14031164680

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 JAN 30 AM 9: 27

		· ···		Office	CUSE CONTER
1. NAME OF COMMITTEE (in full)	TYPE OR PRI		xample: If typing, type ver the lines.	12FE4M5	
URBAN F	ROGRESS	POLITIC	AL ACTION	Commi TTE	
ADDRESS (number and stree	ρ. ρ. φ.	Box 25	7		
Check if different than previously reported. (ACC)	WAL	TERBORE	2	SC 29	<u>488</u>
2. FEC IDENTIFICATIO	N NUMBER ♥	CITY ▲		STATE A	ZIP CODE A
c00528	66[3. IS THIS REPOR	111 /	R is (A)	:D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On			i i i i i i i i i i i i i i i i i i i	(Non-Election Year Only)
(a) Quarterly Reports:		Apr 20 (M	4) Jul 20 (M	7) Cct 20 (M1	Year Only)
April 15 Quarterly Rep July 15 Quarterly Rep October 15	ort (Q2) (C) 12	-Day RE-Election eport for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Quarterly Rep January 31 Year-End Rep		Election on	M - M / TO - D	/ T************************************	in the State of
July 31 Mid-Your Report (Non-e Year Only) (M	election (a) 30	-Day DST-Election eport for the:	General (30G)	Runoff (30R)	Special (30S)
Termination R (TER)		Election on	TWITE MEDICAL TOTAL TOTA	A Spiriture medium	in the State of
5. Covering Period	10 18	2013	through	2 31 2	ò 13
I certify that I have examin Type or Print Name of Trea	1		nowledge and belief it is L. MURRI		plete.
Signature of Treasurer	Bridge	t Mus	ray)	Date OI	17 2014
NOTE: Submission of false,	erroneous, or incomp	olete information may	subject the person signir	ng this Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only				FE	EC FORM 3X Rev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name URBAN PROGRESS PO	DLITICAL ACTION COMM	ITTEE
Report Covering the Period: From:	6 15 20 13 T	22 31 2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		0000
(b) Cash on Hand at Beginning of Reporting Period	0000	
(c) Total Receipts (from Line 19)	0000	, 0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0000	0000
7. Total Disbursements (from Line 31)	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		, 0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
This committee has qualified as a multion	candidate 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

FE6AN026

.403116468

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name PROGRESS POLITICAL ACTION COMMITTES URBAN Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0000 (i) Itemized (use Setedula A)..... 0000 (ii) Unitemized ... (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ 30*0*0 (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) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 0000 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 (adri 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......... 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date		
	Activity (from Schedule H4)		for a Constitution Control as Constitution and Constitution		
	(i) Federal Share	, , 0000	, , , , , , , , , , , , , , , , , , , ,		
	(ii) Non-Federal Share	0000	00.00		
	(b) Other Federal Operating	 Company for the Minima Market Control for the Market Control for the Market Control for the Control for the Market Control f	- Production (Augustion Committee Color Architecture) (Maide - English Color Architecture) (Maide Architecture) (Maide Architecture) (Maide Architecture) (Maide Architecture)		
	Expenditures	0000	0000		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶		0000		
22.	Transfers to Affiliated/Other Party	The second secon			
23.	CommitteesContributions to	, 0000			
	Federal Candidates/Committees and Other Political Committees	0000	0000		
24.	Independent Expenditures				
25.	(use Schedule E)	, 0000			
	(2 U.S.C. §441a(d)) (use Schedule F)	0000	∞ 0		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A 000	222		
26.	Loan Repayments Made	0000	, 000		
27.	Loans Made	0000	0000		
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0000	7500		
	Than Political Committees		, 00.00		
	(b) Political Party Committees	00.00	0000		
	(c) Other Political Committees	$\mathcal{O}(\mathcal{O}_{\mathcal{O}})$	$\Delta \Delta \Delta \Delta$		
	(such as PACs)	Francis Production Production			
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	, 0000	, 00.00		
29.	Other Disbursements	, , 0000	, , 00 00		
30.	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0000	0000		
	(i) i ederar Griare				
	(ii) "Levin" Share	, 00.00	$\mathcal{O}(\mathcal{O})$		
	(b) Federal Election Activity Pald Entirely With Federal Funds	0000	0000		
	(c) Total Federal Election Activity (add	5000			
	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))	. 0000	, 0000		
32.	Total Federal Disbursements				
	(subtract Line 21(at)(ii) and Line 30(a)(ii) from Line 31)	0000	0000		
	,	Bursten structer in the second and the second structure and the second	The families 2 leads and speed of large Total Line		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

