

**FEC  
FORM 3X**

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

RECEIVED

2014 JUL 16 AM 11:26

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

Progressive Democrats of Illinois Congressional District Thirteen

ADDRESS (number and street) 137 LAKE CHRISTINE DRIVE

Check if different than previously reported. (ACC)

BELLEVILLE IL 62221

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

C 00545095

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)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br><small>(Non-Election Year Only)</small> |
| <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 MM / DD / YYYY 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 MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

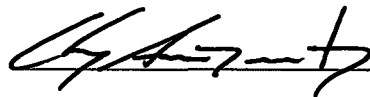
04 / 01 / 2014

06 / 30 / 2014

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 Clay Awsumb

Signature of Treasurer



Date

MM / DD / YYYY

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

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Progressive Democrats of Illinois Congressional District Thirteen

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="2014"/>		43.26
(b) Cash on Hand at Beginning of Reporting Period.....	56.91	
(c) Total Receipts (from Line 19) .....	5.00	20.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	61.91	63.26
7. Total Disbursements (from Line 31).....	141.42	142.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	(79.51)	(79.51)
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Progressive Democrats of Illinois Congressional District Thirteen**

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5.00

20.00

(ii) Unitemized .....

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

5.00

20.00

(b) Political Party Committees .....

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

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

5.00

20.00

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

13. All Loans Received .....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

05.00

20.00

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

05.00

20.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</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 .....	141.42	142.77	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	141.42	142.77	
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 (2 U.S.C. §441a(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 .....			
30. Federal Election Activity (2 U.S.C. §431(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)) ..	141.42	142.77	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	141.42	142.77	

**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) .....	05.00	20.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	05.00	20.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	141.42	142.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	(136.42)	(122.77)

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

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)

<input checked="" 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)  
**Progressive Democrats of Illinois Congressional District Thirteen**

Full Name (Last, First, Middle Initial)  
**A. Awsumb, Clay, M**

Mailing Address  
**2113 E Country Squire Dr**

City Urbana State IL Zip Code 61802

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

Name of Employer Espresso Royale Occupation Food Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**20.00**

Date of Receipt  
**04 / 10 / 2014**

Amount of Each Receipt this Period  
**5.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

**05.00**

**05.00**

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 PHONE (618) 570-3160  
 Progressive Democrats of IL Con. 13  
 137 Lake Christine Dr  
 Belleville, IL 62221

PHONE ( 800) 424-9530  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC  
 20463

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62220	7-6-14	\$ 19.99	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
7-15-14	10:00 PM	\$	\$
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Return Receipt Fee	
10:00 AM	<input type="checkbox"/> Live Shipment	\$	
Weight	<input type="checkbox"/> Sunday Delivery Premium	Total Postage & Fees	
1.02 lbs. ozs.	<input type="checkbox"/> Signature Required	\$ 19.99	
	Employee Signature	Acceptance Employee Initials	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

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Federal Election Commission  
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