

# 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**  
Congressional Progressive Caucus PAC

ADDRESS (number and street) PO Box 75357  
Check if different than previously reported. (ACC) Washington DC 20013

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00513176 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [01] / [01] / [2020] through [01] / [31] / [2020]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Evans, Diane, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Evans, Diane, , , [Electronically Filed] Date [02] / [20] / [2020]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Congressional Progressive Caucus PAC**

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="2020"/>		994137.59
(b) Cash on Hand at Beginning of Reporting Period.....	994137.59	
(c) Total Receipts (from Line 19) .....	96502.36	96502.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1090639.95	1090639.95
7. Total Disbursements (from Line 31).....	56613.92	56613.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1034026.03	1034026.03
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

Congressional Progressive Caucus PAC

Report Covering the Period: From: 01 / 01 / 2020 To: 01 / 31 / 2020

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).....	10153.01	10153.01
(ii) Unitemized .....	86349.35	86349.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	96502.36	96502.36
(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) .....	96502.36	96502.36
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	96502.36	96502.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	96502.36	96502.36

**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 .....	55009.42	55009.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	55009.42	55009.42
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 .....	1604.50	1604.50
(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)).....	1604.50	1604.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	56613.92	56613.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56613.92	56613.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	96502.36	96502.36
34. Total Contribution Refunds (from Line 28(d)) .....	1604.50	1604.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	94897.86	94897.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	55009.42	55009.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	55009.42	55009.42

**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 71  
(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)  
**Congressional Progressive Caucus PAC**

**A. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa   State OK   Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A   Occupation (for Individual) Not Employed  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 01 / 01 / 2020  
**Transaction ID : VR08CTQSKR4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa   State OK   Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A   Occupation (for Individual) Not Employed  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 01 / 05 / 2020  
**Transaction ID : VR08CTQSKS2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa   State OK   Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A   Occupation (for Individual) Not Employed  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 01 / 07 / 2020  
**Transaction ID : VR08CTR8S47**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**TOTAL** This Period (last page this line number only).....▶

**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 7 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2020  
**Transaction ID : VR08CTR8S54**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2020  
**Transaction ID : VR08CTR8S62**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2020  
**Transaction ID : VR08CTR8S39**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 71  
(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)  
**Congressional Progressive Caucus PAC**

**A. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 01 / 20 / 2020  
**Transaction ID : VR08CV35BS4**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 01 / 20 / 2020  
**Transaction ID : VR08CV35BT2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 01 / 20 / 2020  
**Transaction ID : VR08CV35BV9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 9 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35BW7**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35BX5**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV39006**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 71
<input checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV39014**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**B. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV39022**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Allen, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4141 Oak Rd  
 City Tulsa State OK Zip Code 74105-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV39039**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. Bahl, Manohar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39415 Stonegate Dr  
 City Franklin State MI Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.01

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV34DQ5**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bahl, Manohar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39415 Stonegate Dr  
 City Franklin State MI Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.01

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV34DR3**  
 Amount of Each Receipt this Period  
 251.01  
 Memo Item

**C. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96E3**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	526.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96F1**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96G9**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96H7**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13 OF 71
<input checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96J5**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96K2**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Balling, Paige, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4668  
 City Wenatchee State WA Zip Code 98807-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR96M0**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 71  
(check only one)

<input checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Bialowas, Dana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3024 Mulberry Ave

City Fullerton	State CA	Zip Code 92835-1915
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
54.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		05		2020

**Transaction ID : VR08CTQT366**

Amount of Each Receipt this Period  

4.00
------

 Memo Item

**B. Bialowas, Dana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3024 Mulberry Ave

City Fullerton	State CA	Zip Code 92835-1915
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
54.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		05		2020

**Transaction ID : VR08CTQT374**

Amount of Each Receipt this Period  

4.00
------

 Memo Item

**C. Bialowas, Dana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3024 Mulberry Ave

City Fullerton	State CA	Zip Code 92835-1915
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
54.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		06		2020