PEC POINT SA (NEV. 02/2005)		i age U		
Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Total Contributions (other than loans) (from Line 11(d), page 3)	0000	0000		
Total Contribution Refunds (from Line 28(d))	0000	00.00		
Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0000	0000		
Offsets to Operating Expenditures (frem Line 15, page 3)	0000	0000		
Net Operating Expenditures (subtract Line 37 from Line 36)	0000	0000		
	Net Contributions/Operating Expenditures Total Contributions (other than loans) (from Line 11(d), page 3)	Net Contributions/Operating Expenditures Total Contributions (other than loans) (from Line 11(d), page 3) Total Contribution Refunds (from Line 28(d)) Net Contributions (other than loans) (subtract Line 34 from Line 33) Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) Offsets to Operating Expenditures (from Line 15, page 3). Net Operating Expenditures (cultured Line 37 from Line 36)		

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 Detailed Summary Page 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 oursoses, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OUTICAL ACTION COMMITTEE Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period ger gefold militer versyeteløre vilkalin ground a makeru oleh bahasa dan bula seker FEC ID number of contributing . Turnetti riikkattise itseeles kitteessa alkoottis elektriitii. federal political committee. miller hardened in Barra brillian S Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General **Primary** प्रभूष्यामा प्राप्तक स्वीताच्या प्राप्तकराष्ट्री क्या स्थान क्या, का नाम प्राप्त (४०) । प्राप्तकर्त् Other (specify) Full Name (Last, First, Middle Initfal) Date of Receipt Mailing Address FrMT Mg / State On / State On City State Zip Code Amount of Each Receipt this Period THE BEARING WATER IN CONTRACT OF SHE FEC ID number of contributing federal political committee. line Belgiele. Problem in APE of colorida (f. 1776) Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ร้องสาดสารเสริโดยรับการัช เส้น คามาสามาร์บารส Full Name (Last, First, Middle Initial) Date of Receipt WE WELL TO COLOUR A TWEET A Mailing Address City State Zip Code Amount of Each Receipt this Period general and a first that the second and the second FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary range irra para para jarah sala Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF			
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only			
	for each category of the Detailed Summary Page	21b	22 23	24	25 26
		27	28a 28k		29 30b
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the name	e and address of any dolitical	iaminitiee to	SOUGH CONTRIBUTED	is irom such co	umw ee .
NAME OF COMMITTEE (In Full)		1 1			
/ URBAN PROEEKSS POL	-ITICAL HCTION	comm	ITTEE		
Full Name (Last, First, Middle Initial)					
\.			Date of Disbur	sement	
			M M / D	'	TOTAL ALI
Mailing Address			lazzi k.	alaali liin tee	ara en ul
City	tate Zip Code				
<i>-</i> ,					
Purpose of Disbursement		기가 기가를	_		
Careful Name		olet, j		h Disbursement	
Candidate Name		Category/	ij		i.
Office Sought: House Disburser	ent For:	Туре	Consideration (2)	aran 🍱 dha	dation all
<u> </u>	Primary General				
i 1——1	Other (specify) ▼				
State: District:	•				
Full Name (Last, First, Middle Initial)					
J.			Date of Disbur		
Mailing Address			M - M - / b	7 Y Y	TY TY
Mailing Address			Business Br.	Marin Treation	เกลเกาะน้ำ
City	itate Zip Code		· · · · · · · · · · · · · · · · · · ·		
•	·				
Purpose of Disbursement	1:	organijasta B	Amau=4 =4 F	L Dish	Abia Dad-d
Candidate Name	<u> </u>	. An electric	Amount of Eac	h Disbursement	unis Period
Canadas Haine	•	Category/ Type	.,	oli mang mengahit sa menga	:
Office Sought: House Disburserr	lent For:	.,,,,,	ulia i i lis tra i di va ₹. I s	alizmona mili 📶 i nazmir r	eninterio translada
_ h_d	Primary General				
President	Other (specify) ▼	ļ			
State: District:	·				
Full Name (Last, First, Middle Initial)			5 -4- 4 - 1		
·			Date of Disbur		
Mailing Address			M M / D	0 / gV V	(A 0, A)
			dumme of the C	i torko operatura	respondi
City	itate Zip Code				
Purpose of Dishusserset					
Purpose of Disbursement		~ · · · · · · · · · · · · · · · · · · ·	Amount of F	h Diahaan	alia Dad-d
Candidate Name				h Disbursement	
	'	Category/ Type	<u> </u>	and the second second	i
Office Sought: House Disbursen	nent For:		Mitter ye.glin A≇ilir	erthe en language of the english	n og gifterhall myller
	Primary General				
	Other (specify) ▼				
State: District:					
OUDTOTAL of Diskurs and This Day (1911)			and	ag an apparat paterior a C	2000
SUBTOTAL of Disbursements This Page (optional)		······ Þ	ilar yan tam at		
TOTAL This Period (last page this line number only).			; ;	(.	000
			سجود بالمساتينيطا	<u> </u>	

