

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Committee for a Progressive Congress	Jan 20 1994
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o Gilbert & Wolfand, P.C. 2201 Wisconsin Avenue, NW, Suite 320	2. FEC IDENTIFICATION NUMBER C00196824
CITY, STATE and ZIP CODE Washington, DC 20007	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 6,128.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,109.71	
(c) Total Receipts (from Line 19)	\$ 53.85	\$ 705.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,163.56	\$ 6,834.06
7. Total Disbursements (from Line 30)	\$ 446.00	\$ 3,116.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,717.56	\$ 3,717.56
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ None	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9539 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ None	

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 Jay Iverson	Date
Signature of Treasurer <i>Jay Iverson</i>	January 20, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

(revised 1/1/91)

NAME OF COMMITTEE <i>Committee for a Progressive Congress</i>	REPORT COVERING PERIOD	
	FROM <i>7/1/93</i>	TO <i>12/31/93</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
1. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A)		600.00
ii. Unitemized		
iii. Total (add i and ii) >		600.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >		600.00
2. Transfers From Affiliated/Other Party Committees		
3. All Loans Received		
4. Loan Repayments Received		
5. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
6. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
7. Other Federal Receipts (Dividends, Interest, etc.)	53.85	105.50
8. Transfers from Nonfederal Account for Joint Activity		
9. Total Receipts (add 1d, 2, 3, 4, 5, 6, 7, and 8) >	53.85	705.50
10. Total Federal Receipts (subtract line 18 from line 9) >	53.85	705.50
II. Disbursements		
11. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule HA)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	446.00	2,116.50
c. Total Operating Expenditures (add a i, a ii, and b) >	446.00	2,116.50
12. Transfers to Affiliated/Other Party Committees		
13. Contributions to Federal Candidates/Committees and Other Political Committees		1,000.00
14. Independent Expenditures (use Schedule E)		
15. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
16. Loan Repayments Made		
17. Loans Made		
18. Refunds of Contributions To:		
a. Individual 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) >		
19. Other Disbursements		
20. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	446.00	3,116.50
21. Total Federal Disbursements (subtract line 21 a & ii from line 20) >	446.00	3,116.50
III. Net Contributions/Operating Expenditures		
22. Total Contributions (other than loans)(from line 11d)		600.00
23. Total Contribution Refunds (from line 28d)		
24. Net Contributions (other than loans)(subtract line 23 from 22)		600.00
25. Total Federal Operating Expenditures (add 21 a i and 21 b) >	446.00	2,116.50
26. Offsets to Operating Expenditures (from line 15)		
27. Net Operating Expenditures (subtract line 26 from 25) >	446.00	2,116.50

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SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Committee for A Progressive Congress

34033751141

A. Full Name, Mailing Address and ZIP Code Merrill Lynch Ready Assets Account 1850 K Street NW Washington, DC 20006		Name of Employer Interest Income	Date (month, day, year) 7/1/93 - 12/31/93	Amount of Each Receipt this Period 53.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 105.50	
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)				53.85
TOTAL This Period (last page this line number only)				53.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 211

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NAME OF COMMITTEE (In Full)

Committee for a Progressive Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank P.O. Box 26150 Richmond, VA 23260	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/93 - 12/31/93	88.00
B. Full Name, Mailing Address and ZIP Code Gilbert & Wolfand, P.C. 2201 Wisconsin Avenue, NW Suite 320 Washington, DC 20007	Purpose of Disbursement Accounting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/6/93	226.00
C. Full Name, Mailing Address and ZIP Code Department of Finance and Revenue Suite 5505 441 4th Street, NW Washington, DC 20001	Purpose of Disbursement Annual Reports Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/93	132.00
D. 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
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

SUBTOTAL of Disbursements This Page (optional) 446.00

TOTAL This Period (last page this line number only) 446.00

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**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-27-94</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input 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
<i>M.B.</i> PREPARER	<i>1-29-94</i> DATE PREPARED

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