**Transaction ID : VR08CTR94G5**

Amount of Each Receipt this Period  

4.00
------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2020  
**Transaction ID : VR08CTR94H3**  
 Amount of Each Receipt this Period  
 4.00  
 Memo Item

**B. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2020  
**Transaction ID : VR08CTR94J1**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

**C. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2020  
**Transaction ID : VR08CTR94K9**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	507.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 71  
(check only one)

<input checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Bialowas, Dana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3024 Mulberry Ave

City Fullerton	State CA	Zip Code 92835-1915
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
54.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		06		2020

**Transaction ID : VR08CTR94M7**

Amount of Each Receipt this Period  
4.00

Memo Item

**B. Bialowas, Dana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3024 Mulberry Ave

City Fullerton	State CA	Zip Code 92835-1915
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
54.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		06		2020

**Transaction ID : VR08CTR94N5**

Amount of Each Receipt this Period  
4.00

Memo Item

**C. Bialowas, Dana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3024 Mulberry Ave

City Fullerton	State CA	Zip Code 92835-1915
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
54.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		08		2020

**Transaction ID : VR08CTR94P3**

Amount of Each Receipt this Period  
4.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 17 OF 71  
(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)  
**Congressional Progressive Caucus PAC**

**A. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2020  
**Transaction ID : VR08CTR94Q0**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**B. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2020  
**Transaction ID : VR08CTR94R8**  
 Amount of Each Receipt this Period  
 4.00  
 Memo Item

**C. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35FR5**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 14.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Congressional Progressive Caucus PAC**

**A. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35FS3**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**B. Bialowas, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Mulberry Ave  
 City Fullerton State CA Zip Code 92835-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV39DW2**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

**C. Bohrer, Debora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 606  
 City Ketchum State ID Zip Code 83340-0610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wall 2 Wall Flooring Occupation (for Individual) Co Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38861**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Congressional Progressive Caucus PAC**

**A. Bohrer, Debora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 606  
 City Ketchum State ID Zip Code 83340-0610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wall 2 Wall Flooring Occupation (for Individual) Co Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38879**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bronson, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Clubhouse Rd  
 City Hamburg State NJ Zip Code 07419-1277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jeffrey I Bronson Esq. PC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38JK5**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Chamberlain, Leland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1014 Iowa Ave  
 City Colorado Springs State CO Zip Code 80909-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Academy School District 20 Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2020  
**Transaction ID : VR08CTR8WZ5**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Chamberlain, Leland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1014 Iowa Ave  
 City Colorado Springs State CO Zip Code 80909-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Academy School District 20 Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37RN5**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Degen, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Arena Lake Dr  
 City Palm Coast State FL Zip Code 32137-6914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 02 / 2020  
**Transaction ID : VR08CTQSV26**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**C. Degen, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Arena Lake Dr  
 City Palm Coast State FL Zip Code 32137-6914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV375K9**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 21 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Degen, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Arena Lake Dr  
 City Palm Coast State FL Zip Code 32137-6914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 01 / 31 / 2020  
**Transaction ID : VR08CV38KX6**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Drew, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Avon Ave  
 City York State ME Zip Code 03909-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 01 / 04 / 2020  
**Transaction ID : VR08CTQSE87**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Drew, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Avon Ave  
 City York State ME Zip Code 03909-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 01 / 11 / 2020  
**Transaction ID : VR08CTR9A93**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Drew, Janet, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Avon Ave

City York	State ME	Zip Code 03909-1146
--------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2020

**Transaction ID : VR08CV37CP8**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Dreyfuss, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Edgemoor Rd

City Rochester	State NY	Zip Code 14618-1206
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
565.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2020

**Transaction ID : VR08CTR9AA1**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Dreyfuss, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Edgemoor Rd

City Rochester	State NY	Zip Code 14618-1206
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
565.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2020

