

**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

PROGRESSIVE CHOICES PAC

ADDRESS (number and street) ▼

P.O. BOX 58

☐ Check if different than previously reported. (ACC)

EVANSTON

IL

60204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00381806

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Karen Lennon

Signature of Treasurer

Karen Lennon

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PROGRESSIVE CHOICES PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

|                                                                                                                                                                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2015</span> |                         | 16165.49                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | 58017.26                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | 7500.00                 | 87500.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | 65517.26                | 103665.49                         |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | 58.15                   | 38206.38                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | 65459.11                | 65459.11                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**PROGRESSIVE CHOICES PAC**

Report Covering the Period:

From:

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 01 |   |   | 2015 |   |   |   |

To:

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 30 |   |   | 2015 |   |   |   |

**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).....

5000.00

48000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5000.00

48000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

39500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

7500.00

87500.00

## 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))..... ▶

7500.00

87500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

7500.00

87500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 58.15                         | 3206.38                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 58.15                         | 3206.38                           |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 33000.00                          |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....                                  | 0.00                          | 0.00                              |
| (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)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....                                                                  | 0.00                          | 2000.00                           |
| 30. Federal Election Activity (2 U.S.C. §431(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)) ..      | 58.15                         | 38206.38                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 58.15                         | 38206.38                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 7500.00                       | 87500.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 7500.00                       | 87500.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 58.15                         | 3206.38                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 58.15                         | 3206.38                           |

# **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 8  
 (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)  
**PROGRESSIVE CHOICES PAC**

|                                                                                                                                 |                           |                                                                                                                                                                           |                                                                                                                                                                                                                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jeanne Sullivan</b>                                                            |                           |                                                                                                                                                                           | Date of Receipt<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y</div> <div>11 / 19 / 2015</div> </div> <b>Transaction ID : SA11AI.4248</b> |  |  |
| Mailing Address 175 E. Delaware Place                                                                                           |                           |                                                                                                                                                                           | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>5000.00</span> </div>                                         |  |  |
| City<br>Chicago                                                                                                                 | State<br>IL               | Zip Code<br>60611                                                                                                                                                         | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>5000.00</span> </div>                                         |  |  |
| FEC ID number of contributing federal political committee.                                                                      |                           | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>C</span> <span></span> </div>                                   |                                                                                                                                                                                                                             |  |  |
| Name of Employer<br>Self-employed                                                                                               | Occupation<br>Investments |                                                                                                                                                                           |                                                                                                                                                                                                                             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                           | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>5000.00</span> </div> |                                                                                                                                                                                                                             |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                                            |                           |                                                                                                                                                                           | Date of Receipt<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y</div> <div></div> </div>                                                   |  |  |
| Mailing Address                                                                                                                 |                           |                                                                                                                                                                           | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>                                                |  |  |
| City                                                                                                                            | State                     | Zip Code                                                                                                                                                                  | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>                                                |  |  |
| FEC ID number of contributing federal political committee.                                                                      |                           | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>C</span> <span></span> </div>                                   |                                                                                                                                                                                                                             |  |  |
| Name of Employer                                                                                                                |                           | Occupation                                                                                                                                                                |                                                                                                                                                                                                                             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                           | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>        |                                                                                                                                                                                                                             |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                                            |                           |                                                                                                                                                                           | Date of Receipt<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y</div> <div></div> </div>                                                   |  |  |
| Mailing Address                                                                                                                 |                           |                                                                                                                                                                           | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>                                                |  |  |
| City                                                                                                                            | State                     | Zip Code                                                                                                                                                                  | Amount of Each Receipt this Period<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>                                                |  |  |
| FEC ID number of contributing federal political committee.                                                                      |                           | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>C</span> <span></span> </div>                                   |                                                                                                                                                                                                                             |  |  |
| Name of Employer                                                                                                                |                           | Occupation                                                                                                                                                                |                                                                                                                                                                                                                             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                           | Aggregate Year-to-Date ▼<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>        |                                                                                                                                                                                                                             |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                         |                           |                                                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>5000.00</span> </div>                                                                               |  |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                               |                           |                                                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>5000.00</span> </div>                                                                               |  |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

|                              |                              |                                         |                             |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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 |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE CHOICES PAC**

Full Name (Last, First, Middle Initial)

**A. THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Mailing Address 409 12TH STREET, SW

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

C

C00364158

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 12 |   |   | 2015 |   |   |   |

Transaction ID : SA11C.4249

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

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

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 8

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE CHOICES PAC**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 208 Akard Street

City Dallas                      State TX                      Zip Code 75202

Purpose of Disbursement  
Telephone and Internet

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2015
**Transaction ID : SB21B.4250**

Amount of Each Disbursement this Period

58.15

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City                                      State                                      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City                                      State                                      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.15

58.15