

Jay B. Myerson
ATTORNEY AT LAW
11718 Bowman Green Drive
Reston, Virginia 22090

(703) 495-6991

OCT 19 10 03 AM '94

(703) 495-4049 [FAX]

October 18, 1994

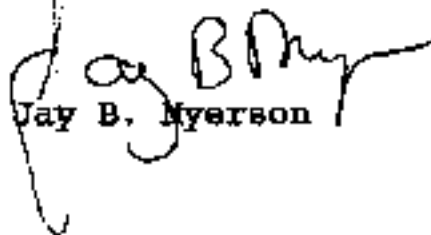
FEC
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir:

Enclosed herewith for filing is the FEC report for the period from September 1, 1994 - September 30, 1994 regarding Committee for a Progressive Congress.

Please call me if you have any questions.

Very truly yours,


Jay B. Myerson

JBM:bjm
enc.

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
OCT 19 10 03 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Committee for a Progressive Congress	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o Gilbert & Wolfand, 2201 Wisconsin Ave. N.W.	2. FEC IDENTIFICATION NUMBER C00196824
CITY, STATE and ZIP CODE Washington, DC 20007	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input checked="" type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>9/1/94</u> through <u>9/30/94</u>		
8. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 3,717.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 30,049.23	
(c) Total Receipts (from line 19)	\$ 33,120.40	\$ 70,255.39
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 63,169.63	\$ 73,972.95
7. Total Disbursements (from Line 30)	\$ 1,640.82	\$ 12,444.14
9. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 61,528.81	\$ 61,528.81
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 Jay Myerson	Date
Signature of Treasurer 	Oct. 17, 1994

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

Revised 1/1/91

NAME OF COMMITTEE <i>Committee for a Progressive Congress</i>	REPORT COVERING PERIOD	
	FROM: <i>9/1/94</i>	TO: <i>9/30/94</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees:		
i. Itemized (use Schedule A)	11,762.70	27,144.73
ii. Unitemized	1,600.00	2,800.00
iii. Total (add i and ii)	13,362.70	29,944.73
b. Political Party Committees		
c. Other Political Committees (such as PACs)	19,750.00	40,250.00
d. Total Contributions (add a ii, b and c)	33,112.70	70,194.73
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	7.70	60.66
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	33,120.40	70,255.39
20. Total Federal Receipts (subtract line 18 from line 19)	33,120.40	70,255.39
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	1,640.82	11,444.14
c. Total Operating Expenditures (Add a i, a ii, and b)	1,640.82	11,444.14
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c)		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	1,640.82	12,444.14
31. Total Federal Disbursements (subtract line 21 d from line 30)	1,640.82	12,444.14
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	33,112.70	70,194.73
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	33,112.70	70,194.73
35. Total Federal Operating Expenditures (add 21 c i and 21 b)	1,640.82	11,444.14
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	1,640.82	11,444.14

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **4**
FOR LINE NUMBER **11a1**

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)

Committee for a Progressive Congress

FBC ID No. C00196824

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A. Full Name, Mailing Address and ZIP Code Richard A. Abdo 2413 W. Range Line Terr. 99N Mequon, WI 53092		Name of Employer WI Energy Corp.	Date (month, day, year) 9/7/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman	Aggregate Year-To-Date > 250.00	
B. Full Name, Mailing Address and ZIP Code Gary Grunau 307 W. Layton Ave. Milwaukee, WI 53201		Name of Employer Grucon Corp.	Date (month, day, year) 9/9/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date > 1,500.00	
C. Full Name, Mailing Address and ZIP Code William R. Katzman 777 N. Prospect Ave., Unit 701 Milwaukee, WI 53202-4009		Name of Employer Waste Mgmt. Inc.	Date (month, day, year) 9/9/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date > 250.00	
D. Full Name, Mailing Address and ZIP Code Dr. Charles Lescrenier 660 Crescent Ct. Wauwatosa, WI 53213		Name of Employer Gammex, Inc.	Date (month, day, year) 9/9/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-To-Date > 250.00	
E. Full Name, Mailing Address and ZIP Code Karen H. Lescrenier 4848 Morris Ct. Waunakee, WI 53597		Name of Employer Gammex, Inc.	Date (month, day, year) 9/9/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Agent	Aggregate Year-To-Date > 250.00	
F. Full Name, Mailing Address and ZIP Code James L. Sankovitz 1324 W. Wisconsin Avenue Milwaukee, WI 53233		Name of Employer Marquette Univ.	Date (month, day, year) 9/7/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP Govt. Aff.	Aggregate Year-To-Date > 250.00	
G. Full Name, Mailing Address and ZIP Code Michael J. Spector 2114 E. Kensington Blvd. Shorewood, WI 53211		Name of Employer Quarles & Brady	Date (month, day, year) 9/7/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-To-Date > 250.00	