**Transaction ID : VR08CTR9AB8**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 23 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. Dreyfuss, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Edgemoor Rd  
 City Rochester State NY Zip Code 14618-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 01 / 11 / 2020  
**Transaction ID : VR08CTR9AC6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dreyfuss, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Edgemoor Rd  
 City Rochester State NY Zip Code 14618-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 01 / 27 / 2020  
**Transaction ID : VR08CV36ZE6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Gettleman, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2310 Ocean Park Blvd Apt B  
 City Santa Monica State CA Zip Code 90405-5165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 06 / 2020  
**Transaction ID : VR08CTR9FP5**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Congressional Progressive Caucus PAC**

**A. Gettleman, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2310 Ocean Park Blvd  
 Apt B  
 City Santa Monica State CA Zip Code 90405-5165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35326**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2020  
**Transaction ID : VR08CTQS5S1**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

**C. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2020  
**Transaction ID : VR08CTQS5T9**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	703.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 25 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2020  
**Transaction ID : VR08CTQRRV9**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

**B. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTR9B95**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

**C. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 11 / 2020  
**Transaction ID : VR08CTR9BA3**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Goldman, Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Granelli Ave

City Half Moon Bay	State CA	Zip Code 94019-1819
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2020

**Transaction ID : VR08CTR9BB1**

Amount of Each Receipt this Period  

5.00
------

 Memo Item

**B. Goldman, Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Granelli Ave

City Half Moon Bay	State CA	Zip Code 94019-1819
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2020

**Transaction ID : VR08CTR9BC9**

Amount of Each Receipt this Period  

3.00
------

 Memo Item

**C. Goldman, Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Granelli Ave

City Half Moon Bay	State CA	Zip Code 94019-1819
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
28.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2020

**Transaction ID : VR08CV352D0**

Amount of Each Receipt this Period  

2.00
------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 27 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV352E8**  
 Amount of Each Receipt this Period  
 2.00  
 Memo Item

**B. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38PN0**  
 Amount of Each Receipt this Period  
 2.00  
 Memo Item

**C. Goldman, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Granelli Ave  
 City Half Moon Bay State CA Zip Code 94019-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38PP8**  
 Amount of Each Receipt this Period  
 2.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. Gray, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 652 Brenda Lee Dr  
 City San Jose State CA Zip Code 95123-5501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2020  
**Transaction ID : VR08CTR9C39**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Gray, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 652 Brenda Lee Dr  
 City San Jose State CA Zip Code 95123-5501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV36HR6**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Gray, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 652 Brenda Lee Dr  
 City San Jose State CA Zip Code 95123-5501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV36HS4**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Congressional Progressive Caucus PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gray, James, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2020 <b>Transaction ID : VR08CV38778</b>
Mailing Address 652 Brenda Lee Dr		Amount of Each Receipt this Period 100.00
City San Jose	State CA	Zip Code 95123-5501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hammett, Benjamin, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2020 <b>Transaction ID : VR08CTQASAS2</b>
Mailing Address 301 Lowell Ave		Amount of Each Receipt this Period 250.00
City Palo Alto	State CA	Zip Code 94301-3812
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hammett, Benjamin, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2020 <b>Transaction ID : VR08CTR9J73</b>
Mailing Address 301 Lowell Ave		Amount of Each Receipt this Period 250.00
City Palo Alto	State CA	Zip Code 94301-3812
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 30 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Hammett, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Lowell Ave  
 City Palo Alto State CA Zip Code 94301-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 01 / 12 / 2020  
**Transaction ID : VR08CTR9J81**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hammett, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Lowell Ave  
 City Palo Alto State CA Zip Code 94301-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 01 / 31 / 2020  
**Transaction ID : VR08CV384A5**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Hammond, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 451 Harris Rd  
 City Bedford Hills State NY Zip Code 10507-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pace University Occupation (for Individual) Actress  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2020  
**Transaction ID : VR08CV365Y9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Holliday, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Isaac Creek Cir  
 City New Braunfels State TX Zip Code 78132-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2020  
**Transaction ID : VR08CTR9DM6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Holliday, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Isaac Creek Cir  
 City New Braunfels State TX Zip Code 78132-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2020  
**Transaction ID : VR08CTR9DN4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Holliday, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Isaac Creek Cir  
 City New Braunfels State TX Zip Code 78132-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2020  
**Transaction ID : VR08CTR9DP2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. Holliday, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Isaac Creek Cir  
 City New Braunfels State TX Zip Code 78132-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2020  
**Transaction ID : VR08CTR9DQ0**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Holliday, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Isaac Creek Cir  
 City New Braunfels State TX Zip Code 78132-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38R23**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Huber, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Lavaca St Apt 9J  
 City Austin State TX Zip Code 78701-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2020  
**Transaction ID : VR08CTR9EW0**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 33 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. Huber, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Lavaca St  
 Apt 9J  
 City Austin State TX Zip Code 78701-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38WY4**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Huber, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Lavaca St  
 Apt 9J  
 City Austin State TX Zip Code 78701-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38WZ1**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2020  
**Transaction ID : VR08CTQST00**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 34 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2020  
**Transaction ID : VR08CTQST18**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2020  
**Transaction ID : VR08CTQST26**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2020  
**Transaction ID : VR08CTQST33**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2020  
**Transaction ID : VR08CTQST41**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2020  
**Transaction ID : VR08CTQST59**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2020  
**Transaction ID : VR08CTQST67**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 36 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2020  
**Transaction ID : VR08CTQST75**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2020  
**Transaction ID : VR08CTQST83**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2020  
**Transaction ID : VR08CTR9YT8**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 37 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. LaFarge, Grant, , ,**

