

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street)

1904 FRANKLIN STREET

SUITE 725

Check if different than previously reported. (ACC)

OAKLAND

CA

94612

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492595

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY 07 / 01 / 2017

through

MM / DD / YYYY 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

GROSSMAN, JOSHUA, , ,

Type or Print Name of Treasurer

Signature of Treasurer

GROSSMAN, JOSHUA, , ,

[Electronically Filed]

Date

MM / DD / YYYY 01 / 16 / 2018

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

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

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="2017"/>	<input type="text"/>	<input type="text" value="288314.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="274418.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1916.53"/>	<input type="text" value="73751.96"/>
(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="276334.77"/>	<input type="text" value="362066.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46946.14"/>	<input type="text" value="132677.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="229388.63"/>	<input type="text" value="229388.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="11000.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Report Covering the Period: From: 07 / 01 / 2017 To: 12 / 31 / 2017

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	55000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	55000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	55000.00
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).....	1910.43	18698.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.10	53.69
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)).....▶	1916.53	73751.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1916.53	73751.96

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	37946.14	121677.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	37946.14	121677.62
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9000.00	11000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46946.14	132677.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46946.14	132677.62

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)	0.00	55000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	55000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	37946.14	121677.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1910.43	18698.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36035.71	102979.35

**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 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
California Employment Development Department

Mailing Address PO Box 826880

City Sacramento	State CA	Zip Code 94280
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA15.7696

Amount of Each Receipt this Period

Memo Item
 Tax Refund

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1832.84"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="1832.84"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. AmCheck		Date of Disbursement MM / DD / YYYY 07 / 15 / 2017	
Mailing Address 110 West A Street		FEC Identification Number C [] Transaction ID : SB21B.7692 Amount of Each Disbursement this Period [] 33.38	
City San Diego	State CA	Zip Code 92101	Category/ Type []
Purpose of Disbursement Payroll Service Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. AmCheck		Date of Disbursement MM / DD / YYYY 07 / 15 / 2017	
Mailing Address 110 West A Street		FEC Identification Number C [] Transaction ID : SB21B.7693 Amount of Each Disbursement this Period [] 775.02	
City San Diego	State CA	Zip Code 92101	Category/ Type []
Purpose of Disbursement Payroll Taxes		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. AmCheck		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 110 West A Street		FEC Identification Number C [] Transaction ID : SB21B.7762 Amount of Each Disbursement this Period [] 33.38	
City San Diego	State CA	Zip Code 92101	Category/ Type []
Purpose of Disbursement Payroll Service Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 841.78
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7763

Amount of Each Disbursement this Period: 701.46

Memo Item

B. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7774

Amount of Each Disbursement this Period: 132.93

Memo Item

C. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7777

Amount of Each Disbursement this Period: 33.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 867.77

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. AmCheck		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 110 West A Street		FEC Identification Number C [] Transaction ID : SB21B.7778 Amount of Each Disbursement this Period [] 732.02	
City San Diego	State CA	Zip Code 92101	Category/ Type []
Purpose of Disbursement Payroll Taxes		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			
Full Name (Last, First, Middle Initial) B. AmCheck		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 110 West A Street		FEC Identification Number C [] Transaction ID : SB21B.7790 Amount of Each Disbursement this Period [] 33.38	
City San Diego	State CA	Zip Code 92101	Category/ Type []
Purpose of Disbursement Payroll Service Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			
Full Name (Last, First, Middle Initial) C. AmCheck		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 110 West A Street		FEC Identification Number C [] Transaction ID : SB21B.7791 Amount of Each Disbursement this Period [] 720.14	
City San Diego	State CA	Zip Code 92101	Category/ Type []
Purpose of Disbursement Payroll Taxes		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 1485.54	
TOTAL This Period (last page this line number only)..... ▶		[]	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7812

Amount of Each Disbursement this Period: 33.38

Memo Item

B. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7813

Amount of Each Disbursement this Period: 788.16

Memo Item

C. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7837

Amount of Each Disbursement this Period: 33.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 854.92

