

# REPORT OF RECEIPTS AND DISBURSEMENTS

**FEC FORM 3X**  
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  
OAKLAND CA 94612

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ C C00492595 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - May 20 (M5)
  - Aug 20 (M8)
  - Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)
  - Jun 20 (M6)
  - Sep 20 (M9)
  - Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on 06 / 05 / 2012 in the State of NM

(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of M M

5. Covering Period 04 / 01 / 2012 through 05 / 16 / 2012

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 JOSHUA GROSSMAN

Signature of Treasurer JOSHUA GROSSMAN [Electronically Filed] Date 09 / 07 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>	<input type="text" value="87995.13"/>	<input type="text" value="87995.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="155341.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="90521.67"/>	<input type="text" value="170595.23"/>
(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="245863.65"/>	<input type="text" value="258590.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83280.04"/>	<input type="text" value="96006.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="162583.61"/>	<input type="text" value="162583.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="14000.00"/>	

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: 04 / 01 / 2012 To: 05 / 16 / 2012

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).....	62000.00	142000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62000.00	142000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	87000.00	167000.00
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).....	3500.00	3500.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	21.67	95.23
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))..... ▶	90521.67	170595.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90521.67	170595.23

**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 .....	7471.75	20198.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7471.75	20198.46
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) .....	54655.69	54655.69
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 .....	21152.60	21152.60
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)) ..	83280.04	96006.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83280.04	96006.75

**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) .....	87000.00	167000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87000.00	167000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7471.75	20198.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3500.00	3500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3971.75	16698.46

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)  
 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)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A. Lawrence & Susan Hess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6309 Cypress Point Rd.  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Investor/Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 90000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : SA11AI.4310**  
 Amount of Each Receipt this Period  
 10000.00

**B. National Wildlife Federation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 N Street NW, Ste. 320  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : SA11AI.4311**  
 Amount of Each Receipt this Period  
 2000.00

**C. NNU for Patient Protection**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 16th St. NW, Ste. 640  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 37000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : SA11AI.4313**  
 Amount of Each Receipt this Period  
 37000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 23  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A.** Full Name (Last, First, Middle Initial)  
**Margorie Roswell**

Mailing Address 3443 Guilford Ter

City Baltimore	State MD	Zip Code 21218
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FEC ID number of contributing federal political committee. **C**

Name of Employer Roswell Infographics	Occupation Web Developer
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11AI.4305**

Amount of Each Receipt this Period  
13000.00

**B.** Full Name (Last, First, Middle Initial)

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
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Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

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
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	62000.00

**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 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A. MOVEON.ORG POLITICAL ACTION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 9218  
 City BERKELEY State CA Zip Code 94709  
 FEC ID number of contributing federal political committee. **C** C00341396  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00  
 Date of Receipt: 04 / 25 / 2012  
**Transaction ID : SA11C.4307**  
 Amount of Each Receipt this Period: 10000.00

**B. MOVEON.ORG POLITICAL ACTION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 9218  
 City BERKELEY State CA Zip Code 94709  
 FEC ID number of contributing federal political committee. **C** C00341396  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00  
 Date of Receipt: 05 / 11 / 2012  
**Transaction ID : SA11C.4336**  
 Amount of Each Receipt this Period: 15000.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 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: / /

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25000.00



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

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

FOR LINE NUMBER: PAGE 9 OF 23  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

**A. MOVEON.ORG POLITICAL ACTION**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 9218

City BERKELEY	State CA	Zip Code 94709
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00341396

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA15.4337**

Amount of Each Receipt this Period  
3500.00

**B.**  
Full Name (Last, First, Middle Initial)  
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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3500.00

**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"/> 24	<input type="checkbox"/> 25	<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**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

**B. AmCheck**

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

Transaction ID : SB21B.4294

Amount of Each Disbursement this Period

597.24

Full Name (Last, First, Middle Initial)

**C. AmCheck**

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2012

Transaction ID : SB21B.4303

Amount of Each Disbursement this Period

31.00

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

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

661.24

**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"/> 24	<input type="checkbox"/> 25	<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**

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4304**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cas Casados**

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4290**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4291**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. JOSHUA GROSSMAN**

Mailing Address 1904 FRANKLIN STREET  
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

709.71

Full Name (Last, First, Middle Initial)

**B. Mandate Media**

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : SB21B.4319**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Public Policy Polling**

Mailing Address 2912 Highwoods Blvd.

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Polling

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2012

**Transaction ID : SB21B.4295**

Amount of Each Disbursement this Period

2000.00

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

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

3209.71

**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"/> 24	<input type="checkbox"/> 25	<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) <b>A. Sandler, Reiff, Young &amp; Lamb, PC</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 1025 Vermont Ave., NW Suite 300		<b>Transaction ID : SB21B.4321</b>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Leslie Stewart</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 1904 Franklin Street		<b>Transaction ID : SB21B.4292</b>
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 146.47	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Leslie Stewart</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 1904 Franklin Street		<b>Transaction ID : SB21B.4301</b>
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 153.51	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	699.98
<b>TOTAL</b> 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"/> 24	<input type="checkbox"/> 25	<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. Peter Sullivan**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	12	/	2012

**Transaction ID : SB21B.4297**

Amount of Each Disbursement this Period

268.66
--------

Full Name (Last, First, Middle Initial)

**B. Peter Sullivan**

Mailing Address 1904 Franklin Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2012

**Transaction ID : SB21B.4302**

Amount of Each Disbursement this Period

842.06
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1110.72
---------

7446.75
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**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"/> 24	<input type="checkbox"/> 25	<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. Don Mickey Designs**