Mailing Address 250 E Alameda St  
Apt 426

City Santa Fe State NM Zip Code 87501-6204

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

Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2020

Transaction ID : **VR08CTR9YV6**

Amount of Each Receipt this Period  
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LaFarge, Grant, , ,**

Mailing Address 250 E Alameda St  
Apt 426

City Santa Fe State NM Zip Code 87501-6204

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

Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2020

Transaction ID : **VR08CTR9YW4**

Amount of Each Receipt this Period  
5.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. LaFarge, Grant, , ,**

Mailing Address 250 E Alameda St  
Apt 426

City Santa Fe State NM Zip Code 87501-6204

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

Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2020

Transaction ID : **VR08CV34N40**

Amount of Each Receipt this Period  
15.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 71 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)  
**Congressional Progressive Caucus PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. LaFarge, Grant, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 20 / 2020		
Mailing Address 250 E Alameda St Apt 426			<b>Transaction ID : VR08CV35W03</b>		
City Santa Fe	State NM	Zip Code 87501-6204	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) New Mexico Medical Board		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. LaFarge, Grant, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 20 / 2020		
Mailing Address 250 E Alameda St Apt 426			<b>Transaction ID : VR08CV35W11</b>		
City Santa Fe	State NM	Zip Code 87501-6204	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) New Mexico Medical Board		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LaFarge, Grant, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 20 / 2020		
Mailing Address 250 E Alameda St Apt 426			<b>Transaction ID : VR08CV35W29</b>		
City Santa Fe	State NM	Zip Code 87501-6204	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) New Mexico Medical Board		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 270.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV35W36**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV35W44**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV35W52**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

**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 40 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35W60**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Q32**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Q40**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 41 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New Mexico Medical Board Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z38**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New Mexico Medical Board Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z46**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New Mexico Medical Board Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z54**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 42 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z62**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z70**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z88**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 43 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37Z95**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : VR08CV37ZA3**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. LaFarge, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E Alameda St  
 Apt 426  
 City Santa Fe State NM Zip Code 87501-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Medical Board Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV39J29**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 71  
(check only one)

<input checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Leon, Judy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 268 W 139Th St

City New York	State NY	Zip Code 10030-2109
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2020

**Transaction ID : VR08CTQSKH8**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Leon, Judy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 268 W 139Th St

City New York	State NY	Zip Code 10030-2109
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2020

**Transaction ID : VR08CTQSKJ6**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Leon, Judy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 268 W 139Th St

City New York	State NY	Zip Code 10030-2109
------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2020

