

# FEC FORM 3X

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

RECEIVED  
FEC MAIL CENTER  
2018 APR 24 AM 9:27  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 257

Check if different than previously reported. (ACC) WALTERBORO SC 29489

2. FEC IDENTIFICATION NUMBER ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

C00528664

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on: MMM / DDD / YYYYYY in the State of   

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--


Election on: MMM / DDD / YYYYYY in the State of   

5. Covering Period MM DD YYYY through MM DD YYYY

01 30 2018 through 03 31 2018

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 BRIDGET L. MURRAY

Signature of Treasurer  Date MM DD YYYY

04 10 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.

20180424000000000000

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

01 / 30 / 2018

To:

3 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0000	0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19) .....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0000	0000
7. Total Disbursements (from Line 31).....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0000	



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

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

20180331 14:08:00

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **01** / **30** / **2018** To: **03** / **31** / **2018**

**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).....

0000

0000

(ii) Unitemized .....

0000

0000

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0000

0000

(b) Political Party Committees .....

0000

0000

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

0000

0000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....

0000

0000

12. Transfers From Affiliated/Other Party Committees.....

0000

0000

13. All Loans Received.....

0000

0000

14. Loan Repayments Received.....

0000

0000

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0000

0000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0000

0000

17. Other Federal Receipts (Dividends, Interest, etc.).....

0000

0000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0000

0000

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

0000

0000

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

0000

0000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0000

0000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0000

0000

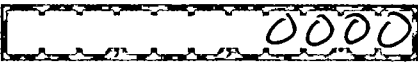
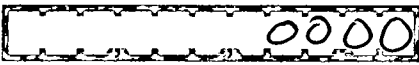


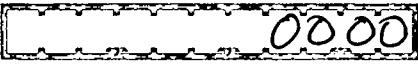
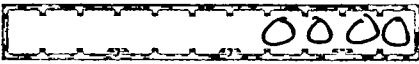
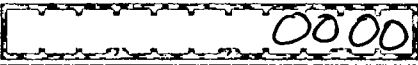

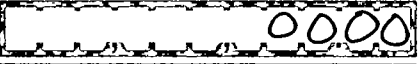
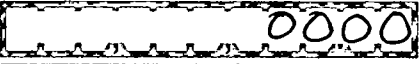

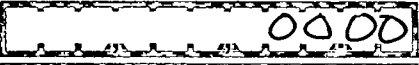
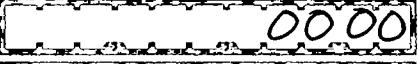
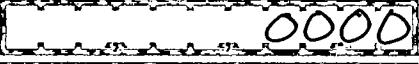
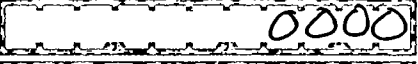

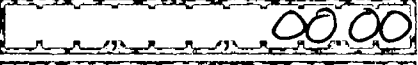




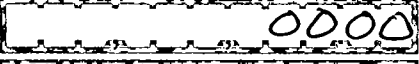


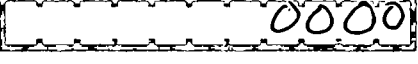
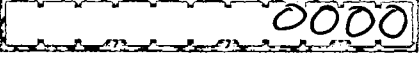
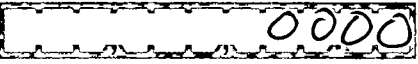


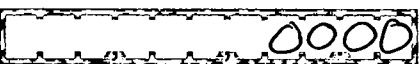
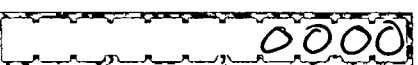
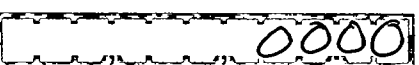
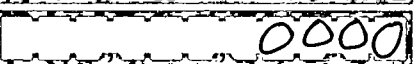

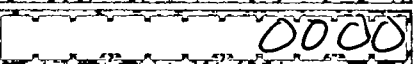




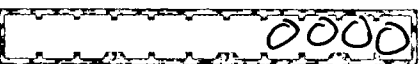
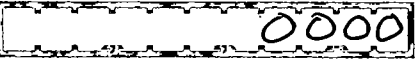
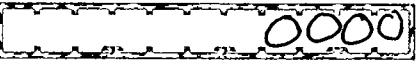
UNRECORDED COPY - NO ACTION

