

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
Humanity for Progress

ADDRESS (number and street) 400 Capitol Mall Ste 1545
Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00619593
3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(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), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 / 20 / 2016 through 11 / 28 / 2016

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 Miller, Russell, , ,

Signature of Treasurer Miller, Russell, , , [Electronically Filed] Date 12 / 05 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Humanity for Progress**

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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54972.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="450.00"/>	<input type="text" value="219755.00"/>
(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="55422.07"/>	<input type="text" value="219755.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47738.28"/>	<input type="text" value="212071.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7683.79"/>	<input type="text" value="7683.79"/>
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="0.00"/>	

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Humanity for Progress**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y  
11 / 28 / 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).....	250.00	217950.00
(ii) Unitemized .....	200.00	1805.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	450.00	219755.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	450.00	219755.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	450.00	219755.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	450.00	219755.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4707.04	20849.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4707.04	20849.97
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) .....	43031.24	191221.24
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	47738.28	212071.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47738.28	212071.21

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	450.00	219755.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	450.00	219755.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4707.04	20849.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4707.04	20849.97

**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 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Humanity for Progress**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Lynda, , ,

Mailing Address PO Box 329

City Rockland State DE Zip Code 19732

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

Name of Employer (for Individual) Self Occupation (for Individual) Artist

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2016

**Transaction ID : 11A1-81-I**

Amount of Each Receipt this Period  
 250.00

Memo Item

Earmarked through ActBlue. Date received by conduit in memo record below.

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **22555.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 13 / 2016

**Transaction ID : 11A1-81-I-MEMO**

Amount of Each Receipt this Period  
 250.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text"/> 250.00
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/> 250.00

**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"/> 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)  
**Humanity for Progress**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Merchant Service Fee

Category/  
Type

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 / 20 / 2016

FEC Identification Number

**Transaction ID : 21B-32**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Merchant Service Fee

Category/  
Type

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 / 24 / 2016

FEC Identification Number

**Transaction ID : 21B-27**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Miller & Olson, LLP**

Mailing Address 20 Park Rd, Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement  
Legal and Accounting Services

Category/  
Type

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  
11 / 28 / 2016

FEC Identification Number

**Transaction ID : 21B-30**  
Amount of Each Disbursement this Period

Memo Item

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**Humanity for Progress**

Full Name (Last, First, Middle Initial) <b>A. Miller &amp; Olson, LLP</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 20 Park Rd, Suite E		FEC Identification Number C [ ] <b>Transaction ID : 21B-31</b> Amount of Each Disbursement this Period [ ] 1895.63	
City Burlingame	State CA	Zip Code 94010	Category/Type 001
Purpose of Disbursement Legal and Accounting Services			
Candidate Name		Memo Item <input type="checkbox"/>	
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. US Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 621 Capitol Mall, Suite 800		FEC Identification Number C [ ] <b>Transaction ID : 21B-28</b> Amount of Each Disbursement this Period [ ] -82.00	
City Sacramento	State CA	Zip Code 95814	Category/Type 001
Purpose of Disbursement Bank Fee Reversal			
Candidate Name		Memo Item <input type="checkbox"/>	
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.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/Type [ ]
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[ ] 1813.63
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 4707.04



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
**Humanity for Progress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Miller &amp; Olson, LLP</b>			Nature of Debt (Purpose): Legal and Accounting Services
Mailing Address 20 Park Rd, Suite E			
City Burlingame	State CA	Zip Code 94010	

Outstanding Balance Beginning This Period		<b>Transaction ID : D10-55-V</b>	
2875.63			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2875.63	0.00	

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

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

NAME OF COMMITTEE (In Full) <b>Humanity for Progress</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00619593                 </div>
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Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Art Not War</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">26</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address <b>93 1st Place #4</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">9150.50</span> </div>
City <b>Brooklyn</b> State <b>NY</b> Zip Code <b>11231</b>	<b>Transaction ID : E-26</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">26</span> / <span style="font-size: 1.2em;">2016</span> </div>
Purpose of Expenditure <b>Social Media Communications</b> Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <b>Clinton, Hillary, , ,</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">191221.24</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Art Not War</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">11</span> / <span style="font-size: 1.2em;">08</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address <b>93 1st Place #4</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">33880.74</span> </div>
City <b>Brooklyn</b> State <b>NY</b> Zip Code <b>11231</b>	<b>Transaction ID : E-29</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">11</span> / <span style="font-size: 1.2em;">14</span> / <span style="font-size: 1.2em;">2016</span> </div>
Purpose of Expenditure <b>Social Media Communication</b> Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <b>Clinton, Hillary, , ,</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">191221.24</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">43031.24</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">43031.24</span> </div>

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.

Miller, Russell, , ,    **[Electronically Filed]**    Date 12 / 05 / 2016

Signature