**Transaction ID : VR08CTQSKK4**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 71  
(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)  
**Congressional Progressive Caucus PAC**

**A. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2020  
**Transaction ID : VR08CTRA5M6**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2020  
**Transaction ID : VR08CTRA5N4**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2020  
**Transaction ID : VR08CTRA5P2**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 46 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Congressional Progressive Caucus PAC**

**A. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2020  
**Transaction ID : VR08CTRA5Q0**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35BP0**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35BQ8**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 47 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV35BR6**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 01 / 27 / 2020  
**Transaction ID : VR08CV377X3**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Leon, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 W 139Th St  
 City New York State NY Zip Code 10030-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 01 / 27 / 2020  
**Transaction ID : VR08CV377Y1**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 48 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Mayne, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11545 Holmes Point Dr NE  
 City Kirkland State WA Zip Code 98034-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ESPN Occupation (for Individual) Broadcaster  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38DM4**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Moschel, Marvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 38Th St  
 City Long Island City State NY Zip Code 11101-1354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : VR08CTRA4D0**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**C. Moschel, Marvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 38Th St  
 City Long Island City State NY Zip Code 11101-1354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV35BK6**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	755.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Congressional Progressive Caucus PAC**

**A. Moschel, Marvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 38Th St  
 City Long Island City State NY Zip Code 11101-1354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38ZY0**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**B. Nicholes, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6261 E Fox Glen Dr  
 City Anaheim State CA Zip Code 92807-4070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2020  
**Transaction ID : VR08CTRA7W3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Pylyshyn, Zenon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 W 29Th St Apt 8E  
 City New York State NY Zip Code 10001-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2020  
**Transaction ID : VR08CTQS1E7**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 50 OF 71
	<input checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Pylyshyn, Zenon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 W 29Th St  
 Apt 8E  
 City New York State NY Zip Code 10001-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1015.00

Date of Receipt  
 01 / 05 / 2020  
**Transaction ID : VR08CTQS1F5**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Taft, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 17Th St  
 Apt 1011  
 City Denver State CO Zip Code 80202-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 01 / 27 / 2020  
**Transaction ID : VR08CV37HQ7**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Taft, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 17Th St  
 Apt 1011  
 City Denver State CO Zip Code 80202-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 01 / 31 / 2020  
**Transaction ID : VR08CV38NP5**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 51 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Congressional Progressive Caucus PAC**

**A. Taft, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 17Th St  
 Apt 1011  
 City Denver State CO Zip Code 80202-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2020  
**Transaction ID : VR08CV38NQ3**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Takahashi, Masako, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Shore View Ave  
 City San Francisco State CA Zip Code 94121-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 02 / 2020  
**Transaction ID : VR08CTQT0W4**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Takahashi, Masako, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Shore View Ave  
 City San Francisco State CA Zip Code 94121-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2020  
**Transaction ID : VR08CTQSDP5**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 71  
(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)  
**Congressional Progressive Caucus PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Takahashi, Masako, , ,**

Mailing Address 7 Shore View Ave

City San Francisco	State CA	Zip Code 94121-1628
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Artist
--	---------------------------------------

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 01 / 11 / 2020  
**Transaction ID : VR08CTRAQA6**

Amount of Each Receipt this Period  
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Takahashi, Masako, , ,**

Mailing Address 7 Shore View Ave

City San Francisco	State CA	Zip Code 94121-1628
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Artist
--	---------------------------------------

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV34AX4**

Amount of Each Receipt this Period  
 15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Takahashi, Masako, , ,**

Mailing Address 7 Shore View Ave

City San Francisco	State CA	Zip Code 94121-1628
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Artist
--	---------------------------------------

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 01 / 20 / 2020  
**Transaction ID : VR08CV34AY2**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 53 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Congressional Progressive Caucus PAC**

