

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

Office Use Only
2010 APR 19 AM 11:56

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Mid-Atlantic Progressive Leadership Committee

ADDRESS (number and street)

7304 Mollis Avenue

Check if different than previously reported. (ACC)

Tigheon Park MD 20912

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00300236

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

CA

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

CA

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Wesley Smith

Signature of Treasurer

[Signature]

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mid-Atlantic Progressive Leadership Committee

Report Covering the Period: From:

MM	DD	YYYY
01	01	2016

 To:

MM	DD	YYYY
03	31	2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td><td>MM</td><td>DD</td></tr><tr><td>2016</td><td></td><td></td></tr></table>	YYYY	MM	DD	2016			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>1759.89</td></tr></table>	-----	1759.89	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>1759.89</td></tr></table>	-----	1759.89
YYYY	MM	DD										
2016												

1759.89												

1759.89												
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>1759.89</td></tr></table>	-----	1759.89	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>1759.89</td></tr></table>	-----	1759.89						

1759.89												

1759.89												
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>3669.00</td></tr></table>	-----	3669.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>3669.00</td></tr></table>	-----	3669.00						

3669.00												

3669.00												
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>5428.89</td></tr></table>	-----	5428.89	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>5428.89</td></tr></table>	-----	5428.89						

5428.89												

5428.89												
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>3448.01</td></tr></table>	-----	3448.01	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>3448.01</td></tr></table>	-----	3448.01						

3448.01												

3448.01												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>1980.88</td></tr></table>	-----	1980.88	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>1980.88</td></tr></table>	-----	1980.88						

1980.88												

1980.88												
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>-0-</td></tr></table>	-----	-0-	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>-0-</td></tr></table>	-----	-0-						

-0-												

-0-												
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>-0-</td></tr></table>	-----	-0-	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>-----</td></tr><tr><td>-0-</td></tr></table>	-----	-0-						

-0-												

-0-												

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Mid-Atlantic Progressive Leadership Committee

Report Covering the Period:

From:

MM ' DD ' YYYY
01 ' 01 ' 2016

To:

MM ' DD ' YYYY
03 ' 31 ' 2016

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).....

800.00

800.00

(ii) Unitemized.....

2869.00

2869.00

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

3669.00

3669.00

(b) Political Party Committees.....

-0-

-0-

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

-0-

-0-

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

3669.00

3669.00

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

NA

NA

13. All Loans Received.....

-0-

-0-

14. Loan Repayments Received.....

NA

NA

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

-0-

-0-

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

NA

NA

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

-0-

-0-

18. Transfers from Non-Federal and Levin Funds

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

NA

NA

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

NA

NA

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

-0-

-0-

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

3669.00

3669.00

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

3669.00

3669.00

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	NA	NA
(ii) Non-Federal Share	NA	NA
(b) Other Federal Operating Expenditures	3448.01	3448.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3448.01	3448.01
22. Transfers to Affiliated/Other Party Committees	NA	NA
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	NA	NA
26. Loan Repayments Made	NA	NA
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	NA	NA
(b) Political Party Committees	NA	NA
(c) Other Political Committees (such as PACs)	NA	NA
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	NA	NA
(ii) "Levin" Share	NA	NA
(b) Federal Election Activity Paid Entirely With Federal Funds	NA	NA
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	-0-	-0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3448.01	3448.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3448.01	3448.01

COLUMN C AND D ARE UNAVAILABLE

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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 such committee.

NAME OF COMMITTEE (In Full)
Mid-Atlantic Progressive Leadership Committee

A. *Gamson, Neil*
Full Name (Last, First, Middle Initial)
Mailing Address
7318 Piney Branch Rd.
City *Takoma Park* State *MD* Zip Code *20912*
FEC ID number of contributing federal political committee. *C*
Name of Employer *retired* Occupation
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date *250.00*

Date of Receipt
01 07 2016
Amount of Each Receipt this Period
250.00

B. *Baskin, Peter*
Full Name (Last, First, Middle Initial)
Mailing Address
525 Tennessee Ave.
City *Alexandria* State *VA* Zip Code *22305*
FEC ID number of contributing federal political committee. *C*
Name of Employer *retired* Occupation
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date *300.00*

Date of Receipt
01 22 2016
Amount of Each Receipt this Period
300.00

C. *Dufendach, Sarah*
Full Name (Last, First, Middle Initial)
Mailing Address
100 W. Cedar Ave.
City *Alexandria* State *VA* Zip Code *22301*
FEC ID number of contributing federal political committee. *C*
Name of Employer (*University of UMC Maryland, UC*) Occupation *VP Federal Relations*
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date *250.00*

Date of Receipt
01 29 2016
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only)..... *800.00*

20160101 10:00:00 AM

**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 2 OF 6

<input checked="" 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

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.