SCHEDULE C. (FEC Form 3X) LOANS

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

PAGE OF

	Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
URBAN PROGRESS POLITICAL	MCTION COMMITTEE
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary General
Mailing Address	Other (specify)
City State ZIP C	
Original Amount of Loan Cumulative Payment To	
TERMS Date Incurred Date Due	e Interest Rate Secured:
Date Incurred Date Out	- Arthur I I was a standard
Lad had hand had had	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount gain was gain aga saga ana ga sana ga s
	Outstanding: See Seather the elements of the entire described to a
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount grandparter in the state of the control of t
	Outstanding: Secretaria of a 19 outstand that is reflected as female.
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
July State Zir Gode	Outstanding:
<u> </u>	
SUBTOTALS This Period This Page (optional)	0000
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

ederal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
URBAN PROGRESS POLITICAL	ACTION COMMITTE	E C	00528661
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	roman i reje u pravijeko je svojavajeko je	1-20-12-5-4	The state of the state of
	المراجع المراجع والمراجع والمر	ene transfer en	
Mailing Address		M M	\ \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	Date Incurred or Established		/
City State Zip Code	Date Due		
		Tara arti	Barrell Cambridge 1
A. Has loan been restructured? No Yes	If yes, date originally incurre		/ D. D. / Y. Y. Y. Y. Y.
B. If line of credit,	Total	**************************************	manango pagmaganganganga
Amount of this Draw:	; Oddariding	1	ř.
to a discontinued to add to them.		den in in in in in in in it is	and whaten Tured a laber to a diserv
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the le			value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other			e di unitra fractio die di indiana
	Similar traditional conateral?	Burning of retri	e et aut und de tau des taut alb j
No Yes If yes, specify:		Down the len	nder have a perfected security
		interest in it?	
E. Are any tuture contributions or future receipts of intere	st income, pledged as		estimated value?
collateral for the loan? No Yes If yes, s	pecify:	Baralamith . 7	Augman, n. g. kaga ni muy, a kigi kij
		3	igat Gentaria de la compansión
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
TM LIM / JOHN / TYTY Y LY	City, State, Zip:	·····	
Carried Lange of Process to the contract			
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wi	amount pledg nich it assures	jed does not equal or exceed repayment.
G. COMMITTEE TREASURER		DATE	
Typed Name			/ TROTATO (T / T V TOVERVO TOVER
Signature			
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION:			
I. To the best of this institution's knowledge, the ter are accurate as stated above.	rms of the loan and other inforr	nation regardii	ng the extension of the loan
II. The loan was made on terms and conditions (inc	cluding interest rate) no more fa	vorable at the	time than those imposed for
similar extensions of credit to other borrowers of	comparable credit worthiness.	e udeiek essum	an rane, ment and bee
Iti. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	FR 100.82 and 100.142 in mak	s which assur ing this loan.	es repayment, and has
UTHORIZED REPRESENTATIVE		DATE	
Typed Name		"M" AM"	/ 1/86/1/8 + / 7/4/07/4/07/4/07/4/7
Signature Titl	le	7	
		F 12 1 2 2 2 2 2 2	1979 CMC Charles Charles

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

EBTS AND OBLIGATIONS

(Use separate			
schedule(s)			
for each			
numbered line)			