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. AmCheck			Date of Disbursement MM / DD / YYYY 09 / 30 / 2017		
Mailing Address 110 West A Street			FEC Identification Number C		
City San Diego	State CA	Zip Code 92101	Transaction ID : SB21B.7838 Amount of Each Disbursement this Period 676.88		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
Full Name (Last, First, Middle Initial) B. AmCheck			Date of Disbursement MM / DD / YYYY 10 / 15 / 2017		
Mailing Address 110 West A Street			FEC Identification Number C		
City San Diego	State CA	Zip Code 92101	Transaction ID : SB21B.7841 Amount of Each Disbursement this Period 31.38		
Purpose of Disbursement Payroll Service Fee		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
Full Name (Last, First, Middle Initial) C. AmCheck			Date of Disbursement MM / DD / YYYY 10 / 15 / 2017		
Mailing Address 110 West A Street			FEC Identification Number C		
City San Diego	State CA	Zip Code 92101	Transaction ID : SB21B.7842 Amount of Each Disbursement this Period 80.87		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			789.13		
TOTAL This Period (last page this line number only)..... ▶			[Empty Box]		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7851

Amount of Each Disbursement this Period: 48.88

Memo Item

B. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7852

Amount of Each Disbursement this Period: 237.60

Memo Item

C. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7868

Amount of Each Disbursement this Period: 31.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 317.86

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7869

Amount of Each Disbursement this Period: 217.91

Memo Item

B. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7893

Amount of Each Disbursement this Period: 31.38

Memo Item

C. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7894

Amount of Each Disbursement this Period: 223.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 472.58

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7908

Amount of Each Disbursement this Period: 31.38

Memo Item

B. AmCheck

Full Name (Last, First, Middle Initial)