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 4
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Committee for a Progressive Congress

FBC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evan N. Zeppos 2340 Woodberry Ct. Brookfield, WI 53305	Evan Zeppos Public Relations, Inc.	9/9/94	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Aggregate Year-To-Date >= 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel A. Dutko 412 First Street, SE Washington, DC 20003	Dutko & Associates	9/14/94	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman Aggregate Year-To-Date >= 150.00		IN-KIND
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat Mitchell 412 First Street, SE Washington, DC 20003	Dutko & Associates	9/14/94	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-To-Date >= 150.00		IN-KIND
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Myerson 11718 Bowman Green Drive Reston, VA 22090	Law Offices of Jay Myerson	9/30/94	75.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-To-Date >= 450.00		IN-KIND
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew A Athens 400 N Franklin St #215 Chicago, IL 60610	Information Requested	9/29/94	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-To-Date >= 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Varikess M Ballan 1300 Crystal Drive #1505 Arlington, VA 22202	Self	9/29/94	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builder Aggregate Year-To-Date >= 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John R Banks 1304 Elm Tree Lake Forest, IL 60045	Viaicus	9/29/94	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-To-Date >= 250.00		

SUBTOTAL of Receipts This Page (optional)

1,875.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)		FEC ID No.		
Committee for a Progressive Congress		C00196824		
A. Full Name, Mailing Address and ZIP Code H.O. Doumanian M.D. 6451 Arthur Street Merrillville, IN 46410		Name of Employer Self	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physician	Aggregate Year-To-Date >=	250.00
B. Full Name, Mailing Address and ZIP Code Anna Hovnanian 600 Navesink River Road Red Bank, NJ 07701		Name of Employer Information Requested	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date >=	250.00
C. Full Name, Mailing Address and ZIP Code Jirair S. Hovnanian 4290 Church Road Mount Laurel, NJ 08054		Name of Employer JS Hovnanian & Sons Inc.	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Builder	Aggregate Year-To-Date >=	1,000.00
D. Full Name, Mailing Address and ZIP Code Peter Klujian 3831 Russett Ct. Northbrook, IL 60062		Name of Employer Peter Klujian Carpet Co.	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner	Aggregate Year-To-Date >=	500.00
E. Full Name, Mailing Address and ZIP Code Alex Manogogian 32 Winthrop Place Grosse Pointe Farms, MI 48236		Name of Employer Masco Corp	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman	Aggregate Year-To-Date >=	1,000.00
F. Full Name, Mailing Address and ZIP Code Armen Minasian 1244 Chicago Ave. Evanston, IL 60201		Name of Employer Torcom Bros	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Salesman	Aggregate Year-To-Date >=	500.00
G. Full Name, Mailing Address and ZIP Code Armand O. Norehad 240 Birch Street Winnetta, IL 60093		Name of Employer Norehad Investments	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Investment Mngr	Aggregate Year-To-Date >=	1,000.00
SUBTOTAL of Receipts This Page (optional)				4,500.00
TOTAL This Period (last page this line number only)				4,500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Committee for a Progressive Congress

FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louise M Simone 500 Park Avenue Apt #36 New York, NY 10022	None	9/29/94	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation None	Aggregate Year-To-Date >=	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Simon J. Simonian 7616 Laurel Leaf Drive Potomac, MD 20854	Vein Institute	9/29/94	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-To-Date >=	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sarkis Tatosian P.O. Box 6625 Evanston, IL 60204		9/29/94	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retail Management	Aggregate Year-To-Date >=	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rouben Terzian 950 N Michigan Ave Chicago, IL 60611	Breslow Morrison Terzian	9/29/94	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Toy Inventor	Aggregate Year-To-Date >=	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kimme C Weinberg 6 Longmeadow Rd Minnetka, IL 60093	Self	9/29/94	350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist	Aggregate Year-To-Date >=	350.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ara Yeretsian 1841 Fisher Place Munster, IN 46321	Self	9/29/94	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychiatrist	Aggregate Year-To-Date >=	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Earl 1 S Pinckney St, #600 Madison, WI 53703	Quarles & Brady	9/1/94	37.70
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney/Partner	Aggregate Year-To-Date >=	37.70

SUBTOTAL of Receipts This Page (optional)	3,387.70
TOTAL This Period (last page this line number only)	11,762.70

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Committee for a Progressive Congress

