

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street) ▼

1904 FRANKLIN STREET

SUITE 725

Check if different than previously reported. (ACC)

OAKLAND

CA

94612

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492595

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

Election on 11 / 04 / 2014 in the State of SD

- (d) 30-Day **POST**-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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 JOSHUA GROSSMAN

Signature of Treasurer JOSHUA GROSSMAN

[Electronically Filed]

Date 12 / 01 / 2014

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

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

**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="102812.52"/>	<input type="text" value="102812.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2184854.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5030.32"/>	<input type="text" value="2418673.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2189884.43"/>	<input type="text" value="2521485.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1550755.79"/>	<input type="text" value="1882357.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="639128.64"/>	<input type="text" value="639128.64"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="2600.00"/>	

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

Write or Type Committee Name

**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Report Covering the Period: From:  /  /  To:  /  /

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).....	5000.00	777214.41
(ii) Unitemized .....	10.00	323.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5010.00	777537.41
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1633000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5010.00	2410537.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.48	7881.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	19.84	254.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5030.32	2418673.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5030.32	2418673.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	7551.18	154596.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7551.18	154596.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	132644.44	217405.24
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements .....	1410560.17	1510305.75
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1550755.79	1882357.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1550755.79	1882357.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	5010.00	2410537.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5010.00	2410487.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7551.18	154596.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.48	7881.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7550.70	146714.83

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 30  
 (check only one)

<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
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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)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A.** Full Name (Last, First, Middle Initial)  
**Margorie Roswell**

Mailing Address 3443 Guilford Ter

City Baltimore	State MD	Zip Code 21218
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Roswell Infographics	Occupation Web Developer
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
71000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5828**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. COOPERATIVE CREDIT UNION FCU</b>		Date of Receipt
Mailing Address 2001 ASHBY AVE.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code BERKELEY CA 94703		<b>Transaction ID : SA17.5783</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 19.30
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 253.99	

Full Name (Last, First, Middle Initial) <b>B. COOPERATIVE CREDIT UNION FCU</b>		Date of Receipt
Mailing Address 2001 ASHBY AVE.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code BERKELEY CA 94703		<b>Transaction ID : SA17.5829</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 0.54
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 254.53	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 19.84
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> 19.84

**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2014
Mailing Address 366 Summer Street		<b>Transaction ID : SB21B.5848</b>
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Credit Card Processing Fees	Amount of Each Disbursement this Period 0.40
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AmCheck</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2014
Mailing Address 110 West A Street		<b>Transaction ID : SB21B.5836</b>
City San Diego	State CA	
Zip Code 92101	Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 1306.95
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AmCheck</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2014
Mailing Address 110 West A Street		<b>Transaction ID : SB21B.5837</b>
City San Diego	State CA	
Zip Code 92101	Purpose of Disbursement Payroll Services	Amount of Each Disbursement this Period 33.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1340.35
<b>TOTAL</b> 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)

<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)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. Anymeeting.com**

Mailing Address 7777 Center Ave  
Suite 520

City Huntington Beach State CA Zip Code 92647

Purpose of Disbursement  
Webinar Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2014

Transaction ID : SB21B.5821

Amount of Each Disbursement this Period

78.00

Full Name (Last, First, Middle Initial)

**B. Nicole Bellot**

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

Transaction ID : SB21B.5832

Amount of Each Disbursement this Period

1228.04

Full Name (Last, First, Middle Initial)

**C. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : SB21B.5846

Amount of Each Disbursement this Period

1.00

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

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

1307.04

**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SB21B.5809

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SB21B.5810

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2014

Transaction ID : SB21B.5813

Amount of Each Disbursement this Period

25.00

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

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

75.00

**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB21B.5815**

Amount of Each Disbursement this Period

9.99

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB21B.5818**

Amount of Each Disbursement this Period

9.99

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SB21B.5823**

Amount of Each Disbursement this Period

25.00

Category/  
Type

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

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

44.98

**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SB21B.5851**

Amount of Each Disbursement this Period

1.00

Full Name (Last, First, Middle Initial)

**B. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SB21B.5830**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. COOPERATIVE CREDIT UNION FCU**

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SB21B.5831**

Amount of Each Disbursement this Period

25.00

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

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

36.00

**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

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. Fletcher Rowley**

Mailing Address 1720 West End Ave  
Suite 630

City Nashville State TN Zip Code 37203

Purpose of Disbursement  
Media Production

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : SB21B.5825**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.5833**

Amount of Each Disbursement this Period

1180.47

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. LCB Associates**

Mailing Address 388 17th St.  
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB21B.5776**

Amount of Each Disbursement this Period

370.50

Category/  
Type

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

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

2550.97

# 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

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NAME OF COMMITTEE (In Full)

## PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

### A. State Compensation Insurance Fund

Mailing Address PO Box 748170

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2014

Transaction ID : SB21B.5824

Amount of Each Disbursement this Period

138.50
--------

Full Name (Last, First, Middle Initial)

