FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Progressive Victory P.O. Box 436 ADDRESS (number and street) (Check if address is changed) New York 10276 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS al@progressivevictory.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) progressivevictory.org (Check if address is changed) DATE 01 2018 C00678383 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Benninghoff, AI, , , Type or Print Name of Treasurer Benninghoff, Al,, [Electronically Filed] 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2	
TYPE	OF C	OMMITTEE	1 4go 2	
Cano	didate	Committee:		
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name Candi				
Candid Party	date Affiliati	Office Sought: House Senate President	State	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candid				
Party	y Con	nmittee:		
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.	
Politi	ical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a	
		Corporation Corporation w/o Capital Stock	Labor Organization	
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint	Fund	raising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.			

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Write or Type Committee Na		r ago c
Progressive V		
	d Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization	tative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
	ghoff, AI, , ,	
Full Name	2501 Commons at Kingswood	
Mailing Address		
	East Brunswick , NJ	08816
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	e; and the name and address of
	phoff, Al, , ,	
of Treasurer	2501 Commons at Kingswood	
Mailing Address	<u> </u>	
	<u></u>	
	East Brunswick NJ	08816
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position	Telephone number					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Chase Bank						
Mailing Address	835 Broadway					
	New York NY 10003					
	CITY STATE	ZIP CODE				
Name of Bank,		ZIP CODE				
Name of Bank,		ZIP CODE				
Name of Bank, Mailing Address	Depository, etc.	ZIP CODE				
	Depository, etc.	ZIP CODE				
	Depository, etc.	ZIP CODE				

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: