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(Revised 1/2001)

Image# 202210279546596418 **TIFICATION OF MULTICANDIDATE STATUS**

(See reverse side for instructions)

This form should be filed after the Committee gualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL Progressive PAC			
(b) Number and Street Address			-
777 S. Figueroa St.			2. FEC IDENTIFICATION NUMBER
Ste. 4050			C00798579
(c) City, State and ZIP Code			3. TYPE OF COMMITTEE (check one)
Los Angeles	CA	90017	STATE PARTY

I certify that **one** of the following situations is correct (complete line 4 or 5):

STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) 4. on <u>12/28/2021</u> and simultaneously qualified as a multicandidate committee through its affiliation with:

Blue Momentum PAC Committee Name:

FEC Identification Number: ______C00589309

STATUS BY QUALIFICATION: 5.

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) Contributors: The committee received a contribution from its 51st contributor on:_____.

Local 202-694-1100

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____.
- (d) Qualification: The committee met the above requirements on: ______.

	PRINT NAME O		he best of my knowledge and belief it i SIGNATURE OF TREASURER Hale, Tony, , ,	s true, correct and complete. [Electronically Filed]	DATE 10/27/2022
NOTE: Sub	mission of false,		information may subject the person sin NFORMATION SHOULD BE REPORT		alties of 2 U.S.C. §437g.
		F	or further information contact: ederal Election Commission, Washing oll-free 800-424-9530 ocal 202-694-1100	pton, DC 20463	FEC FORM 1M