### B. Leslie Stewart

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SB21B.5834

Amount of Each Disbursement this Period

129.07
--------

Full Name (Last, First, Middle Initial)

### C. Peter Sullivan

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SB21B.5835

Amount of Each Disbursement this Period

1321.87
---------

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

1589.44
---------

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

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**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Notary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2014

**Transaction ID : SB21B.5784**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

**Transaction ID : SB21B.5786**

Amount of Each Disbursement this Period

41.47

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

**Transaction ID : SB21B.5787**

Amount of Each Disbursement this Period

37.79

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

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

89.26

# 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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2014

Transaction ID : **SB21B.5794**

Amount of Each Disbursement this Period: 22.55

Category/Type

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2014

Transaction ID : **SB21B.5795**

Amount of Each Disbursement this Period: 22.77

Category/Type

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2014

Transaction ID : **SB21B.5796**

Amount of Each Disbursement this Period: 37.79

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 83.11

**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)

<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)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2014

**Transaction ID : SB21B.5797**

Amount of Each Disbursement this Period

58.41

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2014

**Transaction ID : SB21B.5798**

Amount of Each Disbursement this Period

12.35

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

**Transaction ID : SB21B.5803**

Amount of Each Disbursement this Period

37.79

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

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

108.55

**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB21B.5811**

Amount of Each Disbursement this Period

37.79

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2014

**Transaction ID : SB21B.5822**

Amount of Each Disbursement this Period

16.04

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.5838**

Amount of Each Disbursement this Period

37.79

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

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

91.62

**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

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.5839**

Amount of Each Disbursement this Period

41.47

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

**Transaction ID : SB21B.5840**

Amount of Each Disbursement this Period

37.79

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

79.26

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

7395.58

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. DirecTV**

Mailing Address PO Box 6550

City Greenwood Village State CO Zip Code 80155

Purpose of Disbursement  
Non-Federal TV Ads-MI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5781**

Amount of Each Disbursement this Period

91000.00

Full Name (Last, First, Middle Initial)

**B. DirecTV**

Mailing Address PO Box 6550

City Greenwood Village State CO Zip Code 80155

Purpose of Disbursement  
Non-Federal TV Ads-WI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5842**

Amount of Each Disbursement this Period

67000.00

Full Name (Last, First, Middle Initial)

**C. DS Political**

Mailing Address 1133 19th Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Non-Federal Web Ads-KS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB29.5814**

Amount of Each Disbursement this Period

144001.06

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

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

302001.06

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. DS Political**

Mailing Address 1133 19th Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Non-Federal Web Ads-MI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5817**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DS Political**

Mailing Address 1133 19th Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Non-Federal Web Ads-ME

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5819**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DS Political**

Mailing Address 1133 19th Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Non-Federal Web Ads-WI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5845**

Amount of Each Disbursement this Period

**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. Pandora Media, Inc.**

Mailing Address 2101 Webster Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Non-Federal Web Ads-KS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 08 / 2014

**Transaction ID : SB29.5804**

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

**B. Pandora Media, Inc.**

Mailing Address 2101 Webster Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Non-Federal Web Ads-MI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 08 / 2014

**Transaction ID : SB29.5807**

Amount of Each Disbursement this Period

58325.02

Full Name (Last, First, Middle Initial)

**C. Pandora Media, Inc.**

Mailing Address 2101 Webster Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Non-Federal Web Ads-ME

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 08 / 2014

**Transaction ID : SB29.5808**

Amount of Each Disbursement this Period

11000.02

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

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

81825.04

**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 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 checked="" 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)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. Pandora Media, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address 2101 Webster Street		<b>Transaction ID : SB29.5844</b>
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Non-Federal Web Ads-WI	Amount of Each Disbursement this Period 39250.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ProgressNow Nevada Action</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2014
Mailing Address 2657 Windmill Parkway #619		<b>Transaction ID : SB29.5788</b>
City Henderson	State NV	
Zip Code 89074	Purpose of Disbursement Non-Federal Donation	Amount of Each Disbursement this Period 25000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. The Campaign Network</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 140 Bayswater St.		<b>Transaction ID : SB29.5779</b>
City Boston	State MA	
Zip Code 02128	Purpose of Disbursement Video Ad Production - Non-Federal-KS	Amount of Each Disbursement this Period 8000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	72250.00
<b>TOTAL</b> 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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial) <b>A. The Campaign Network</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 140 Bayswater St.		<b>Transaction ID : SB29.5780</b>
City Boston	State MA	
Purpose of Disbursement Video Ad Production - Non-Federal-MI		Amount of Each Disbursement this Period 8000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. The Campaign Network</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 140 Bayswater St.		<b>Transaction ID : SB29.5841</b>
City Boston	State MA	
Purpose of Disbursement Video Ad Production - Non-Federal-WI		Amount of Each Disbursement this Period 8000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. The Campaign Network</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2014
Mailing Address 140 Bayswater St.		<b>Transaction ID : SB29.5799</b>
City Boston	State MA	
Purpose of Disbursement Video Ad Production - Non-Federal-KS		Amount of Each Disbursement this Period 15625.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	31625.00
<b>TOTAL</b> 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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. The Campaign Network**