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

xcluding Loans	numbered line) (check only one) 9
NAME OF COMMITTEE (In Full)	0
URBAN PROGRESS POLITICAL ACTION	··-
A. 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
harder thank a than the same and a section to a section of an inches a section of a	
by the state of the contract of the contract of the contract of the contract the contract the contract the contract of the contract the contract of the contra	as Chandan all Camphan hand in a barrang Danden at mathair band and
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	
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
4) CURRENT OF THE PART OF THE	0000
1) SUBTOTALS This Period This Page (optional)	0000
2) TOTALS This Period (last page this line number only)	Section of the property of the
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
URBAN PROSEESS POLITICAL ACTION COMMITTE	E CO0528661
Check if 24-hour report 48-hour report New report Amends report filed	d on (Y-74-7 Y-
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	M-M (PUD) (YUY-Y-Y
	Amount
City State Zip Code	
Durance of Evace divise	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	(
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Des Florida for Office South	oursement For: Primary General
	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Mam , Leas , Learner
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0000
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	(COOO
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Budget Murray Date 1	21/2014

PAGE

OF

SCHEDULE F (FEC Form 3X)

SUBTOTAL of Expenditures This Page (optional).....

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

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(6) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) PROGRESS POLITICAL ACTION COMMITTEE URBAN Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: City ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate has allowed in the color will be the three lines in the color and the said Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address Date City State Zip Code G . D Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре **Mailing Address** Date City State Zip Code TW J'M D D Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DITIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnented Committees Only)

NAME OF COMMITTEE (In Full)				
URBAN PROGRESS POLITICAL ACTION COMMITTEE				
USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees				
Flat Minimum Federal Percentage				
If the committee will allocate using the flat minimum percentage of 50% federal funds, check				
or				
If the committee is spending more than 50% federal funds, indicate ratio below				
Federal %				
Nonfederal %				
This ratio applies to (check all that apply):				
Administrative Generic Voter Drive Public Communications Referencing Party Only				

SCHEDOLE HZ (FEG Fulli 3X)					
ALLOCATION RATIOS		PAGE OF			
NAME OF COMMITTEE (IN FUIL) IRBAN PROGRESS POLITICAL ACTION COMMITTEE					
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATED AND ADDRESS OF THE REPORT	TE SUPPORT				
ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation:					
FUNDRAISING activities are allocated using the "funds received methods."	and" where the foderal pro	nortion of			
expenses must equal the federal proportion of monies raised.	·				
II. Shared DiRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.					
ACTIVITY OR EVENT IDENTIFIER					
ACTIVITY IS:	FEDERAL %	NONFEDERAL %			
Fundraising Direct Candidate Support	%	۰/			
CHECK IF THE RATIO IS:	learn and and the sale 10	Beneficial Trees and 10			
New Revised Same as Previously Reported	}				
AOTIVITY OR EVENT IDENTIFIED		·			
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
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Fundraising Direct Candidate Support	%	%			
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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	IAME OF COMMITTEE (In Full)						
\underline{u}	URBAN PROGRESS POLITICAL ACTION COMMITTEE						
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL NONFEDERAL ACTIVITY

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Mailing Address	Administrative Fundraising Exempt
Mailing Audioss	☐ Voter Drive ☐ Direct Candidate Support
City State Zip Code	Public Comm (ref to party only) by PAC
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, Statict and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

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URBAN PROGRESS POLITICAL ACTION COMMITTEE						
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF

FOR LINE 30a OF FORM 3X

		
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one)

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PAGE

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the

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OF LEVIN FUNDS Aggregation Page 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 numbers, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ACTION COMMITTEE Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement / FOVD Mailing Address City State Zip Code Amount of Each Disbursement this Period المؤسين مراددا ويهمدن فتها ولند دبن مدموس يستباس فالأرجاد ويتعد سنبق الأسطوع فتعادمي المخا Purpose of Disbursement Full Name (Last, First, Midelle Initial) / Full Organization Name B. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period aritanila milandin akto din alita alita alita milandi Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. **Date of Disbursement** Mailing Address City State Zip Code Amount of Each Disbursement this Period entellente (hantafan tafanta 2014 au Jenerally tatafanta Dattaafanta Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. **Date of Disbursement** Mailing Address City State Zip Code Amount of Each Disbursement this Period **Purpose of Disbursement** SUBTOTAL of Disbursements This Page (optional).....

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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery
Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
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Other (Specify):	Date of Receipt or Postmarked
PREPARER .	1/30/14 DATE PREPARED
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