

**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

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

ADDRESS (number and street)

PO BOX 96308

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20077

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00549386

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer KIM HOOVER

Signature of Treasurer

KIM HOOVER

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">202.12</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">112.12</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5360.00</span>	<span style="border: 1px solid black; padding: 2px;">14133.93</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">5472.12</span>	<span style="border: 1px solid black; padding: 2px;">14336.05</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">5348.00</span>	<span style="border: 1px solid black; padding: 2px;">14211.93</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">124.12</span>	<span style="border: 1px solid black; padding: 2px;">124.12</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">8049.11</span>	



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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2014

To:

M M / D D / Y Y Y Y  
09 30 2014
**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).....

5210.00

13983.93

(ii) Unitemized .....

150.00

150.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5360.00

14133.93

(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) ..... ▶

5360.00

14133.93

## 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).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

0.00

0.00

## 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))..... ▶

5360.00

14133.93

## 20. Total Federal Receipts

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

5360.00

14133.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	48.00	138.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	48.00	138.00
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) .....	5300.00	14073.93
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	5348.00	14211.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5348.00	14211.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5360.00	14133.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5360.00	14133.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	48.00	138.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	48.00	138.00

# **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 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**COMMITTEE TO ELECT A PROGRESSIVE CONGRESS**

Full Name (Last, First, Middle Initial)

**A. James Bennett**

Mailing Address 5353 N Magnolia Ave

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lambda Legal

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2014

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Raymond Crossman**

Mailing Address 728 W Jackson  
Apt 103

City State Zip Code  
Chicago IL 60661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adler School of Professional P

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2014

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gay & Lesbian Victory Fund**

Mailing Address 1133 15th Street  
Suite 350

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10773.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2014

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

2000.00

In-Kind - Debt Payment

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2500.00

# **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 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT A PROGRESSIVE CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Gay & Lesbian Victory Fund**

Mailing Address 1133 15th Street  
Suite 350

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11773.93

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2014

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

1000.00

In-Kind - Debt Payment

Full Name (Last, First, Middle Initial)

## **B. Jay Porter**

Mailing Address 850 N Lake Shore Dr.

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Edelman Chicago

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Brad Suster**

Mailing Address 2115 W. Evergreen

City State Zip Code  
Chicago IL 60626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Luxe Properties

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2014

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period

460.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2460.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 11  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT A PROGRESSIVE CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Thomas Tunney**

Mailing Address 925 West Belmont Avenue

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

City of Chicago

Alderman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 08 2014

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00

5210.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 11

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT A PROGRESSIVE CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AMM Political**Nature of Debt (Purpose):  
Phones

Mailing Address 507 N Sylvania

City State

Zip Code

Fort Worth

TX

76111

Outstanding Balance Beginning This Period

13349.11

Transaction ID : SD10.4135

Amount Incurred This Period

0.00

Payment This Period

5300.00

Outstanding Balance at Close of This Period

8049.11

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)..... ►

8049.11

2) **TOTALS** This Period (last page this line number only)..... ►

8049.11

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) ►

8049.11

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 11  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>COMMITTEE TO ELECT A PROGRESSIVE CONGRESS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00549386	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>AMM Political</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>10</b> / <b>11</b> / <b>2013</b>	
Mailing Address <b>507 N Sylvania</b>			Amount <span style="border:1px solid black; padding:2px;">1413.20</span>	
City <b>Fort Worth</b>	State <b>TX</b>	Zip Code <b>76111</b>	Transaction ID : <b>SE.4183</b>	
Purpose of Expenditure <b>Phones</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>07</b> / <b>25</b> / <b>2014</b>	
Name of Federal Candidate <b>CARL M JR SCIORTINO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">10187.13</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>		
Full Name of Payee <b>AMM Political</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>10</b> / <b>14</b> / <b>2013</b>	
Mailing Address <b>507 N Sylvania</b>			Amount <span style="border:1px solid black; padding:2px;">586.80</span>	
City <b>Fort Worth</b>	State <b>TX</b>	Zip Code <b>76111</b>	Transaction ID : <b>SE.4184</b>	
Purpose of Expenditure <b>Phones</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>07</b> / <b>25</b> / <b>2014</b>	
Name of Federal Candidate <b>CARL M JR SCIORTINO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">10773.93</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">2000.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>KIM HOOVER</b>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>10</b> / <b>08</b> / <b>2014</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 11 OF 11  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>COMMITTEE TO ELECT A PROGRESSIVE CONGRESS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00549386	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>AMM Political</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10 / 14 / 2013</span>	
Mailing Address <b>507 N Sylvania</b>			Amount <span style="border:1px solid black; padding:2px;">1000.00</span>	
City <b>Fort Worth</b>		State <b>TX</b>	Zip Code <b>76111</b>	
Purpose of Expenditure <b>Phones</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.4205</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 11 / 2014</span>	
Name of Federal Candidate <b>CARL M JR SCIORTINO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">11773.93</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>		
Full Name of Payee <b>AMM Political</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10 / 14 / 2013</span>	
Mailing Address <b>507 N Sylvania</b>			Amount <span style="border:1px solid black; padding:2px;">2300.00</span>	
City <b>Fort Worth</b>		State <b>TX</b>	Zip Code <b>76111</b>	
Purpose of Expenditure <b>Phones</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.4206</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 11 / 2014</span>	
Name of Federal Candidate <b>CARL M JR SCIORTINO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">14073.93</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">3300.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">5300.00</span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>KIM HOOVER</b>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">10 / 08 / 2014</span>