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

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000

20180424 01:00:00

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**A.** 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. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

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. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

20180124 10:41:00 AM

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<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 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)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

0000

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20160508 10:20:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period




**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:








% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

 0000

**TOTALS** This Period (last page in this line only)..... ▶

 0000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NOTICE OF NATI ONAL CONVENTION



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C 00528661</b>
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:  
 Date account established: Address:  
 City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	

2018-01-24 10:00:00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. 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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="0000"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text" value="0000"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text" value="0000"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value="0000"/>

14-00000-1

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

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>00528661</b>
---	--

Check if  24-hour report  48-hour report } New report  Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 0000
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/> 0000
(a) TOTAL Independent Expenditures .....	<input type="text"/> 0000

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.

*Bridget Murray*  
Signature

Date  04 /  10 /  2018

20180410 14:24:00

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address						Category/Type
City		State	Zip Code		Date	<input type="text"/>
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount	<input type="text"/>
			Senate	District: _____		
			Presidential			
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address						Category/Type
City		State	Zip Code		Date	<input type="text"/>
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount	<input type="text"/>
			Senate	District: _____		
			Presidential			
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address						Category/Type
City		State	Zip Code		Date	<input type="text"/>
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount	<input type="text"/>
			Senate	District: _____		
			Presidential			
Aggregate General Election Expenditure for this Candidate ▶						

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	<input type="text" value="0000"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="0000"/>

2018-04-24 PM 08:00

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

2018-01-24 10:00:00

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

2018-04-24 09:00:00

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;"> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> </div>

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....	<div style="border: 1px solid black; padding: 2px;"> </div>
ii) Generic Voter Drive .....	<div style="border: 1px solid black; padding: 2px;"> </div>
iii) Exempt Activities .....	<div style="border: 1px solid black; padding: 2px;"> </div>
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	<div style="border: 1px solid black; padding: 2px;"> </div>
b) _____	<div style="border: 1px solid black; padding: 2px;"> </div>
c) Total Amount Transferred For Direct Fundraising .....	<div style="border: 1px solid black; padding: 2px;"> </div>
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	<div style="border: 1px solid black; padding: 2px;"> </div>
b) _____	<div style="border: 1px solid black; padding: 2px;"> </div>
c) Total Amount Transferred For Direct Candidate Support .....	<div style="border: 1px solid black; padding: 2px;"> </div>
vi) Public Communications Referring Only to Party (Made by PAC) .....	<div style="border: 1px solid black; padding: 2px;"> </div>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>
TOTAL This Period (Generic Voter Drive) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>
TOTAL This Period (Exempt Activities) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>
TOTAL This Period (Direct Fundraising) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>
TOTAL This Period (Direct Candidate Support) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>
TOTAL This Period (Public Communications Referring Only to Party) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>
TOTAL This Period (Total Amount Transferred) .....	<div style="border: 1px solid black; padding: 2px;">0000</div>

20160501 10:40:00 AM

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
URBAN PROGRESS POLITICAL ACTION COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_  
 Date:  M M /  D D /  Y Y Y Y

**FEDERAL SHARE** + **NONFEDERAL SHARE** = **TOTAL AMOUNT**  
 \_\_\_\_\_ +  \_\_\_\_\_ =  \_\_\_\_\_

**B. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_  
 Date:  M M /  D D /  Y Y Y Y

**FEDERAL SHARE** + **NONFEDERAL SHARE** = **TOTAL AMOUNT**  
 \_\_\_\_\_ +  \_\_\_\_\_ =  \_\_\_\_\_

**C. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_  
 Date:  M M /  D D /  Y Y Y Y

**FEDERAL SHARE** + **NONFEDERAL SHARE** = **TOTAL AMOUNT**  
 \_\_\_\_\_ +  \_\_\_\_\_ =  0000

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

**FEDERAL SHARE** + **NONFEDERAL SHARE** = **TOTAL AMOUNT**  
 \_\_\_\_\_ +  \_\_\_\_\_ =  0000

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

**FEDERAL SHARE**      **NONFEDERAL SHARE**      **TOTAL AMOUNT**  
 \_\_\_\_\_       \_\_\_\_\_       0000

2018-04-24 PM 00:00:00



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT M M M / D D D /	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) **Voter ID**  
Total Amount Transferred for Voter ID ..... **VOTER ID**

iii) **GOTV**  
Total Amount Transferred for GOTV ..... **GOTV**

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity ..... **GENERIC CAMPAIGN ACTIVITY**