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement  
Video Ad Production - Non-Federal-MI

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2014

**Transaction ID : SB29.5800**

Amount of Each Disbursement this Period

15625.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. The Campaign Network**

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement  
Video Ad Production - Non-Federal-ME

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2014

**Transaction ID : SB29.5801**

Amount of Each Disbursement this Period

15625.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. The Campaign Network**

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement  
Video Ad Production - Non-Federal-WI

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2014

**Transaction ID : SB29.5843**

Amount of Each Disbursement this Period

15625.00

Category/Type

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

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

46875.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

Full Name (Last, First, Middle Initial)

**A. The Target Labs**

Mailing Address 1303 Magnolia St

City State Zip Code  
Oakland CA 94607

Purpose of Disbursement  
Non-Federal Polling-AK

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 08 / 2014

**Transaction ID : SB29.5806**

Amount of Each Disbursement this Period

19983.53

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
/ /

Amount of Each Disbursement this Period

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

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

19983.53

1410560.17

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dakota Video &amp; Post Productions, LLC</b>	Nature of Debt (Purpose): Video Production
Mailing Address 311 S Minnesota Ave	
City State Zip Code Sioux Falls SD 57104	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5777</b>	
Amount Incurred This Period 600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Campaign Network</b>	Nature of Debt (Purpose): Ad Production
Mailing Address 140 Bayswater St.	
City State Zip Code Boston MA 02128	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.6093</b>	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2600.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	2600.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2600.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES
FEC IDENTIFICATION NUMBER
C C00492595
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Buying Time, LLC
Mailing Address
650 Massachusetts Ave, NW
City
Washington State
DC Zip Code
20001
Purpose of Expenditure
Radio Advertising
Category/Type
Name of Federal Candidate
MARION MICHAEL ROUNDS
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
50000.00

Date of Public Distribution/Dissemination
10 / 10 / 2014
Amount
50000.00
Transaction ID : SE.5582
Date of Disbursement or Obligation
10 / 07 / 2014
Office Sought:
House District: 00
President Senate State: SD
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Buying Time, LLC
Mailing Address
650 Massachusetts Ave, NW
City
Washington State
DC Zip Code
20001
Purpose of Expenditure
Radio Advertising
Category/Type
Name of Federal Candidate
MARION MICHAEL ROUNDS
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
100750.00

Date of Public Distribution/Dissemination
10 / 20 / 2014
Amount
50000.00
Transaction ID : SE.5768
Date of Disbursement or Obligation
10 / 15 / 2014
Office Sought:
House District: 00
President Senate State: SD
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

JOSHUA GROSSMAN
[Electronically Filed]
Date 12 / 01 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES
FEC IDENTIFICATION NUMBER
C C00492595

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Dakota Video & Post Productions, LLC
Mailing Address: 311 S Minnesota Ave
City: Sioux Falls, State: SD, Zip Code: 57104
Purpose of Expenditure: Radio Ad Production
Date of Public Distribution/Dissemination: 10/10/2014
Amount: 750.00
Transaction ID: SE.5584
Date of Disbursement or Obligation: 10/08/2014
Name of Federal Candidate: MARION MICHAEL ROUNDS
Office Sought: Senate, State: SD
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 50750.00

Full Name of Payee: Dakota Video & Post Productions, LLC
[MEMO ITEM]
Mailing Address: 311 S Minnesota Ave
City: Sioux Falls, State: SD, Zip Code: 57104
Purpose of Expenditure: Radio Ad Production
Date of Public Distribution/Dissemination: 10/20/2014
Amount: 600.00
Transaction ID: SE.5778
Date of Disbursement or Obligation: 10/15/2014
Name of Federal Candidate: MARION MICHAEL ROUNDS
Office Sought: Senate, State: SD
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 100750.00

(a) SUBTOTAL of Itemized Independent Expenditures: 750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.
Signature: JOSHUA GROSSMAN
Date: 12/01/2014

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

NAME OF COMMITTEE (In Full) <b>PROGRESSIVE KICK INDEPENDENT EXPENDITURES</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee <b>DS Political</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1133 19th Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Web Advertising	Category/Type <input type="text"/>	Transaction ID : <b>SE.5763</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>STEWART MILLS</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		<input type="text"/> 39894.44

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City	State	Zip Code
Purpose of Expenditure	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 31894.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/> 132644.44

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.

JOSHUA GROSSMAN [Electronically Filed] Date  /  /

Signature