

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street) **1904 FRANKLIN STREET**
SUITE 725
 Check if different than previously reported. (ACC) **OAKLAND CA 94612**

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

C **C00492595**

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 / / in the State of

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

Election on / / in the State of

5. Covering Period / / 07 01 2018 through / / 09 30 2018

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

Type or Print Name of Treasurer

Signature of Treasurer GROSSMAN, JOSHUA, , , [Electronically Filed] Date / / 10 08 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.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value="229435.75"/>	<input type="text" value="229435.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="183113.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="240.33"/>	<input type="text" value="496.09"/>
(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="183354.14"/>	<input type="text" value="229931.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48709.27"/>	<input type="text" value="95286.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134644.87"/>	<input type="text" value="134644.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="30800.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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: / / To: / /

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).....	0.00	0.00
(ii) Unitemized	0.00	5.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	5.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	5.75
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).....	220.00	419.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20.33	70.98
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)).....▶	240.33	496.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	240.33	496.09

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	46709.27	75486.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46709.27	75486.97
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2000.00	19800.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	48709.27	95286.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48709.27	95286.97

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)	0.00	5.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	5.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46709.27	75486.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	220.00	419.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46489.27	75067.61

**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 18
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roswell, Margorie, , ,

Mailing Address 3443 Guilford Ter

City Baltimore State MD Zip Code 21218

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Roswell Infographics Occupation (for Individual) Web Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA15.8146

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.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

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.

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="220.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="220.00"/>

**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"/> 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

A. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.8089**

Amount of Each Disbursement this Period: 116.41

Memo Item

B. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.8090**

Amount of Each Disbursement this Period: 25.00

Memo Item

C. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.8122**

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 166.41

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"/> 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

A. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.8128**

Amount of Each Disbursement this Period: 25.00

Memo Item

B. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.8129**

Amount of Each Disbursement this Period: 257.34

Memo Item

C. Barcellos, Ben, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 336 Summer Rain Drive

City Windsor State CA Zip Code 95492

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.8085**

Amount of Each Disbursement this Period: 319.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 601.54

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"/> 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. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 07 / 15 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [] Transaction ID : SB21B.8086 Amount of Each Disbursement this Period [] 729.60	
City Windsor	State CA	Zip Code 95492	Category/Type []
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [] Transaction ID : SB21B.8103 Amount of Each Disbursement this Period [] 108.30	
City Windsor	State CA	Zip Code 95492	Category/Type []
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Barcellos, Ben, , ,		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address 336 Summer Rain Drive		FEC Identification Number C [] Transaction ID : SB21B.8104 Amount of Each Disbursement this Period [] 62.70	
City Windsor	State CA	Zip Code 95492	Category/Type []
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 900.60
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"/> 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

A. GROSSMAN, JOSHUA, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 08 / 27 / 2018

Mailing Address: 1904 FRANKLIN STREET SUITE 725

City: OAKLAND State: CA Zip Code: 94612

Purpose of Disbursement: Strategic Consulting

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID: SB21B.8144

Amount of Each Disbursement this Period: 36000.00

Memo Item

B. Internal Revenue Service

Full Name (Last, First, Middle Initial)

Date of Disbursement: 07 / 19 / 2018

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: Taxes

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID: SB21B.8088

Amount of Each Disbursement this Period: 1878.07

Memo Item

C. LCB Associates

Full Name (Last, First, Middle Initial)

Date of Disbursement: 07 / 02 / 2018

Mailing Address: 388 17th St. Suite 200

City: Oakland State: CA Zip Code: 94612

Purpose of Disbursement: Rent

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID: SB21B.8081

Amount of Each Disbursement this Period: 533.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 38411.57

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"/> 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. LCB Associates

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8102
Amount of Each Disbursement this Period
533.50

Memo Item

Full Name (Last, First, Middle Initial)

B. LCB Associates

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8111
Amount of Each Disbursement this Period
533.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Progressive Punch

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C
Transaction ID : SB21B.8092
Amount of Each Disbursement this Period
1005.19

Memo Item

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

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

2072.19

**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"/> 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. Kaiser Foundation Health Insurance		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018	
Mailing Address File 5915		FEC Identification Number C [] Transaction ID : SB21B.8092.1 Amount of Each Disbursement this Period [] 361.40	
City Los Angeles	State CA	Zip Code 90074	Category/ Type []
Purpose of Disbursement Insurance		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. Amazon Hosting		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018	
Mailing Address 410 Terry Ave North		FEC Identification Number C [] Transaction ID : SB21B.8092.1 Amount of Each Disbursement this Period [] 438.37	
City Seattle	State WA	Zip Code 98109	Category/ Type []
Purpose of Disbursement Web Hosting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			
Full Name (Last, First, Middle Initial) C. New York Times		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018	
Mailing Address 620 8th Avenue		FEC Identification Number C [] Transaction ID : SB21B.8092.1 Amount of Each Disbursement this Period [] 81.70	
City New York	State NY	Zip Code 10018	Category/ Type []
Purpose of Disbursement Subscriptions		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 0.00	
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"/> 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

A. Verizon Wireless

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8092.!

Amount of Each Disbursement this Period: 90.78

Memo Item

B. Progressive Punch

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8113

Amount of Each Disbursement this Period: 1028.88

Memo Item

C. Kaiser Foundation Health Insurance

Full Name (Last, First, Middle Initial)

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8113.

Amount of Each Disbursement this Period: 361.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1028.88

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"/> 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. Amazon Hosting		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018	
Mailing Address 410 Terry Ave North		FEC Identification Number C [REDACTED]	
City Seattle	State WA	Zip Code 98109	Transaction ID : SB21B.8113.
Purpose of Disbursement Web Hosting		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 467.14
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. New York Times		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018	
Mailing Address 620 8th Avenue		FEC Identification Number C [REDACTED]	
City New York	State NY	Zip Code 10018	Transaction ID : SB21B.8113.2
Purpose of Disbursement Subscriptions		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 81.70
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018	
Mailing Address PO Box 660108		FEC Identification Number C [REDACTED]	
City Dallas	State TX	Zip Code 75266	Transaction ID : SB21B.8113.
Purpose of Disbursement Phones		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 90.78
Candidate Name			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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

A. Progressive Punch

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8131

Amount of Each Disbursement this Period: 542.95

Memo Item

B. Amazon Hosting

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Web Hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8131.C

Amount of Each Disbursement this Period: 433.40

Memo Item

C. New York Times

Full Name (Last, First, Middle Initial)

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscriptions

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.8131.

Amount of Each Disbursement this Period: 81.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 542.95

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"/> 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. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [] Transaction ID : SB21B.8106
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 400.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.8105
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Strategic Consulting	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 1375.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Stewart, Leslie, , ,		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1904 Franklin Street		FEC Identification Number C [] Transaction ID : SB21B.8125
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Strategic Consulting	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 1056.25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2831.25
TOTAL This Period (last page this line number only).....▶	[] 46555.39

**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"/> 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

A. Progressive Punch

Full Name (Last, First, Middle Initial)

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Loan

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB29.8083

Amount of Each Disbursement this Period: 2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

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: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Punch			Nature of Debt (Purpose): Loan
Mailing Address 1904 Franklin Street			
City Oakland	State CA	Zip Code 94612	

Outstanding Balance Beginning This Period		Transaction ID : SD9.7683	
28800.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2000.00	0.00	30800.00	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	30800.00
2) TOTALS This Period (last page this line number only)..... ▶	30800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	30800.00