

**FEC
FORM 3X**

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

RECEIVED
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Office Use Only
FESTIVAL CENTER

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

ADDRESS (number and street) P.O. BOX 257
WALTERBORO SC 29488

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
000528661

3. IS THIS REPORT NEW (N) OR AMENDED (A)
 NEW (N) 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 M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 / 15 / 2013 through 12 / 31 / 2013

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 BRIDGET L. MURRAY

Signature of Treasurer *Bridget Murray* Date 01 / 17 / 2014

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

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FEC FORM 3X
Rev. 12/2004

14031164680

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **10 / 15 / 2013** To: **12 / 31 / 2013**

14031164681

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 0000		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	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	

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

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

10 / 15 / 2013

To:

12 / 31 / 2013

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).....

0000

0000

(ii) Unitemized.....

0000

0000

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

0000

0000

(b) Political Party Committees.....

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

13. All Loans Received.....

0000

0000

14. Loan Repayments Received.....

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

18. Transfers from Non-Federal and Levin Funds

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

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

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

0000

0000

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	0000	0000
(ii) Non-Federal Share.....	0000	0000
(b) Other Federal Operating Expenditures	0000	0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0000	0000
22. Transfers to Affiliated/Other Party Committees.....	0000	0000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0000	0000
24. Independent Expenditures (use Schedule E).....	0000	0000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0000	0000
26. Loan Repayments Made.....	0000	0000
27. Loans Made.....	0000	0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0000	0000
(b) Political Party Committees	0000	0000
(c) Other Political Committees (such as PACs).....	0000	0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0000	0000
29. Other Disbursements	0000	0000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0000	0000
(ii) "Levin" Share.....	0000	0000
(b) Federal Election Activity Paid Entirely With Federal Funds	0000	0000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... ▶	0000	0000
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(a)(ii) and Line 30(a)(ii) from Line 31)..... ▶	0000	0000

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**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)	0000	0000
34. Total Contribution Refunds (from Line 28(d))	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0000	0000

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶	0000
TOTAL This Period (last page this line number only).....▶	0000

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**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Amount

Category/
Type

Full Name (Last, First, Middle Initial)

B.

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Amount

Category/
Type

Full Name (Last, First, Middle Initial)

C.

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Amount

Category/
Type

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

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

0000
0000

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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	0 0 0 0
TOTALS This Period (last page in this line only).....	0 0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page _____ of Schedule C

NAME OF COMMITTEE (In Full) URBAN PROGRESS POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER 000528661
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: What is the value of this collateral?
Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: What is the estimated value?

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:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature
DATE

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title
DATE

14031164688

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

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	

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).....▶	0000
2) TOTALS This Period (last page this line number only).....▶	0000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0000

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) **URBAN PROGRESS POLITICAL ACTION COMMITTEE** FEC IDENTIFICATION NUMBER **000528661**

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	0000
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0000
(c) TOTAL Independent Expenditures.....	0000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Budget Murray
Signature

Date **01 / 17 / 2014**

1403116490

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) URBAN PROGRESS POLITICAL ACTION COMMITTEE	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
Mailing Address	
City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	Category/Type
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	Category/Type
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	Category/Type
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶	
SUBTOTAL of Expenditures This Page (optional).....▶	0000
TOTAL This Period (last page this line number only).....▶	0000

14031164691

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE 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 Nonconnected 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

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion 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	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

14031164693

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative []

ii) Generic Voter Drive []

iii) Exempt Activities []

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____ []

b) _____ []

c) Total Amount Transferred For Direct Fundraising []

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____ []

b) _____ []

c) Total Amount Transferred For Direct Candidate Support []

vi) Public Communications Referring Only to Party (Made by PAC) []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) [0000]

TOTAL This Period (Generic Voter Drive) [0000]

TOTAL This Period (Exempt Activities) [0000]

TOTAL This Period (Direct Fundraising) [0000]

TOTAL This Period (Direct Candidate Support) [0000]

TOTAL This Period (Public Communications Referring Only to Party) [0000]

TOTAL This Period (Total Amount Transferred) [0000]

14031164694

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

00.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

0000

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0000

TOTAL This Period (Voter ID).....

0000

TOTAL This Period (GOTV).....

0000

TOTAL This Period (Generic Campaign Activity).....

0000

TOTAL This Period (Total Amount of Transfers Received).....

0000

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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)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/> 0000
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/> 0000
TOTAL This Period for the Levin Share			

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

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	0000	0000
(for Column B, use cash as of January 1st)		
8. RECEIPTS	0000	0000
(from Line 3)		
9. SUBTOTAL	0000	0000
(Add Lines 7 and 8)		
10. DISBURSEMENTS	0000	0000
(From Line 6)		
11. ENDING CASH ON HAND	0000	0000
(Subtract Line 10 From Line 9)		

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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

PAGE OF

FOR LINE NUMBER:
 (check only one)

1a

2

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)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 0000
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 0000

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A.	Date of Disbursement
Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

B.	Date of Disbursement
Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

C.	Date of Disbursement
Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

D.	Date of Disbursement
Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

E.	Date of Disbursement
Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

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

0000

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

0000

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Urban Progress PAC
P.O. Box 257
Spartanburg, SC 29488

FIRST CLASS

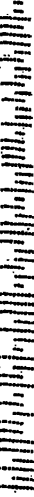
Federal Election Commission
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Washington D.C. 20463

Form 3x

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Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (8/2013)

1/30/14
 DATE PREPARED

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