**A. Takahashi, Masako, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Shore View Ave  
 City San Francisco State CA Zip Code 94121-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV34AZ0**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Takahashi, Masako, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Shore View Ave  
 City San Francisco State CA Zip Code 94121-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2020  
**Transaction ID : VR08CV34B08**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Williams, Helen, Hinchey, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 17Th Ave W Apt J213  
 City Bradenton State FL Zip Code 34209-7844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2020  
**Transaction ID : VR08CV2FDW8**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	10153.01

**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

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)

**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : VQZ94AKQ4**  
Amount of Each Disbursement this Period

[ ] 603.32

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : VQZ94AKF2H**  
Amount of Each Disbursement this Period

[ ] 891.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : VQZ94AKQ4**  
Amount of Each Disbursement this Period

[ ] 799.37

Memo Item

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

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

[ ] 2294.10

[ ]

**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

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)

**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : VQZ94AKQ4

Amount of Each Disbursement this Period

[REDACTED] 784.59

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : VQZ94AKQ5L

Amount of Each Disbursement this Period

[REDACTED] 688.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP Payroll Services**

Mailing Address 1 Adp Blvd

City  
Roseland

State  
NJ

Zip Code  
07068-1728

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : VQZ94AKFFI

Amount of Each Disbursement this Period

[REDACTED] 71.23

Memo Item

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

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

[REDACTED] 1544.52

[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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial) <b>A. ADP Payroll Services</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2020	
Mailing Address 1 Adp Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VQZ94AKQ6I</b> Amount of Each Disbursement this Period [REDACTED] 971.08	
City Roseland	State NJ	Zip Code 07068-1728	Category/ Type [REDACTED]
Purpose of Disbursement Payroll Taxes		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ADP Payroll Services</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2020	
Mailing Address 1 Adp Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VQZ94AKQ6I</b> Amount of Each Disbursement this Period [REDACTED] 71.23	
City Roseland	State NJ	Zip Code 07068-1728	Category/ Type [REDACTED]
Purpose of Disbursement Payroll Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ADP Payroll Services</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2020	
Mailing Address 1 Adp Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VQZ94AKQ6I</b> Amount of Each Disbursement this Period [REDACTED] 84.59	
City Roseland	State NJ	Zip Code 07068-1728	Category/ Type [REDACTED]
Purpose of Disbursement Payroll Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1126.90
<b>TOTAL</b> 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

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)  
**Congressional Progressive Caucus PAC**

**A. ADP Payroll Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Adp Blvd

City Roseland State NJ Zip Code 07068-1728

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 30 / 2020

FEC Identification Number: C  
Transaction ID : VQZ94AKQ6f  
Amount of Each Disbursement this Period: 2910.41

Memo Item

**B. American Express Company**

Full Name (Last, First, Middle Initial)  
Mailing Address 3 World Financial Ctr  
200 Vesey Street

City New York State NY Zip Code 10285-0001

Purpose of Disbursement Credit Card Payment - See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number: C  
Transaction ID : VQZ94AKFF5  
Amount of Each Disbursement this Period: 3082.94

Memo Item

**C. American Express Company**

Full Name (Last, First, Middle Initial)  
Mailing Address 3 World Financial Ctr  
200 Vesey Street

City New York State NY Zip Code 10285-0001

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number: C  
Transaction ID : VQZ94AKQ7  
Amount of Each Disbursement this Period: 39.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5993.35

**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

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)  
**Congressional Progressive Caucus PAC**

**A. Buca Di Beppo**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Connecticut Ave NW

City Washington State DC Zip Code 20009-5708

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 07 / 2020

FEC Identification Number C

Transaction ID : VQZ94AKQ7

Amount of Each Disbursement this Period 465.30

Memo Item

**B. Buttercream Bakeshop**

Full Name (Last, First, Middle Initial)

Mailing Address 1250 9Th St NW

City Washington State DC Zip Code 20001-4882

Purpose of Disbursement Food/Beverages

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 07 / 2020

FEC Identification Number C

Transaction ID : VQZ94AKQ7

Amount of Each Disbursement this Period 340.20

Memo Item

**C. District BBQ**

Full Name (Last, First, Middle Initial)