FEC ID No. C00196824

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFLAC Incorporated AFLAC Center Columbus, GA 31999 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/7/94	1,000.00
Aggregate Year-To-Date >= 5		1,000.00	
B. Full Name, Mailing Address and ZIP Code American Federation of State, County & Muni. Emp. AFSCME 1625 L Street, NW Washington, DC 20036 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/16/94	5,000.00
Aggregate Year-To-Date >= 6		5,000.00	
C. Full Name, Mailing Address and ZIP Code Blue Cross & Blue Shield United of Wisconsin PAC 401 West Michigan Milwaukee, WI 53201 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/7/94	250.00
Aggregate Year-To-Date >= 1		250.00	
D. Full Name, Mailing Address and ZIP Code CS First Boston PAC 55 East 52nd Street 37th Floor New York, NY 10055 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/14/94	1,000.00
Aggregate Year-To-Date >= 6		1,000.00	
E. Full Name, Mailing Address and ZIP Code Northwestern Mutual Life Federal PAC 720 E. Wisconsin Avenue Milwaukee, WI 53202 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/9/94	500.00
Aggregate Year-To-Date >= 6		1,500.00	
F. Full Name, Mailing Address and ZIP Code Podiatry Political Action Committee 9312 Old Georgetown Road Bethesda, MD 20814-1621 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/13/94	1,000.00
Aggregate Year-To-Date >= 6		1,000.00	
G. Full Name, Mailing Address and ZIP Code Wisconsin Electrical Power PAC 231 W. Michigan Street Milwaukee, WI 53203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/12/94	1,000.00
Aggregate Year-To-Date >= 6		1,500.00	

SUBTOTAL of Receipts This Page (optional)

9,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Committee for a Progressive Congress **FEC ID No. C00196824**

9 2 0 3 7 3 2 : 4 3 3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Communications Workers of America PAC 20525 Center Ridge Rd #700 Cleveland, OH 44116		9/23/94	2,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 0	2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Teachers PAC 555 New Jersey Ave, NW Washington, DC 20001		9/27/94	5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 5	5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DRIVE Political Fund 25 Louisiana Ave., NW Washington, DC 20001		9/29/94	3,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 5	3,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 0	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 0	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 0	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > 0	

SUBTOTAL of Receipts This Page (optional)	10,000.00
TOTAL This Period (last page this line number only)	19,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **17**

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NAME OF COMMITTEE (in Full)

Committee for a Progressive Congress

FEC ID No. **C00196824**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch Ready Assets 1850 K Street, NW Washington, DC 20006	Interest Income	9/30/94	7.70
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq 55.09	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \geq	

SUBTOTAL of Receipts This Page (optional) 7.70

TOTAL This Period (last page this line number only) 7.70

24039323434

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Committee for a Progressive Congress

FEC ID No. C00195824

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fraioli/Jost 555 New Jersey Ave., NW, #201 Washington, DC 20001	Consulting/Postage/Deliv. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/94	127.37
B. Full Name, Mailing Address and ZIP Code Gilbert & Wolfand, P.C. 2201 Wisconsin Avenue, NW Suite 320 Washington, DC 20007	Purpose of Disbursement Accounting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/94	739.25
C. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL	Purpose of Disbursement Hyatt Rgy - Facilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/94	360.00
D. Full Name, Mailing Address and ZIP Code Jay Myerson 11718 Bowman Green Drive Reston, VA 22090	Purpose of Disbursement Office/Admin. Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/94	75.00 IN-KIND
E. Full Name, Mailing Address and ZIP Code Crestar Bank P.O. Box 26150 Richmond, VA 23260	Purpose of Disbursement Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/94	1.50
F. Full Name, Mailing Address and ZIP Code Pat Mitchell 412 First Street, SE Washington, DC 20003	Purpose of Disbursement Catering/Facilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/94	150.00 IN-KIND
G. Full Name, Mailing Address and ZIP Code Daniel A. Dutko 412 First Street, SE Washington, DC 20003	Purpose of Disbursement Catering/Facilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/94	150.00 IN-KIND
H. Full Name, Mailing Address and ZIP Code Anthony Earl 1 S Pinckney St, #600 Madison, WI 53703	Purpose of Disbursement Postage/Copies/Envlps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/94	37.70 IN-KIND
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,640.82
TOTAL This Period (last page this line number only)	1,640.82

10
6
7
8
9
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4
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9
0

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
23		

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NAME OF COMMITTEE (in Field) **Committee for a Progressive Congress** **FEC ID No. C00196824**

94039322425

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fraioli/Jost Inc. 555 New Jersey Ave NW #201 Washington, DC 20001	In-Kind Contrib. Stower for Congress D-WI-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/94	193.19 (MEMO) **
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	193.19 (MEMO)

** This invoice will be paid in October 1994.

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

10-19-94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SLS
PREPARER

10-19-94
DATE PREPARED

94039322427