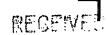
FEC FORM 1

STATEMENT OF **ORGANIZATION**



29日 MAY 22 AM 8: 1 *

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example:If typing, type over the lines.	12FE4M5			
PROGRESSIVE DEMOCRA	rs of irrinois co	ongressional district i	HIRTEEN			
ADDRESS (number and street)	618 NORTH GUE	RNSEY STREET	<u> </u>			
(Check if address is changed)			<u> </u>			
	CITY A	<u></u>	STATE A ZIP CODE A			
COMMITTEE'S E-MAIL ADDRE	ess					
(Check if address is changed)	TREASURERPROGR	TREASURERPROGRESSIVEDEMSIL13@GMAIL.COM				
· ,	Optional Second E-Ma PROGRESSIVEDE	ul Address MSIL13@GMAIL.COM				
COMMITTEE'S WEB PAGE AD	DRESS (URL)					
◆ (Check if address is changed)	www.pac13.com;					
		. <u> </u>				
	5 2013					
3. FEC IDENTIFICATION N	имвен. ▶ С	en e				
4. IS THIS STATEMENT	NEW (N)	R AMENDED (A)				
I certify that I have examined the	nis Statement and to the	best of my knowledge and belief i	t is true, correct and complete.			
Type or Print Name of Treasure	cLAY MICHAEL	AWSUMB				
Signature of Treasurer			Date 05 15 2013			
NOTE: Submission of talse, erron	•	ation may subject the person signing MATION SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.			
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100				

TYPE OF	COMMITTEE				
Candidat	e Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affilia	Office State tion Sought: House Senate President District				
(c) · .	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	mmittee:				
(d) .	(National, State (Democratic, This committee is a committee of the Republican, etc.) Party.				
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
	Corporation Wo 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 segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one pf which is an authorized committee of a federal candidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Con	nmittees Participating in Joint Fundraiser				
4 0.,					
1.	# I'm agree to the second to t				
2.	FEC ID number				
3.	FEC ID number C				
4.					

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Write or Type Committee Name		
Progressive Democ	rats of Illinois Congressional District Thirteen	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
1 W - Address		
Mailing Address		<u> </u>
		<u></u>
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name [MICHAEI	L LEE HURST, JR.	<u> </u>
Mailing Address	618 NORTH GUERNSEY STREET	
		<u> </u>
	COLLINSVILLE 62234	4
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASUR	ER Telephone number 618 -	345, - 7947,
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natissistant treasurer).	ame and address of
Full Name of Treasurer CLAY M	ĮCHAEL AWSUMB	
Mailing Address	2113 EAST COUNTRY SQUIRE DRIVE	<u> </u>
	<u> </u>	<u> </u>
	URBANA	2
Title or Position	CITY STATE	ZIP CODE
TREASURER :	Telephone number 6,18, - [5,70, - 3360 ,

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Full Name of Designated Agent	MICHAEL LEE HURST, JR,	
Mailing Address	618 NORTH GUERNSEY STREET, , , , , , , , , , , , , , , , , , ,	
	COLLINSVILLE: 62 CITY STATE	234 J- ZIP CODE
Title or Position		- 345 - 7947
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds. Depository, etc.	holds accounts, rents
	COMMERCE BANK	
Mailing Address	1015 WINDSOR ROAD	
	CHAMPAIGN IL 61	821 - -
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
	COMMERCE BANK	
Mailing Address	2496, TROY ROAD	
	EDWARDSVILLE 62	025
	CITY STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered **Postmarked** USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

PREPARER