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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines

13784MS

PROGRESSIVE PATRIOT PAC

ADDRESS (number and street)

P.O. BOX 625008

(Check if address
is changed)

MURKETTOWN ME 05356-0208

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6081-1731-1048

2. DATE

12/21/2005

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Cole F. Layton (Assistant Treasurer)

Signature of Treasurer

Date

12/21/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-696-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation: _____ Office Sought: House Senate President State: _____ District: _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Progressive Patriot PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name KIDLE, F. LEVISTRA

Mailing Address 12998 MICKELSON PKWY #204
FITCHBURG MA 01371

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 608-658-6513

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer WALTER HAMMILL

Mailing Address 12998 MICKELSON PKWY
FITCHBURG MA 01371

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent KIDLE, F. LEVISTRA

Mailing Address 12998 MICKELSON PKWY #204
FITCHBURG MA 01371

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 608-658-6513

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PARK BANK

Mailing Address

PO BOX 18969

INDIANAPOLIS IN 46370-0189

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

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<input type="checkbox"/> No Postmark	Shipping Date
<input type="checkbox"/> Overnight Delivery Service (Specify):	Date of Receipt
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<i>JM10</i> PREPARER (5/2004)	<i>1/28/05</i> DATE PREPARED