

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

**RECEIVED
FEC MAIL ROOM**

2001 JAN 28 A 9 18

1. NAME OF COMMITTEE (in full) Committee for a Progressive Congress <hr/> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o Gilbert & Wolford, 2201 Wisconsin Ave., NW <hr/> CITY, STATE and ZIP CODE Washington, DC 20007	2. FEC IDENTIFICATION NUMBER F00196824 <hr/> 3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)
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4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:**
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

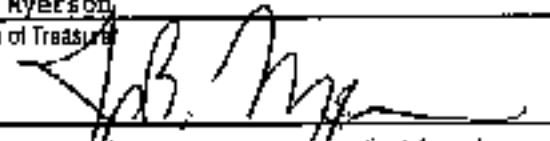
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 71,554.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 13,256.78	
(c) Total Receipts (from line 19)	\$ 174.70	\$ 78,356.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,431.48	\$ 149,910.77
7. Total Disbursements (from Line 30)	\$ 3,840.50	\$ 140,319.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,590.98	\$ 9,590.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Tay B. Myerson

Signature of Treasurer



Date

1/22/01

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

FEC FORM 3X

(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/97)

NAME OF COMMITTEE <u>Committee for a Progressive Congress</u>	REPORT COVERING PERIOD	
	FROM: 11/28/00	TO: 12/31/00
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	150.00	8,679.38
ii. Unitemized	-0-	50.00
ii. Total (add i and ii)	150.00	8,729.38
b. Political Party Committees		
c. Other Political Committees (such as PACs)		69,500.00
d. Total Contributions (add a ii, b and c)	150.00	78,229.38
12. Transfers From Affiliated/Other Party Committees		
13. All Inans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	24.70	127.17
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	174.70	78,356.55
20. Total Federal Receipts (subtract line 18 from line 19)	174.70	78,356.55
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H-4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	3,840.50	11,319.79
c. Total Operating Expenditures (Add a i, a ii, and b)	3,840.50	11,319.79
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		129,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
* Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c)		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	3,840.50	140,319.79
31. Total Federal Disbursements (subtract line 21 b ii from line 30)	= 3,840.50	140,319.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	150.00	78,229.38
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	150.00	78,229.38
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	3,840.50	11,319.79
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	3,840.50	11,319.79

SCHEDULE A

ITEMIZED RECEIPTS

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) FEC ID No. C00196824
Committee for a Progressive Congress

A. Full Name, Mailing Address and ZIP Code Jay B. Myerson 11860 Sunrise Valley Road #100 Reston, VA 22091		Name of Employer Law Office of Jay Myerson Occupation Attorney	Date (month, day, year) 11/1/00-12/31/00	Amount of Each Receipt this Period 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$ 900.00		In-Kind
B. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$		
C. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$		
E. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$		
G. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	150.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

Committee for a Progressive Congress

FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch 1650 K Street, NW Washington, DC 20006	Interest Income	12/31/00	24.70
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$	127.17	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional)	24.70
TOTAL This Period (last page this line number only)	24.70

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
		21b

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NAME OF COMMITTEE (in full)

Committee for a Progressive Congress

FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gilbert & Wolfand, PC 2201 Wisconsin Avenue, NW Suite 520 Washington, DC 20007	ACCOUNTING SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	494.50
B. Full Name, Mailing Address and ZIP Code Jay D. Myerson 11060 Sunrise Valley Drive #100 Reston, VA 22091	LEGAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	1,928.00
C. Full Name, Mailing Address and ZIP Code Fraioli/Siggins 80 F Street, NW #804 Washington, DC 20001	FUNDRAISING SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/3/00	786.66
D. Full Name, Mailing Address and ZIP Code Jay B. Myerson 11860 Sunrise Valley Drive #100 Reston, VA 22091	OFFICE/ADMIN. SUPPORT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00 - 12/31/00	150.00 Included
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

CUSTOMER TOTAL of Disbursements This Page (optional) 3,840.50

TOTAL This Period (last page this line number only) 3,840.50

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has 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"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

AMW
PREPARER

1-28-01
DATE PREPARED