

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2nd Office Use Only 8-113

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Mid-Atlantic Progressive Leadership Committee

ADDRESS (number and street)

P.O. Box 19205



Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22320

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00300236

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)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Wesley Smith

Signature of Treasurer

*[Signature]*

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Mid-Atlantic Progressive Leadership Committee

Report Covering the Period:

From:

07 / 01 / 2008

To:

09 / 30 / 2008

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2008

49898

(b) Cash on Hand at  
Beginning of Reporting Period.....

150811

(c) Total Receipts (from Line 19) .....

413500

1315790

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

564311

1365598

7. Total Disbursements (from Line 31) .....

459397

1360684

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

104914

104914

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

-0-

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

-0-



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. 02/2003)

Page 3

Write or Type Committee Name

*Mid-Atlantic Progressive Leadership Committee*

Report Covering the Period:

From:

07 / 01 / 2008

To:

09 / 30 / 2008

## 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 -

700.00

(ii) Unitemized .....

4,135.00

12,457.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4,135.00

13,157.00

(b) Political Party Committees .....

- 0 -

- 0 -

(c) Other Political Committees

(such as PACs).....

- 0 -

- 0 -

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

4,135.00

13,157.00

12. Transfers From Affiliated/Other

Party Committees.....

N/A

N/A

13. All Loans Received .....

- 0 -

- 0 -

14. Loan Repayments Received.....

N/A

N/A

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

- 0 -

- 0 -

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

N/A

N/A

17. Other Federal Receipts

(Dividends, Interest, etc.).....

- 0 -

- 0 -

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

N/A

N/A

(b) Levin Funds (from Schedule H5).....

N/A

N/A

(c) Total Transfers (add 18(a) and 18(b))..

N/A

N/A

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

4,135.00

13,157.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

4,135.00

13,157.00

# **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 .....

N/A

N/A

- (ii) Non-Federal Share.....

N/A

N/A

- (b) Other Federal Operating Expenditures .....

309897

939184

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

309897

939184

22. Transfers to Affiliated/Other Party Committees.....

N/A

N/A

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

-0-

-0-

24. Independent Expenditures (use Schedule E) .....

149500

321500

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

N/A

N/A

26. Loan Repayments Made.....

N/A

N/A

27. Loans Made.....

-0-

-0-

28. Refunds of Contributions To:  
(a) Individuals/Persons Other Than Political Committees .....

-0-

-0-

- (b) Political Party Committees .....

N/A

N/A

- (c) Other Political Committees (such as PACs).....

N/A

N/A

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

-0-

-0-

29. Other Disbursements .....

-0-

-0-

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share .....

N/A

N/A

- (ii) "Levin" Share.....

N/A

N/A

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

N/A

N/A

- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....

N/A

N/A

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

459397

1260684

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

459397

1260684

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) .....	413,500	131,570
34. Total Contribution Refunds (from Line 28(d)) .....	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	413,500	131,570
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	309,897	93,918
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	309,897	93,918

2803988447

**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)

PAGE 1 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

002  
Category/  
Type

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

50.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

001  
Category/  
Type

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

50.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

001  
Category/  
Type

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

180.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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)

PAGE 2 OF 12

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

*Mid-Atlantic Progressive Leadership Committee*

Full Name (Last, First, Middle Initial)

A.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*petty cash*

Candidate Name

*002*

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*07* / *16* / *2008*

Amount of Each Disbursement this Period

*25.00*

B.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*petty cash*

Candidate Name

*002*

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*07* / *18* / *2008*

Amount of Each Disbursement this Period

*100.00*

C.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*lodging reimbursement*

Candidate Name

*001*

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*07* / *21* / *2008*

Amount of Each Disbursement this Period

*170.00*

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

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

28039884449

**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)

PAGE 3 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

party cash

Candidate Name

002

Category/  
Type

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

60.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

001

Category/  
Type

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

155.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

party cash

Candidate Name

002

Category/  
Type

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

25.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

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

28039884450



**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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

60.00

B. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

160.00

C. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

55.00

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

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

28039884451

**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)

PAGE 5 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.

Virginia Employment Commission

Mailing Address

P.O. Box 1358

City

Richmond

State

VA

Zip Code

23218-1358

Purpose of Disbursement

state unemployment

fund payment

Candidate Name

001  
Category/  
Type

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

197

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Smith, Wesley J.

Mailing Address

P.O. Box 13205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

002  
Category/  
Type

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

30.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Smith, Wesley J.

