Image# 12952231276 PAGE 1 / 4

FEC FORM 1		STATI								Offi	ce Use	Only			
NAME OF COMMITTEE (in	n full)	(Check if is change			le:If typin	ıg, type	1	2FE	4M5			]			
PROGRES	SS FO	R WASHI	INGTO	NC	1 1 1	1 1		1 1	ı	l l	1 1	1 1	I (	l I	, I
ADDRESS (number a	and street)	P.O. BOX 2624													Ш
(Check if a is changed)		KIRKLAND					<u> </u>	WA	<u> </u>	9803	33-262	 !4 			
			(	CITY			S <sup>-</sup>	TATE			Z	IP C	ODE		
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide ripemble@yaho	-	mail addre	ess)				<u>                                     </u>				<u>                                     </u>	<u>                                     </u>	
COMMITTEE'S WEE	R PAGE ADD	RESS (LIRL)													
(Check if is change	address														
2. DATE 0	6 18	2012	Y												
3. FEC IDENTIFIC	CATION NU	MBER	C co	00523571											
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEN	DED (A)	)								
I certify that I have	examined thi	s Statement and t	to the best	of my kno	owledge a	and belie	ef it is t	rue, c	orrect	and	comp	ete.			
Type or Print Name	of Treasurer	JEREMY PEMB	LE												
Signature of Treasure	JEREMY er	PEMBLE		[Æ	Electronica	ılly Filed	) Da	te	06	/ /	25	)	Y	y y y 2012	<u> </u>
NOTE: Submission of		ous, or incomplete i				_	-				enaltie	s of	2 U.S.	.C. §4	437g.

	Office Use		For further information contact: Federal Election Commission Tell Free 200 424 0520	FEC FORM 1
<u> </u>	Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

FE	C <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
	idate	e Committee:	
(a)	H	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	<u>.</u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name ( Candid			
Candid Party A		Office on Sought: House Senate President	State
rarty 7	· · · · · · · · · · · · · · · · · · ·	odugii. Tiouse Certate Trestaent	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised (		Page 3
Write or Type Committee Name		
PROGRESS FO	OR WASHINGTON	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
JEREMY F	PEMBLE	, , , , , ,
Full Name	P.O. BOX 2426	
Mailing Address		
	KIRKLAND , WA , 98033	
	MINICARD	
Title or Position	CITY STATE	ZIP CODE
TREASURER		739 - 9357
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name JEREMY F	PEMBLE	1
of Treasurer	P.O. BOX 2426	
Mailing Address		
	KIRKLAND WA 98033	710.0055
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 425	739   9357

I				
FEC For	m 1 (Revised	0 2/2009)		Page <b>4</b>
Full Name of				
Designated Agent				
Mailing Address	L			
	Į			
	I		1 . 1	1
	L	CITY	STATE	ZIP CODE
Title or Position				
		Telephone n	umber	
safety deposit be Name of Bank,	oxes or mainta		ilitee deposits it	unus, noius accounts, rents
safety deposit be	oxes or mainta Depository, etc	ains funds.  E AMERICA  1001 4TH AVENUE	intee deposits in	
safety deposit b Name of Bank,	oxes or mainta Depository, etc	ains funds.  DF AMERICA  1001 4TH AVENUE	WA I	198154
safety deposit b Name of Bank,	oxes or mainta Depository, etc	ains funds.  E AMERICA  1001 4TH AVENUE		
safety deposit be Name of Bank,	oxes or mainta Depository, etc	ains funds.  DF AMERICA  1001 4TH AVENUE		
safety deposit b Name of Bank,	oxes or mainta Depository, etc	SEATTLE	WA	98154
safety deposit be Name of Bank, Mailing Address	oxes or mainta Depository, etc	SEATTLE	WA	98154
safety deposit be Name of Bank, Mailing Address	Depository, etc	SEATTLE	WA	98154 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc	SEATTLE  CITY	WA	98154 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc	SEATTLE  CITY	WA	98154 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc	SEATTLE  CITY	WA	98154 ZIP CODE