Mailing Address 1530 Girard Boulevard NE

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement  
Non-Federal Printing - New Mexico

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2012

Transaction ID : SB29.4326

Amount of Each Disbursement this Period

2343.62

Full Name (Last, First, Middle Initial)

**B. Don Mickey Designs**

Mailing Address 1530 Girard Boulevard NE

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement  
Non-Federal Printing - New Mexico

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : SB29.4327

Amount of Each Disbursement this Period

3256.38

Full Name (Last, First, Middle Initial)

**C. Facebook.com**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2012

Transaction ID : SB29.4390

Amount of Each Disbursement this Period

249.94

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

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

5849.94

**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"/> 24	<input type="checkbox"/> 25	<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. Facebook.com**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4391**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Facebook.com**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4392**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Facebook.com**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4394**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Facebook.com**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4395**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Facebook.com**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4397**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Focus Ink**

Mailing Address 335 Jefferson SE

City Albuquerque State NM Zip Code 87108

Purpose of Disbursement  
Non-Federal Printing - New Mexico

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4324**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Google.com**

Mailing Address 1600 Ampitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Non-Federal Web Ads

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4316**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Google.com**

Mailing Address 1600 Ampitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Non-Federal Web Ads

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4318**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Google.com**

Mailing Address 1600 Ampitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4393**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Google.com**

Mailing Address 1600 Ampitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Online Ads - Non-Federal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2012

**Transaction ID : SB29.4396**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mandate Media**

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Non-Federal Web Ad Design

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : SB29.4320**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Oregon Working Families Party**

Mailing Address 1130 SW Morrison St. Suite 407

City Portland State OR Zip Code 97205

Purpose of Disbursement  
Non-Federal Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2012

**Transaction ID : SB29.4322**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

20996.87

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**PROGRESSIVE KICK INDEPENDENT EXPENDITURES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Research and Polling Inc</b>	Nature of Debt (Purpose): Polling
Mailing Address 5140 San Francisco Road NE	
City State Zip Code Albuquerque NM 87109	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4333</b>	
Amount Incurred This Period <input type="text" value="14000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14000.00"/>

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="14000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="14000.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="14000.00"/>

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

NAME OF COMMITTEE (In Full) <b>PROGRESSIVE KICK INDEPENDENT EXPENDITURES</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00492595       </div>
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	

Full Name (Last, First, Middle Initial) of Payee <b>DS Political</b>		Date MM / DD / YYYY 04 / 13 / 2012
Mailing Address 1133 19th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">33000.40</div>
City Washington	State DC	
Zip Code 20036	<b>Transaction ID : SE.4257</b>	
Purpose of Expenditure Web Advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: PA <input type="checkbox"/> Senate    District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY T HOLDEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">33000.40</div>		2012

Full Name (Last, First, Middle Initial) of Payee <b>Focus Ink</b>		Date MM / DD / YYYY 05 / 07 / 2012
Mailing Address 335 Jefferson SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1439.15</div>
City Albuquerque	State NM	
Zip Code 87108	<b>Transaction ID : SE.4268</b>	
Purpose of Expenditure Printing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: NM <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1439.15</div>		2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">34439.55</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
09 / 07 / 2012

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

NAME OF COMMITTEE (In Full) <b>PROGRESSIVE KICK INDEPENDENT EXPENDITURES</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; border: 1px solid black;">C</span> C00492595         </div>
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	

Full Name (Last, First, Middle Initial) of Payee <b>Focus Ink</b>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">05 / 16 / 2012</div>		
Mailing Address 335 Jefferson SE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1027.20</div>		
City Albuquerque	State NM	Zip Code 87108	<b>Transaction ID : SE.4278</b>		
Purpose of Expenditure Printing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: NM <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">17516.35</div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mandate Media</b>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">04 / 13 / 2012</div>		
Mailing Address 2014 SE 39th Ave.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>		
City Portland	State OR	Zip Code 97214	<b>Transaction ID : SE.4260</b>		
Purpose of Expenditure Web Advertising Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: PA <input type="checkbox"/> Senate    District: 17 <input type="checkbox"/> President		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY T HOLDEN			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">35500.40</div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	3527.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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.

*JOSHUA GROSSMAN*
[Electronically Filed]
Date

MM / DD / YYYY
09 / 07 / 2012

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

NAME OF COMMITTEE (In Full) <b>PROGRESSIVE KICK INDEPENDENT EXPENDITURES</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00492595
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	

Full Name (Last, First, Middle Initial) of Payee <b>Organizers in the Land of Enchantment</b>		Date MM / DD / YYYY 05 / 07 / 2012
Mailing Address 411 Bellamah NW		Amount 15050.00
City Albuquerque	State NM	
Purpose of Expenditure Canvassing Services	Category/ Type	<b>Transaction ID : SE.4270</b>
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Office Sought: <input checked="" type="checkbox"/> House    State: NM <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
16489.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Organizers in the Land of Enchantment</b>		Date MM / DD / YYYY 05 / 16 / 2012
Mailing Address 411 Bellamah NW		Amount 1638.94
City Albuquerque	State NM	
Purpose of Expenditure Canvassing Services	Category/ Type	<b>Transaction ID : SE.4281</b>
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Office Sought: <input checked="" type="checkbox"/> House    State: NM <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
19155.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	16688.94
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	54655.69

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.

JOSHUA GROSSMAN

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
09 / 07 / 2012