Mailing Address 2670 Avenir Pl

City Vienna State VA Zip Code 22180-6768

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 07 / 2020

FEC Identification Number C

Transaction ID : VQZ94AKQ7

Amount of Each Disbursement this Period 502.65

Memo Item

**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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. District Taco**

Mailing Address 656 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-4304

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	0

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VQZ94AKQ7I**  
 Amount of Each Disbursement this Period  
 [Redacted] 385.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lebanese Taverna**

Mailing Address 2641 Connecticut Ave NW

City Washington State DC Zip Code 20008-1522

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	0

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VQZ94AKQ7I**  
 Amount of Each Disbursement this Period  
 [Redacted] 764.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. Young Chow**

Mailing Address 312 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1147

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	0

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VQZ94AKQ7I**  
 Amount of Each Disbursement this Period  
 [Redacted] 379.45

Memo Item

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

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

[Redacted]	0.00
[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

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)

**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. American Express Company**

Mailing Address 3 World Financial Ctr  
200 Vesey Street

City New York State NY Zip Code 10285-0001

Purpose of Disbursement  
Credit Card Payment - See Below

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKFF6  
Amount of Each Disbursement this Period  
11778.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express Company**

Mailing Address 3 World Financial Ctr  
200 Vesey Street

City New York State NY Zip Code 10285-0001

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ73  
Amount of Each Disbursement this Period  
39.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bullfeathers**

Mailing Address 410 1St St SE

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ7.  
Amount of Each Disbursement this Period  
10748.80

Memo Item

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

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

11778.09

**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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Wine & Spirits**

Mailing Address 323 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1148

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number

C [REDACTED]  
**Transaction ID : VQZ94AKQ78**  
Amount of Each Disbursement this Period  
[REDACTED] 226.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHIKO**

Mailing Address 423 8Th St SE

City Washington State DC Zip Code 20003-2833

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number

C [REDACTED]  
**Transaction ID : VQZ94AKQ78**  
Amount of Each Disbursement this Period  
[REDACTED] 690.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brown, Evan, , ,**

Mailing Address 880 New Jersey Ave SE  
Unit 620

City Washington State DC Zip Code 20003-3760

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2020

FEC Identification Number

C [REDACTED]  
**Transaction ID : VQZ94AKQ78**  
Amount of Each Disbursement this Period  
[REDACTED] 3180.48

Memo Item

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

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

[REDACTED] 3180.48

[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

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)  
**Congressional Progressive Caucus PAC**

**A. DC Health Link**

Full Name (Last, First, Middle Initial)

Mailing Address 645 H St NE

City Washington State DC Zip Code 20002-4347

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 09 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKFF8

Amount of Each Disbursement this Period: 384.24

Memo Item

**B. Evans & Katz, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKFF4

Amount of Each Disbursement this Period: 2767.42

Memo Item

**C. Kieloch Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address 228 2Nd St SE

City Washington State DC Zip Code 20003-1943

Purpose of Disbursement Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKFF

Amount of Each Disbursement this Period: 4000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7151.66

**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

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)  
**Congressional Progressive Caucus PAC**

**A. McCabe, Conor, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1401 New York Ave NE

City Washington State DC Zip Code 20002-1786

Purpose of Disbursement Digital Strategy Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 27 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKQ5I

Amount of Each Disbursement this Period: 240.00

Memo Item

**B. Mothership Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 1328 Florida Ave NW Ste C

City Washington State DC Zip Code 20009-4827

Purpose of Disbursement Digital Strategy Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKFF7

Amount of Each Disbursement this Period: 12188.00

Memo Item

**C. NGP VAN**

Full Name (Last, First, Middle Initial)

Mailing Address 1445 New York Ave NW Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement Software and Support

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKQ6I

Amount of Each Disbursement this Period: 5385.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 17813.00

