

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.

Southern Californian Progressives

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

10 / 16 / 2014 through 11 / 24 / 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

Signature of Treasurer [Electronically Filed] Date / /

12 / 04 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Southern Californian Progressives

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40000.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2500.00"/>	<input type="text" value="42500.00"/>
(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="42500.00"/>	<input type="text" value="42500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42136.68"/>	<input type="text" value="42136.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="363.32"/>	<input type="text" value="363.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="20869.00"/>	

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. 06/2004)

Write or Type Committee Name

Southern Californian Progressives

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	42500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2500.00	42500.00
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))..... ▶	2500.00	42500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2500.00	42500.00

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	2489.60	2489.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2489.60	2489.60
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)	39647.08	39647.08
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	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	0.00	0.00
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)) ..	42136.68	42136.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42136.68	42136.68

DETAILED SUMMARY PAGE
of Disbursements

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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)	2500.00	42500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	42500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2489.60	2489.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2489.60	2489.60

**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 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Southern Californian Progressives

A. Sheet Metal Workers' International Association Political Action League
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 New York Avenue, N.W.
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00007542
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : INCA16
 Amount of Each Receipt this Period
 2500.00

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
 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
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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

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)
Southern Californian Progressives

Full Name (Last, First, Middle Initial)

A. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement
Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : EXPB13

Amount of Each Disbursement this Period

2047.60

Full Name (Last, First, Middle Initial)

B. Nossaman, LLP

Mailing Address 777 S. Figueroa Street, 34th Floor

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Legal Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2014

Transaction ID : EXPB3

Amount of Each Disbursement this Period

442.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2489.60

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

2489.60

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Southern Californian Progressives

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Method Campaign Services	Nature of Debt (Purpose): Mailer - The vendor reflected on the previously filed Form 24 is a subvendor for this payment
Mailing Address 1100 South Flowers Street, #3300	
City State Zip Code Los Angeles CA 90015	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD19	
Amount Incurred This Period 10383.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 10383.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Method Campaign Services	Nature of Debt (Purpose): Mailer - The vendor reflected on the previously filed Form 24 is a subvendor for this payment
Mailing Address 1100 South Flowers Street, #3300	
City State Zip Code Los Angeles CA 90015	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD20	
Amount Incurred This Period 3461.32	Payment This Period 0.00	Outstanding Balance at Close of This Period 3461.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Method Campaign Services	Nature of Debt (Purpose): Mailer - The vendor reflected on the previously filed Form 24 is a subvendor for this payment
Mailing Address 1100 South Flowers Street, #3300	
City State Zip Code Los Angeles CA 90015	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD21	
Amount Incurred This Period 3461.31	Payment This Period 0.00	Outstanding Balance at Close of This Period 3461.31

1) SUBTOTALS This Period This Page (optional)..... ▶	17306.56
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Southern Californian Progressives

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Method Campaign Services	Nature of Debt (Purpose): Mailer - The vendor reflected on the previously filed Form 24 is a subvendor for this payment
Mailing Address 1100 South Flowers Street, #3300	
City State Zip Code Los Angeles CA 90015	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD18	
Amount Incurred This Period <input type="text" value="3018.44"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3018.44"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nossaman, LLP	Nature of Debt (Purpose): Legal Services
Mailing Address 777 S. Figueroa Street, 34th Floor	
City State Zip Code Los Angeles CA 90017	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD17	
Amount Incurred This Period <input type="text" value="544.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="544.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3562.44"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="20869.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="20869.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Southern Californian Progressives
FEC IDENTIFICATION NUMBER C C00568857
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Method Campaign Services [MEMO ITEM]
Mailing Address 1100 South Flowers Street, #3300
City Los Angeles State CA Zip Code 90015
Purpose of Expenditure Mailer Category/Type 24E
Name of Federal Candidate Tony Strickland [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10383.93
Transaction ID : PDTE6
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [X] House District: 25
[] President [] Senate State: CA
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Method Campaign Services [MEMO ITEM]
Mailing Address 1100 South Flowers Street, #3300
City Los Angeles State CA Zip Code 90015
Purpose of Expenditure Mailer Category/Type 24A
Name of Federal Candidate Steve Knight [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3461.32
Transaction ID : PDTE7
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [X] House District: 25
[] President [] Senate State: CA
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
Kim Lutz [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Southern Californian Progressives
FEC IDENTIFICATION NUMBER C C00568857
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Method Campaign Services [MEMO ITEM]
Mailing Address 1100 South Flowers Street, #3300
City Los Angeles State CA Zip Code 90015
Purpose of Expenditure Mailer Category/Type 24E
Name of Federal Candidate Tony Strickland [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 3461.31
Transaction ID : PDTE8
Date of Disbursement or Obligation 10 / 29 / 2014
Office Sought: [X] House District: 25 State: CA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Method Campaign Services [MEMO ITEM]
Mailing Address 1100 South Flowers Street, #3300
City Los Angeles State CA Zip Code 90015
Purpose of Expenditure Mailer Category/Type 24A
Name of Federal Candidate Steve Knight [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 3018.44
Transaction ID : PDTE5
Date of Disbursement or Obligation 10 / 29 / 2014
Office Sought: [X] House District: 25 State: CA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Kim Lutz [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Southern Californian Progressives
FEC IDENTIFICATION NUMBER C C00568857
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Method Campaign Services
Mailing Address 1100 South Flowers Street, #3300
City Los Angeles State CA Zip Code 90015
Purpose of Expenditure Campaign Consulting - This information updates the estimate in the previously filed Form 24
Category/Type 24A
Name of Federal Candidate Steve Knight
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 1280.00
Transaction ID : EDTEALC4
Date of Disbursement or Obligation 11 / 10 / 2014
Office Sought: House District: 25
State: CA
Disbursement For: General 2014

Full Name of Payee Method Campaign Services
Mailing Address 1100 South Flowers Street, #3300
City Los Angeles State CA Zip Code 90015
Purpose of Expenditure Campaign Consulting - This information updates the estimate in the previously filed Form 24
Category/Type 24E
Name of Federal Candidate Tony Strickland
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 2720.00
Transaction ID : EDTEALC5
Date of Disbursement or Obligation 11 / 10 / 2014
Office Sought: House District: 25
State: CA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 4000.00
(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.

Kim Lutz [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Southern Californian Progressives
FEC IDENTIFICATION NUMBER C C00568857
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Political Data Inc.
Mailing Address P.O. Box 59570
12501 Imperial Hwy, Suite 200
City Norwalk State CA Zip Code 90652
Purpose of Expenditure Data - This information updates the estimate in the previously filed Form 24
Category/Type 24A
Name of Federal Candidate Steve Knight
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 189.15
Transaction ID : EDTEALC6
Date of Disbursement or Obligation 11 / 07 / 2014
Office Sought: House District: 25
State: CA
Disbursement For: General 2014

Full Name of Payee Political Data Inc.
Mailing Address P.O. Box 59570
12501 Imperial Hwy, Suite 200
City Norwalk State CA Zip Code 90652
Purpose of Expenditure Data - This information updates the estimate in the previously filed Form 24
Category/Type 24E
Name of Federal Candidate Tony Strickland
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 59972.08

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 401.93
Transaction ID : EDTEALC7
Date of Disbursement or Obligation 11 / 07 / 2014
Office Sought: House District: 25
State: CA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 591.08
(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.
Kim Lutz [Electronically Filed] Date 12 / 04 / 2014
Signature

