0000

NON-PROFIT ORGANIZATION

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

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00528661</b>
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Check if  24-hour report     48-hour report     New report    Amends report filed on MM / DD / YYYY

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <small>MM / DD / YYYY</small>
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation <small>MM / DD / YYYY</small>
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <small>MM / DD / YYYY</small>
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation <small>MM / DD / YYYY</small>
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	00.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	00.00
(c) TOTAL Independent Expenditures .....	▶	00.00

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.

*Bridget L. Murray*  
Signature

Date MM / DD / YYYY 03 / 24 / 2017

2014-10-10 10:00:00 AM

**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**

PAGE OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	Check if 24-hour notice
---	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee		
If YES, name the designating committee:	Mailing Address		
	City	State	ZIP Code

NON-FEDERAL INFORMATION

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City	State	Zip Code		Date	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City	State	Zip Code		Date	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City	State	Zip Code		Date	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

SUBTOTAL of Expenditures This Page (optional).....▶	0000
TOTAL This Period (last page this line number only).....▶	0000

**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 Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....

Nonfederal.....

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

NON-FEDERAL FUNDS ONLY

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**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.

2017-05-10 00:15:24

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		

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

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

- i) Total Administrative .....
- ii) Generic Voter Drive .....
- iii) Exempt Activities .....
- iv) Direct Fundraising (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) Total Amount Transferred For Direct Fundraising .....
- v) Direct Candidate Support (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) Total Amount Transferred For Direct Candidate Support .....
- vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	00.00
TOTAL This Period (Generic Voter Drive) .....	00.00
TOTAL This Period (Exempt Activities) .....	00.00
TOTAL This Period (Direct Fundraising) .....	00.00
TOTAL This Period (Direct Candidate Support) .....	00.00
TOTAL This Period (Public Communications Referring Only to Party) .....	00.00
TOTAL This Period (Total Amount Transferred) .....	00.00

NON-FEDERAL ACCOUNT INFORMATION

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
City State Zip Code		Date	
Purpose of Disbursement:		Category/ Type	
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
City State Zip Code		Date	
Purpose of Disbursement:		Category/ Type	
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
City State Zip Code		Date	
Purpose of Disbursement:		Category/ Type	
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

0000

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

0000

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
---------------	--	------------------	--	--------------

0000

NON-FEDERAL SHARE



**SCHEDULE H5 (FEC Form 3X)**  
**TRANSFERS OF LEVIN FUNDS RECEIVED FOR**  
**ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID.....	
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV.....	
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID.....	
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV.....	
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....	0000
TOTAL This Period (Voter ID).....	0000
TOTAL This Period (GOTV).....	0000
TOTAL This Period (Generic Campaign Activity).....	0000
TOTAL This Period (Total Amount of Transfers Received).....	0000

NON-FEDERAL CAMPAIGN

**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)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
			0000
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE			TOTAL AMOUNT
			0000
<b>TOTAL</b> This Period for the Levin Share			

NON-DISBURSEMENT

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

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		0000
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		0000
(from Line 3)		
9. SUBTOTAL .....		0000
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		0000
(From Line 6)		
11. ENDING CASH ON HAND .....		0000
(Subtract Line 10 From Line 9)		

2024 JUL 10 10:01 AM

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
		Aggregate Year-to-Date
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
		Aggregate Year-to-Date
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
		Aggregate Year-to-Date
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
		Aggregate Year-to-Date

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0000
<b>TOTAL</b> This Period (last page this line number only).....▶	0000

2003-01-10 10:00 AM

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	0000

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	00.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0000

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Urban Progress PAC  
P.O. Box 257  
Walterboro, SC 29488

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20463



1000

Federal Election Commission  
999 E Street, NW  
Washington D.C. 20463

Form 3x

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>5/5/2017</i>
<input type="checkbox"/> USPS Registered/Certified	Date of Receipt <i>5/16/2017</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	Postmarked
<input type="checkbox"/> No Postmark	Postmarked
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

*MP*

*5/16/2017*

DATE PREPARED

20170516 10:04:00 AM