

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

Office Use Only FEB 12 AM 11:13

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

12FE4M5

Mid-Atlantic Progressive Leadership Committee

ADDRESS (number and street)

P.O. Box 320156

Check if different than previously reported. (ACC)

Alexandria VA 22320

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

C00300236

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 [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period

1/1 / 25 / 2008 through 12 / 31 / 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wesley Smith

Signature of Treasurer

[Handwritten Signature]

Date

12 / 30 / 2008

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

29030024696

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mid-Atlantic Progressive Leadership Committee

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="2008"/>		<input type="text" value="4989.8"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1375.46"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="1050.90"/>	<input type="text" value="16787.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2425.46"/>	<input type="text" value="17285.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1574.00"/>	<input type="text" value="16434.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="851.46"/>	<input type="text" value="851.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-0-"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-0-"/>	

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

29030024697

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Mid-Atlantic Progressive Leadership Committee

Report Covering the Period:

From:

11 / **25** / **2008**

To:

12 / **31** / **2008**

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).....

-0-

950.00

(ii) Unitemized.....

1,050.00

1,583.70

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

1,050.00

1,678.70

(b) Political Party Committees.....

-0-

-0-

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

-0-

-0-

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

1,050.00

1,678.70

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

N/A

N/A

13. All Loans Received.....

-0-

-0-

14. Loan Repayments Received.....

N/A

N/A

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

-0-

-0-

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

N/A

N/A

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

-0-

-0-

18. Transfers from Non-Federal and Levin Funds

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

N/A

N/A

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

N/A

N/A

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

-0-

-0-

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

1,050.00

1,678.70

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

1,050.00

1,678.70

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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	N/A	N/A
(ii) Non-Federal Share.....	N/A	N/A
(b) Other Federal Operating Expenditures	1,574.00	13,049.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,574.00	13,049.52
22. Transfers to Affiliated/Other Party Committees.....	N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	3,385.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	N/A	N/A
26. Loan Repayments Made.....	N/A	N/A
27. Loans Made.....	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	N/A	N/A
(b) Political Party Committees	N/A	N/A
(c) Other Political Committees (such as PACs).....	N/A	N/A
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	N/A	N/A
(ii) "Levin" Share.....	N/A	N/A
(b) Federal Election Activity Paid Entirely With Federal Funds	N/A	N/A
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	N/A	N/A
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,574.00	16,434.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,574.00	16,434.52

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,050.00	16,787.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,050.00	16,787.00
36. Total Federal Operating Expenditures, (add Line 21(a)(i) and Line 21(b))	1,574.00	13,049.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,574.00	13,049.52

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 9
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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)
Mid-Atlantic Progressive Leadership Committee

A.

Full Name (Last, First, Middle Initial)
Smith, Wesley J.

Date of Disbursement
11 / 26 / 2008

Mailing Address
P.O. Box 320156

City *Alexandria* State *VA* Zip Code *22320*

Purpose of Disbursement
Party cash

Candidate Name
Party cash

Amount of Each Disbursement this Period
00.7

Category/Type
25.00

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

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial)
Smith, Wesley J.

Date of Disbursement
11 / 28 / 2008

Mailing Address
P.O. Box 320156

City *Alexandria* State *VA* Zip Code *22320*

Purpose of Disbursement
lodging reimbursement

Candidate Name
lodging reimbursement

Amount of Each Disbursement this Period
00.1

Category/Type
150.00

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

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial)
Smith, Wesley J.