Mailing Address

P.O. Box 14205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

001  
Category/  
Type

Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

195.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

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

28039884452

**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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.

VA Department of Taxation

Mailing Address

P.O. Box 27264

City

Richmond

State

VA

Zip Code

23261-7264

Purpose of Disbursement

State withholding payment

Candidate Name

001

Category/  
Type

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

600

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

per cash

Candidate Name

002

Category/  
Type

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

2500

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

001

Category/  
Type

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

240.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

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

28039884453

**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)

PAGE 7 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

*Mid-Atlantic Progressive Leadership Committee*

Full Name (Last, First, Middle Initial)

A.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*petty cash*

Candidate Name

*001*  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*08* / *19* / *2008*

Amount of Each Disbursement this Period

*25.00*

B.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*petty cash*

Candidate Name

*002*  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*08* / *21* / *2008*

Amount of Each Disbursement this Period

*40.00*

C.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*lodging reimbursement*

Candidate Name

*001*  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*08* / *25* / *2008*

Amount of Each Disbursement this Period

*190.00*

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

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

28039884454

**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)

PAGE 8 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

0.02

Category/  
Type

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

30.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

0.01

Category/  
Type

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

200.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

0.02

Category/  
Type

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

30.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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)

PAGE 9 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

0.01

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

09

08

2008

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

B. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

0.02

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

09

08

2008

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

0.02

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

09

10

2008

Amount of Each Disbursement this Period

50.00

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)

PAGE 0 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

*Mid-Atlantic Progressive Leadership Committee*

Full Name (Last, First, Middle Initial)

A.

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*lodging reimbursement*

Candidate Name

*001*

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*09* / *15* / *2008*

Amount of Each Disbursement this Period

*190.00*

B.

Full Name (Last, First, Middle Initial)

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*petty cash*

Candidate Name

*002*

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*09* / *15* / *2008*

Amount of Each Disbursement this Period

*45.00*

C.

Full Name (Last, First, Middle Initial)

*Smith, Wesley J.*

Mailing Address

*P.O. Box 19205*

City

*Alexandria*

State

*VA*

Zip Code

*22320*

Purpose of Disbursement

*petty cash*

Candidate Name

*002*

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

*09* / *18* / *2008*

Amount of Each Disbursement this Period

*25.00*

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)

PAGE 11 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.

Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

601

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

175.00

B.

Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

40.00

C.

Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

lodging reimbursement

Candidate Name

602

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

170.00

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)

PAGE 20F 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A.

Smith, Wesley J.

Mailing Address

P.O. Box 19205

City

Alexandria

State

VA

Zip Code

22320

Purpose of Disbursement

petty cash

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

60.40

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

3077.97



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

PAGE **2** OF **3**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Mid-Atlantic Progressive Leadership Committee</i>	FEC IDENTIFICATION NUMBER ▼ <b>C00300236</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Smith, Wesley J.</i>			Date <b>08 / 12 / 2008</b>	
Mailing Address <i>P.O. Box 19205</i>			Amount <b>460.00</b>	
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22320</i>		
Purpose of Expenditure <i>salary for organizing student absentee ballot program at Virginia universities</i>		Category/Type <b>007</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Barack Obama</i>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2705.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Smith, Wesley J.</i>			Date <b>08 / 27 / 2008</b>	
Mailing Address <i>P.O. Box 19205</i>			Amount <b>40.00</b>	
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22320</i>		
Purpose of Expenditure <i>salary for organizing student absentee ballot program at schools nationwide</i>		Category/Type <b>007</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Barack Obama</i>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2745.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>0.00</b>

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 \_\_\_\_\_

Date

**08 / 27 / 2008**

28039884461

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

PAGE 3 OF 3  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Mid-Atlantic Progressive Leadership Committee</i>		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C 0 0 3 . 0 0 . 2 3 . 6</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee <i>Smith, Wesley J.</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 17 / 2008</div>	
Mailing Address <i>P.O. Box 19205</i>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">420.00</div>	
City State Zip Code <i>Alexandria VA 22320</i>			
Purpose of Expenditure <i>salary for organizing student absentee program at Virginia Universities</i>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Barack Obama</i>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3165.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Smith, Wesley J.</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 22 / 2008</div>	
Mailing Address <i>P.O. Box 19205</i>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City State Zip Code <i>Alexandria VA 22320</i>			
Purpose of Expenditure <i>salary for organizing student absentee program at schools in D.C.</i>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Barack Obama</i>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3215.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1495.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">-0-</div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1495.00</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.


Signature

Date 

MM / DD / YYYY  
10 / 15 / 2008

28039884452

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/15/08</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>10/22/08</i> DATE PREPARED

(3/2005)

28039884463