NAME OF ACCOUNT	DATE OF RECEIPT M M M / D D D /	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) **Voter ID**  
Total Amount Transferred for Voter ID ..... **VOTER ID**

iii) **GOTV**  
Total Amount Transferred for GOTV ..... **GOTV**

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity ..... **GENERIC CAMPAIGN ACTIVITY**

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration)..... **0000**

**TOTAL** This Period (Voter ID) ..... **0000**

**TOTAL** This Period (GOTV)..... **0000**

**TOTAL** This Period (Generic Campaign Activity)..... **0000**

**TOTAL** This Period (Total Amount of Transfers Received)..... **0000**

2018-04-24 00:00:00

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT 0000

**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**

FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT 0000

**TOTAL This Period for the Levin Share**

2014-01-21 14:08:00

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)	0000	0000
(b) Unitemized .....	0000	0000
(c) Total .....	0000	0000
<b>2. OTHER RECEIPTS .....</b>	0000	0000
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)	0000	0000
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....	0000	0000
(b) Voter ID .....	0000	0000
(c) GOTV .....	0000	0000
(d) Generic Campaign .....	0000	0000
(e) Total .....	0000	0000
<b>5. OTHER DISBURSEMENTS .....</b>	0000	0000
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)	0000	0000
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)	0000	0000
<b>8. RECEIPTS .....</b> (from Line 3)	0000	0000
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)	0000	0000
<b>10. DISBURSEMENTS .....</b> (From Line 6)	0000	0000
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)	0000	0000

20160501 10:40:00 AM

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer (for Individual) _____ Occupation (for Individual) _____	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	M M M	D D D	Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y		
<b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer (for Individual) _____ Occupation (for Individual) _____	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	M M M	D D D	Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y		
<b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer (for Individual) _____ Occupation (for Individual) _____	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	M M M	D D D	Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y		
<b>D.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer (for Individual) _____ Occupation (for Individual) _____	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center; padding: 2px;">Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	M M M	D D D	Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y		
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 90%;"></td> <td style="border: 1px solid black; width: 10%; text-align: center; padding: 5px;">0000</td> </tr> </table>		0000	
	0000			
<b>TOTAL</b> This Period (last page this line number only).....▶	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 90%;"></td> <td style="border: 1px solid black; width: 10%; text-align: center; padding: 5px;">0000</td> </tr> </table>		0000	
	0000			

20160424 10:40:40

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M M	D D D	Y Y Y Y Y
-------	-------	-----------

Amount of Each Disbursement this Period

--

B. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M M	D D D	Y Y Y Y Y
-------	-------	-----------

Amount of Each Disbursement this Period

--

C. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M M	D D D	Y Y Y Y Y
-------	-------	-----------

Amount of Each Disbursement this Period

--

D. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M M	D D D	Y Y Y Y Y
-------	-------	-----------

Amount of Each Disbursement this Period

--

E. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M M	D D D	Y Y Y Y Y
-------	-------	-----------

Amount of Each Disbursement this Period

--

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

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



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2018-04-24 09:00:00

WU7UT88N0001W01421401010102

Urban Progress PAC  
P.O. Box 257  
Walterboro, SC 29488

U.S. POSTAGE  
PAID  
WALTERBORO SC  
29488  
APR 14, 18  
AMOUNT  
**\$1.63**  
R2305K143007-11

20463

**Federal Election Commission**  
**999 E Street, NW**  
**Washington, D.C. 20463**

Form 3x

RECEIVED  
 FEC MAIL CENTER  
 2018 APR 24 AM 9:27

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.

2018-04-24 PM 00:00:00 4

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4/14/2018 Date of Receipt 4/24/2018
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>gjf</i> PREPARER (3/2015)	4/24/2018 DATE PREPARED