Date of Disbursement
12 / 02 / 2008

Mailing Address
P.O. Box 320156

City *Alexandria* State *VA* Zip Code *22320*

Purpose of Disbursement
Salary

Candidate Name
Salary

Amount of Each Disbursement this Period
00.1

Category/Type
50.00

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

State: _____ District: _____

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

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 4				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Mid-Atlantic Progressive Leadership Committee

A. Full Name (Last, First, Middle Initial)
Smith, Wesley J.

Mailing Address
P.O. Box 320156

City *Alexandria* State *VA* Zip Code *22320*

Purpose of Disbursement
party cash

Candidate Name
party cash

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

State: _____ District: _____

Date of Disbursement
12 / 04 / 2008

Amount of Each Disbursement this Period
0.02 Category/Type
90.00

B. Full Name (Last, First, Middle Initial)
Smith, Wesley J.

Mailing Address
P.O. Box 320156

City *Alexandria* State *VA* Zip Code *22320*

Purpose of Disbursement
lodging reimbursement

Candidate Name
lodging reimbursement

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

State: _____ District: _____

Date of Disbursement
12 / 08 / 2008

Amount of Each Disbursement this Period
0.01 Category/Type
142.00

C. Full Name (Last, First, Middle Initial)
Smith, Wesley J.

Mailing Address
P.O. Box 320156

City *Alexandria* State *VA* Zip Code *22320*

Purpose of Disbursement
party cash

Candidate Name
party cash

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

State: _____ District: _____

Date of Disbursement
12 / 09 / 2008

Amount of Each Disbursement this Period
0.01 Category/Type
25.00

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

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Mid-Atlantic Progressive Leadership Committee

A. Full Name (Last, First, Middle Initial) <i>Smith, Wesley J.</i>		Date of Disbursement 12 / 12 / 2008	
Mailing Address <i>P.O. Box 320156</i>			
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22320</i>	
Purpose of Disbursement <i>petty cash</i>		Amount of Each Disbursement this Period <i>90.00</i>	
Candidate Name		Category/Type <i>002</i>	
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: _____		

B. Full Name (Last, First, Middle Initial) <i>Smith, Wesley J.</i>		Date of Disbursement 12 / 15 / 2008	
Mailing Address <i>P.O. Box 320156</i>			
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22320</i>	
Purpose of Disbursement <i>lodging reimbursement</i>		Amount of Each Disbursement this Period <i>135.00</i>	
Candidate Name		Category/Type <i>001</i>	
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: _____		

C. Full Name (Last, First, Middle Initial) <i>Smith, Wesley J.</i>		Date of Disbursement 12 / 19 / 2008	
Mailing Address <i>P.O. Box 320156</i>			
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22320</i>	
Purpose of Disbursement <i>petty cash</i>		Amount of Each Disbursement this Period <i>110.00</i>	
Candidate Name		Category/Type <i>002</i>	
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).....▶	
TOTAL This Period (last page this line number only).....▶	

29030024703

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 4

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mid-Atlantic Progressive Leadership Committee

Full Name (Last, First, Middle Initial)

A. <u>Smith, Wesley J.</u>		Date of Disbursement
Mailing Address <u>P.O. Box 320156</u>		MM / DD / YYYY 12 / 22 / 2008
City <u>Alexandria</u>	State <u>VA</u>	Zip Code <u>22320</u>
Purpose of Disbursement <u>lodging reimbursement</u>	Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>150.00</u>
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: _____		

B. <u>Smith, Wesley J.</u>		Date of Disbursement
Mailing Address <u>P.O. Box 320156</u>		MM / DD / YYYY 12 / 23 / 2008
City <u>Alexandria</u>	State <u>VA</u>	Zip Code <u>22320</u>
Purpose of Disbursement <u>Salary</u>	Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>460.00</u>
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: _____		

C. <u>Smith, Wesley J.</u>		Date of Disbursement
Mailing Address <u>P.O. Box 320156</u>		MM / DD / YYYY 12 / 26 / 2008
City <u>Alexandria</u>	State <u>VA</u>	Zip Code <u>22320</u>
Purpose of Disbursement <u>lodging reimbursement</u>	Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>190.00</u>
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).....▶

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

<u>1567.00</u>

29030024704

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Ed
 PREPARER
 (3/2005)

2/12/09
 DATE PREPARED

29030024705