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7909

Amount of Each Disbursement this Period: 141.23

Memo Item

C. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7764

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 197.61

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7768

Amount of Each Disbursement this Period: 155.20

Memo Item

B. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7805

Amount of Each Disbursement this Period: 155.20

Memo Item

C. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7806

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 335.40

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C

Transaction ID : SB21B.7809

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2017

FEC Identification Number

C

Transaction ID : SB21B.7831

Amount of Each Disbursement this Period

155.20

Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2017

FEC Identification Number

C

Transaction ID : SB21B.7832

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

205.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7848

Amount of Each Disbursement this Period: 165.20

Memo Item

B. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7849

Amount of Each Disbursement this Period: 25.00

Memo Item

C. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7885

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 215.20

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address PO Box 5025		FEC Identification Number C [] Transaction ID : SB21B.7886 Amount of Each Disbursement this Period [] 156.20
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Phones	Category/ Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017
Mailing Address PO Box 5025		FEC Identification Number C [] Transaction ID : SB21B.7911 Amount of Each Disbursement this Period [] 25.00
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Phones	Category/ Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [] Transaction ID : SB21B.7766 Amount of Each Disbursement this Period [] 290.00
City Santa Rosa	State CA	Zip Code 95403
Purpose of Disbursement Strategic Consulting	Category/ Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 471.20
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [REDACTED]	
City Santa Rosa	State CA	Zip Code 95403	Transaction ID : SB21B.7767
Purpose of Disbursement Strategic Consulting		Category/ Type	Amount of Each Disbursement this Period 965.00
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [REDACTED]	
City Santa Rosa	State CA	Zip Code 95403	Transaction ID : SB21B.7792
Purpose of Disbursement Strategic Consulting		Category/ Type	Amount of Each Disbursement this Period 1185.60
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [REDACTED]	
City Santa Rosa	State CA	Zip Code 95403	Transaction ID : SB21B.7793
Purpose of Disbursement Strategic Consulting		Category/ Type	Amount of Each Disbursement this Period 1174.20
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3324.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [] Transaction ID : SB21B.7829 Amount of Each Disbursement this Period [] 114.00	
City Santa Rosa	State CA	Zip Code 95403	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [] Transaction ID : SB21B.7830 Amount of Each Disbursement this Period [] 188.10	
City Santa Rosa	State CA	Zip Code 95403	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [] Transaction ID : SB21B.7862 Amount of Each Disbursement this Period [] 495.90	
City Santa Rosa	State CA	Zip Code 95403	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 798.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7873	
City Santa Rosa	State CA	Zip Code 95403	Amount of Each Disbursement this Period [REDACTED] 319.20
Purpose of Disbursement Strategic Consulting		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 2191 Zinfandel Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7887	
City Santa Rosa	State CA	Zip Code 95403	Amount of Each Disbursement this Period [REDACTED] 108.30
Purpose of Disbursement Strategic Consulting		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. GROSSMAN, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 07 / 15 / 2017	
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7690	
City OAKLAND	State CA	Zip Code 94612	Amount of Each Disbursement this Period [REDACTED] 1356.38
Purpose of Disbursement Payroll		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1783.88
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. GROSSMAN, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7760 Amount of Each Disbursement this Period [REDACTED] 1356.38
City OAKLAND	State CA	Zip Code 94612
Purpose of Disbursement Payroll		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GROSSMAN, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7775 Amount of Each Disbursement this Period [REDACTED] 1356.38
City OAKLAND	State CA	Zip Code 94612
Purpose of Disbursement Payroll		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GROSSMAN, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7788 Amount of Each Disbursement this Period [REDACTED] 1356.38
City OAKLAND	State CA	Zip Code 94612
Purpose of Disbursement Payroll		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 4069.14
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. GROSSMAN, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7810 Amount of Each Disbursement this Period 1421.23
City OAKLAND	State CA	Zip Code 94612
Purpose of Disbursement Payroll	Category/Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GROSSMAN, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 09 / 30 / 2017
Mailing Address 1904 FRANKLIN STREET SUITE 725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7835 Amount of Each Disbursement this Period 1421.23
City OAKLAND	State CA	Zip Code 94612
Purpose of Disbursement Payroll	Category/Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LCB Associates		Date of Disbursement MM / DD / YYYY 07 / 01 / 2017
Mailing Address 388 17th St. Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7682 Amount of Each Disbursement this Period 504.50
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Rent	Category/Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3346.96
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. LCB Associates		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address 388 17th St. Suite 200		FEC Identification Number C [] Transaction ID : SB21B.7772 Amount of Each Disbursement this Period [] 504.50
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Rent		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LCB Associates		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017
Mailing Address 388 17th St. Suite 200		FEC Identification Number C [] Transaction ID : SB21B.7803 Amount of Each Disbursement this Period [] 504.50
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Rent		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LCB Associates		Date of Disbursement MM / DD / YYYY 10 / 01 / 2017
Mailing Address 388 17th St. Suite 200		FEC Identification Number C [] Transaction ID : SB21B.7839 Amount of Each Disbursement this Period [] 504.50
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Rent		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1513.50
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. LCB Associates

Full Name (Last, First, Middle Initial)

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7863

Amount of Each Disbursement this Period: 504.50

Memo Item

B. LCB Associates

Full Name (Last, First, Middle Initial)

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7888

Amount of Each Disbursement this Period: 504.50

Memo Item

C. Progressive Punch

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7700

Amount of Each Disbursement this Period: 1192.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2201.40

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Insurance

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7700.1
Amount of Each Disbursement this Period
492.62

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon Hosting

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Weg Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7700.1
Amount of Each Disbursement this Period
326.63

Memo Item

Full Name (Last, First, Middle Initial)

C. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7700.
Amount of Each Disbursement this Period
83.48

Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Amazon Hosting		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 410 Terry Ave North		FEC Identification Number C [] Transaction ID : SB21B.7794. Amount of Each Disbursement this Period [] 351.68
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Weg Hosting	Category/ Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. New York Times		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 620 8th Avenue		FEC Identification Number C [] Transaction ID : SB21B.7794.2 Amount of Each Disbursement this Period [] 75.13
City New York	State NY	Zip Code 10018
Purpose of Disbursement Subscription	Category/ Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address PO Box 660108		FEC Identification Number C [] Transaction ID : SB21B.7794. Amount of Each Disbursement this Period [] 98.22
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Phones	Category/ Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	[] 0.00
TOTAL This Period (last page this line number only)..... ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Progressive Punch		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7819 Amount of Each Disbursement this Period [] 1081.85
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kaiser Foundation Health Insurance		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address File 5915		FEC Identification Number C [] Transaction ID : SB21B.7819.c Amount of Each Disbursement this Period [] 492.62
City Los Angeles	State CA	Zip Code 90074
Purpose of Disbursement Insurance		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon Hosting		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 410 Terry Ave North		FEC Identification Number C [] Transaction ID : SB21B.7819. Amount of Each Disbursement this Period [] 357.26
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Weg Hosting		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1081.85
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7819.1
Amount of Each Disbursement this Period
75.13

Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7819.5
Amount of Each Disbursement this Period
98.22

Memo Item

Full Name (Last, First, Middle Initial)

C. AMS Liability Insurance

Mailing Address 442 W. Kortsen Rd #204

City Casa Grande State AZ Zip Code 85222

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7819.
Amount of Each Disbursement this Period
30.78

Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Progressive Punch		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7853 Amount of Each Disbursement this Period [] 1085.31
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kaiser Foundation Health Insurance		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address File 5915		FEC Identification Number C [] Transaction ID : SB21B.7853.c Amount of Each Disbursement this Period [] 492.62
City Los Angeles	State CA	Zip Code 90074
Purpose of Disbursement Insurance		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon Hosting		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 410 Terry Ave North		FEC Identification Number C [] Transaction ID : SB21B.7853. Amount of Each Disbursement this Period [] 345.30
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Weg Hosting		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1085.31
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. New York Times		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 620 8th Avenue		FEC Identification Number C [] Transaction ID : SB21B.7853.1 Amount of Each Disbursement this Period [] 75.13
City New York	State NY	Zip Code 10018
Purpose of Disbursement Subscription		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. highrise		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 30 North Racine Avenue		FEC Identification Number C [] Transaction ID : SB21B.7853.3 Amount of Each Disbursement this Period [] 21.60
City Chicago	State IL	Zip Code 60607
Purpose of Disbursement Software		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address PO Box 660108		FEC Identification Number C [] Transaction ID : SB21B.7853. Amount of Each Disbursement this Period [] 98.22
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Phones		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. AMS Liability Insurance

Full Name (Last, First, Middle Initial)
Mailing Address 442 W. Kortsen Rd #204

City Casa Grande State AZ Zip Code 85222

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C
Transaction ID : SB21B.7853.f
Amount of Each Disbursement this Period: 30.78

Memo Item

B. Progressive Punch

Full Name (Last, First, Middle Initial)
Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C
Transaction ID : SB21B.7875
Amount of Each Disbursement this Period: 1061.72

Memo Item

C. Kaiser Foundation Health Insurance

Full Name (Last, First, Middle Initial)
Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C
Transaction ID : SB21B.7875.
Amount of Each Disbursement this Period: 492.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1061.72

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Amazon Hosting		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 410 Terry Ave North		FEC Identification Number C [] Transaction ID : SB21B.7875. Amount of Each Disbursement this Period [] 337.15	
City Seattle	State WA	Zip Code 98109	Category/ Type []
Purpose of Disbursement Weg Hosting			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. New York Times		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 620 8th Avenue		FEC Identification Number C [] Transaction ID : SB21B.7875.2 Amount of Each Disbursement this Period [] 75.13	
City New York	State NY	Zip Code 10018	Category/ Type []
Purpose of Disbursement Subscription			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. highrise		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 30 North Racine Avenue		FEC Identification Number C [] Transaction ID : SB21B.7875. Amount of Each Disbursement this Period [] 21.60	
City Chicago	State IL	Zip Code 60607	Category/ Type []
Purpose of Disbursement Software			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address PO Box 660108		FEC Identification Number C [] Transaction ID : SB21B.7875.! Amount of Each Disbursement this Period [] 98.25 []
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Phones	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. AMS Liability Insurance		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address 442 W. Kortsen Rd #204		FEC Identification Number C [] Transaction ID : SB21B.7875.€ Amount of Each Disbursement this Period [] 30.72 []
City Casa Grande	State AZ	Zip Code 85222
Purpose of Disbursement Insurance	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Progressive Punch		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7898 Amount of Each Disbursement this Period [] 1076.15 []
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Reimbursement	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="checkbox"/> Memo Item

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

1076.15

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Kaiser Foundation Health Insurance

Full Name (Last, First, Middle Initial)

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7898.1

Amount of Each Disbursement this Period: 492.62

Memo Item

B. Amazon Hosting

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Weg Hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7898.1

Amount of Each Disbursement this Period: 326.63

Memo Item

C. New York Times

Full Name (Last, First, Middle Initial)

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7898.1

Amount of Each Disbursement this Period: 75.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. highrise

Full Name (Last, First, Middle Initial)

Mailing Address 30 North Racine Avenue

City Chicago State IL Zip Code 60607

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7898.:

Amount of Each Disbursement this Period: 21.60

Memo Item

B. Verizon Wireless

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7898.5

Amount of Each Disbursement this Period: 98.25

Memo Item

C. AMS Liability Insurance

Full Name (Last, First, Middle Initial)

Mailing Address 442 W. Kortsen Rd #204

City Casa Grande State AZ Zip Code 85222

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7898.