**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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial) <b>A. Perry, Jason, R, ,</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2020	
Mailing Address 1401 New York Ave NE Apt 457		FEC Identification Number C [REDACTED] <b>Transaction ID : VQZ94AKQ6</b> Amount of Each Disbursement this Period 1823.17	
City Washington	State DC	Zip Code 20002-1794	Category/ Type
Purpose of Disbursement Salary		Memo Item <input type="checkbox"/>	
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Perry, Jason, R, ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2020	
Mailing Address 1401 New York Ave NE Apt 457		FEC Identification Number C [REDACTED] <b>Transaction ID : VQZ94AKQ6</b> Amount of Each Disbursement this Period 1823.17	
City Washington	State DC	Zip Code 20002-1794	Category/ Type
Purpose of Disbursement Salary		Memo Item <input type="checkbox"/>	
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2020	
Mailing Address 1455 Market St FI 4		FEC Identification Number C [REDACTED] <b>Transaction ID : VQZ94AKFF</b> Amount of Each Disbursement this Period 12.43	
City San Francisco	State CA	Zip Code 94103-1355	Category/ Type
Purpose of Disbursement Travel		Memo Item <input type="checkbox"/>	
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) ▼		
State: District:			

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

3658.77

**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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

### A. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKFFE  
Amount of Each Disbursement this Period  
12.15

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKFFE  
Amount of Each Disbursement this Period  
9.93

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ5  
Amount of Each Disbursement this Period  
10.61

Memo Item

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

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

32.69

**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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ61  
Amount of Each Disbursement this Period  
10.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ61  
Amount of Each Disbursement this Period  
11.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ61  
Amount of Each Disbursement this Period  
14.95

Memo Item

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

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

37.63

# 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

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)

**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

### A. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City  
San Francisco

State  
CA

Zip Code  
94103-1355

Purpose of Disbursement  
Travel

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
0	1		1	6		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : VQZ94AKQ6:**  
 Amount of Each Disbursement this Period  
 [ ] 16.36

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City  
San Francisco

State  
CA

Zip Code  
94103-1355

Purpose of Disbursement  
Travel

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
0	1		1	7		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : VQZ94AKQ6:**  
 Amount of Each Disbursement this Period  
 [ ] 12.11

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City  
San Francisco

State  
CA

Zip Code  
94103-1355

Purpose of Disbursement  
Travel

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
0	1		1	7		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : VQZ94AKQ6:**  
 Amount of Each Disbursement this Period  
 [ ] 11.40

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						3	9	.	8

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ6f  
Amount of Each Disbursement this Period  
11.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ6f  
Amount of Each Disbursement this Period  
12.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ6f  
Amount of Each Disbursement this Period  
23.33

Memo Item

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

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

46.99

**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

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)

**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ6#  
Amount of Each Disbursement this Period  
11.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ6#  
Amount of Each Disbursement this Period  
8.02

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2020

FEC Identification Number

C  
Transaction ID : VQZ94AKQ6#  
Amount of Each Disbursement this Period  
9.88

Memo Item

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

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

29.02

# 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

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)  
**Congressional Progressive Caucus PAC**

Full Name (Last, First, Middle Initial)

### A. Uber Technologies

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement  
Travel

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	Y	Y
0	1		2	8		2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : VQZ94AKQ6**  
 Amount of Each Disbursement this Period  
 [ ] 7.50

Memo Item

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	Y	Y

FEC Identification Number

**C** [ ]  
 Amount of Each Disbursement this Period  
 [ ]

Memo Item

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	Y	Y

FEC Identification Number

**C** [ ]  
 Amount of Each Disbursement this Period  
 [ ]

Memo Item

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

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

[ ]	7.50
[ ]	54734.57

**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 checked="" 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)  
**Congressional Progressive Caucus PAC**

**A. Bialowas, Dana, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3024 Mulberry Ave

City Fullerton State CA Zip Code 92835-1915

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 27 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKQ5f

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Goldman, Jane, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 401 Granelli Ave

City Half Moon Bay State CA Zip Code 94019-1819

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKF36

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Hickey, John, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6595 N Gold Leaf Pt

City Dunnellon State FL Zip Code 34433-6313

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2020

FEC Identification Number: C

Transaction ID : VQZ94AKF3f

Amount of Each Disbursement this Period: 500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1200.00