Smith, Wesley J.

Mailing Address

7304 Holly Ave.

City

Takoma Park

State

MD

Zip Code

20912

Purpose of Disbursement

party cash to support

Candidate Name

voter registration and absentee program

002

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 / 29 / 2016

Amount of Each Disbursement this Period

170.00

B.

U.S. Treasury

Mailing Address

P.O. Box 804522

City

Cincinnati

State

OH

Zip Code

45280-4522

Purpose of Disbursement

Form 944 payment

Candidate Name

001

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 / 31 / 2016

Amount of Each Disbursement this Period

108.91

C.

Hinds, Carol

Mailing Address

7304 Holly Ave.

City

Takoma Park

State

MD

Zip Code

20912

Purpose of Disbursement

rent

Candidate Name

001

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

02 / 01 / 2016

Amount of Each Disbursement this Period

230.00

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

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

**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 3 OF 6

<input checked="" 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

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Smith, Wesley J.		02' 04' 2016	
Mailing Address			
7304 Holly Ave.			
City	State	Zip Code	
Takoma Park	MD	20912	
Purpose of Disbursement		Amount of Each Disbursement this Period	
petty cash		001	
Candidate Name		80.00	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

B.		Date of Disbursement	
Smith, Wesley J.		02' 10' 2016	
Mailing Address			
7304 Holly Ave.			
City	State	Zip Code	
Takoma Park	MD	20912	
Purpose of Disbursement		Amount of Each Disbursement this Period	
petty cash to support		002	
Candidate Name		100.00	
non-partisan voter registration and absentee program, college students, VA			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

C.		Date of Disbursement	
Hines, Carol		02' 15' 2016	
Mailing Address			
7304 Holly Ave.			
City	State	Zip Code	
Takoma Park	MD	20912	
Purpose of Disbursement		Amount of Each Disbursement this Period	
rent		001	
Candidate Name		230.00	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

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

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

20160210 10:00:00 AM

**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)

<input checked="" 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

PAGE 5 OF 6

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NAME OF COMMITTEE (In Full)
Mid-Atlantic Progressive Leadership Committee

A.

Full Name (Last, First, Middle Initial) *Smith, Wesley J.*

Date of Disbursement *03 06 2016*

Mailing Address *7304 Holly Ave.*

City *Takoma Park* State *MD* Zip Code *20912*

Purpose of Disbursement *petty cash*

Candidate Name *petty cash* Category/Type *001*

Amount of Each Disbursement this Period *4000*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) *Hinds, Carol*

Date of Disbursement *03 15 2016*

Mailing Address *7304 Holly Ave.*

City *Takoma Park* State *MD* Zip Code *20912*

Purpose of Disbursement *office rent*

Candidate Name *office rent* Category/Type *001*

Amount of Each Disbursement this Period *23000*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) *Smith, Wesley J.*

Date of Disbursement *03 17 2016*

Mailing Address *7304 Holly Ave.*

City *Takoma Park* State *MD* Zip Code *20912*

Purpose of Disbursement *petty cash to support*

Candidate Name *non-partisan college registration and absentee program, Virginia* Category/Type *002*

Amount of Each Disbursement this Period *18000*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

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

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

**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 6 OF 6

<input checked="" 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

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.

Hinds, Coral

Mailing Address

7304 Molly Ave.

City

State

Zip Code

Takoma Park MD 20912

Purpose of Disbursement

office rent

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

03 / 30 / 2016

Amount of Each Disbursement this Period

230.00

B.

Smith, Wesley J.

Mailing Address

7304 Molly Ave.

City

State

Zip Code

Takoma Park MD 20912

Purpose of Disbursement

party cash to support

Candidate Name

non-partisan registration program, college students, Virginia

002
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

03 / 30 / 2016

Amount of Each Disbursement this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

 / /

Amount of Each Disbursement this Period


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

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

2858.00

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 type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/15/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<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  DATE PREPARED **4/19/16**
 (3/2015)

20160419 10:10:00 AM