Amount of Each Disbursement this Period: 31.35

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [] Transaction ID : SB21B.7770 Amount of Each Disbursement this Period [] 1217.50
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. State Compensation Insurance Fund		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address PO Box 748170		FEC Identification Number C [] Transaction ID : SB21B.7771 Amount of Each Disbursement this Period [] 128.75
City Los Angeles	State CA	Zip Code 90074
Purpose of Disbursement Insurance		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. State Compensation Insurance Fund		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017
Mailing Address PO Box 748170		FEC Identification Number C [] Transaction ID : SB21B.7843 Amount of Each Disbursement this Period [] 128.75
City Los Angeles	State CA	Zip Code 90074
Purpose of Disbursement Insurance		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1475.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Stewart, Leslie, , ,			Date of Disbursement MM / DD / YYYY 07 / 15 / 2017		
Mailing Address 1904 Franklin Street					
City Oakland		State CA	Zip Code 94612		
Purpose of Disbursement Payroll				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C
Transaction ID : SB21B.7691
Amount of Each Disbursement this Period
729.69

Full Name (Last, First, Middle Initial) B. Stewart, Leslie, , ,			Date of Disbursement MM / DD / YYYY 07 / 31 / 2017		
Mailing Address 1904 Franklin Street					
City Oakland		State CA	Zip Code 94612		
Purpose of Disbursement Payroll				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C
Transaction ID : SB21B.7761
Amount of Each Disbursement this Period
559.56

Full Name (Last, First, Middle Initial) C. Stewart, Leslie, , ,			Date of Disbursement MM / DD / YYYY 08 / 15 / 2017		
Mailing Address 1904 Franklin Street					
City Oakland		State CA	Zip Code 94612		
Purpose of Disbursement Payroll				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C
Transaction ID : SB21B.7776
Amount of Each Disbursement this Period
630.34

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

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

1919.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7789 Amount of Each Disbursement this Period [REDACTED] 602.70	
City Oakland	State CA	Zip Code 94612	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7811 Amount of Each Disbursement this Period [REDACTED] 681.92	
City Oakland	State CA	Zip Code 94612	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 09 / 30 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7836 Amount of Each Disbursement this Period [REDACTED] 437.96	
City Oakland	State CA	Zip Code 94612	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1722.58
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 10 / 15 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7840 Amount of Each Disbursement this Period [] 303.98	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) B. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7850 Amount of Each Disbursement this Period [] 686.04	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) C. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7867 Amount of Each Disbursement this Period [] 640.59	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1630.61
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7892 Amount of Each Disbursement this Period [] 652.98	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.7907 Amount of Each Disbursement this Period [] 472.00	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1124.98
TOTAL This Period (last page this line number only).....▶	[] 37465.29

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Progressive Punch		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB29.7685 Amount of Each Disbursement this Period [] 500.00	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Loan		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Progressive Punch		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB29.7807 Amount of Each Disbursement this Period [] 1500.00	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Loan		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Progressive Punch		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB29.7817 Amount of Each Disbursement this Period [] 4000.00	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Loan		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6000.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Progressive Punch		Date of Disbursement MM / DD / YYYY 11 / 10 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB29.7864 Amount of Each Disbursement this Period [] 500.00	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Loan		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Progressive Punch		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB29.7889 Amount of Each Disbursement this Period [] 2500.00	
City Oakland	State CA	Zip Code 94612	Category/ Type []
Purpose of Disbursement Loan		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3000.00
TOTAL This Period (last page this line number only).....▶	[] 9000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 45
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Punch			Nature of Debt (Purpose): Loan
Mailing Address 1904 Franklin Street			
City Oakland	State CA	Zip Code 94612	

Outstanding Balance Beginning This Period		Transaction ID : SD9.7683	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9000.00	0.00	11000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	11000.00
2) TOTALS This Period (last page this line number only)..... ▶	11000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	11000.00