10030450772

FEC FORM 3X

Use

Only

FE7AN014

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED

2010 OCT 15 PM 4: 25

FEC MAIL CENTER

FEC FORM 3X

Rev. 12/2004

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PR	INT ▼		mple: If ty the lines	ping, type		E4M5		
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	than previously reported. (ACC)	AIRX	andin	<u> </u>			VA	2	12131219	
2.	FEC IDENTIFICATION N	JMBER ▼	CI	TY 🛦			STATE	<u> </u>	ZIP CO	DDE A
	C003002	3,6		IS THIS REPORT	Ø	NEW (N) Of	R [AMEN (A)	NDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthl Report		o 20 (M2)		May 20 (M	l5)	Aug 20	(M8)	Nov 20 (M11) (Non-Election Year Only)
	(a). Quarterly Reports:	Due O	Ma	r 20 (M3)		Jun 20 (M	6)	Sep 20	(M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (C	(c) 12	Apı 2-Day	20 (M4)	Primary (1	Jul 20 (M7		Oct 20	Reserved Transaction	Jan 31 (YE) Runoff (12R)
	July 15 Quarterly Report (C)2) P	RE-Election eport for the:		Convention			ecial (128	ines;	(-1.5)
	October 15 Quarterly Report (0	13)		المهما	[FW-V-W-7]	ر [روی و ۱] ،		-7		
	January 31 Year-End Report (Y	Œ)	Electi	on on			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		in the State	of
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	n P	O-Day OST-Election eport for the:		General (3	0G)	Ru	noff (30R)	Special (30S)
	Termination Report (TER)		Election	on on	M-1-M	/ [70 7 0]	/ ******	Y - Y	in the State	of
5.	Covering Period	7 00	20 (3	through	O.	9 3	0 2	2010	
I ce	rtify that I have examined th	is Report and	to the best of	f my know	ledge and	belief it is	true, corre	ct and c	omplete.	
Тур	e or Print Name of Treasure	r Wes	ley Sus	ith						
Sign	nature of Treasurer	ÛY A	7				Date	1.0	124	2010
тои	E: Submission of false, errone	eous, or incomp	olete informatio	n may sub	ject the po	erson signing	this Repor	nt to the	penalties of 2	U.S.C. §437g.
	Office	J	ļ	j		1		- 1		M 2V

1003045077

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		·
Mid-Atlantic Progressive	Leadership Committee	
Report Covering the Period: From:	0,7 01 2010 T	o: 0,9'3,0'Z0(0
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 20 ()		100809
(b) Cash on Hand at Beginning of Reporting Period	15.73.41	
(c) Total Receipts (from Line 19)	[13,635,0,0	1140300
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52.0841	[,12,4,1,1,0,9
7. Total Disbursements (from Line 31)	3,6,63,9.7	1.0,8,6,6 b. 5
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.5.444.4	15444
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 02/2003)

10030450774

Write or Type Committee Name		
Mid-Atlantic Progressive	Leadership Committee	
Report Covering the Period: From:	W / B B / V V V	o: 09 30 2010
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	Cardenda references a final and and and	
(i) Itemized (use Schedule A)		37.50.00
(ii) Uniternized	363500	10953.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	3,635.0c	11,403.00
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	363500	1/4/3/
12. Transfers From Affiliated/Other		
Party Committees	NA	NA
13. All Loans Received		
• •		
14. Loan Repayments Received	NA	NA
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	handen de maria de la maria	
(Carry Totals to Line 37, page 5)		-0-
16. Refunds of Contributions Made		
to Federal Candidates and Other	m/Δ	200
Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		>-
18. Transfers from Non-Federal and Levin Fund	s A - A - A - A - A - A - A - A -	
(a) Non-Federal Account		
(from Schedule H3)	NA	NA
(b) Levin Funds (from Schedule H5)	NA	NA
	frameliana reservigione for pall constituents and expression of the formal states.	
(c) Total Transfers (add 18(a) and 18(b))	NA.	α
	Samual Land Committee (Committee Committee Com	
:		
19. Total Receipts (add Lines 11(d),	್ರೇಡಿ ಕಾರ್ಮಿಯಾಗಲ್ಲಿ ಅರ್ಬರ್ಸ್ ಪ್ರಾಪ್ತಿಸ್ ಪ್ರಾಪ್ತಿಸಿ ಪ್ರಾಪ್ತಿಸಿ ಪ್ರಾಪ್ತಿಸಿಗೆ ಪ್ರಶ್ನಿಸಿಗೆ ಪ್ರತ್ಯಾಸಕ್ಕೆ ಸ್ಥಾಪ್ತನ್ನ 	
12, 13, 14, 15, 16, 17, and 18(c))▶	313500	11 473 44
· · · · · · · · · · · · · · · · · · ·		
20. Total Federal Receipts	Beneders to See See also also also also also also also also	length and marken their and and marken their
(subtract Line 18(c) from Line 19)▶	3,635,00	403.00
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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees... Independent Expenditures (use Schedule E) .. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)..... 26. Loan Repayments Made..... (b) Political Party Committees Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 0,8,6 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/ COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (frem Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

	CHEDULE B (FEC FORM 3A)	Hen concrete cabadula/a	FOR LINE	
[7	TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	' WIECK OILLY	
	•	Detailed Summary Page		22 23 24 25 26 28a 28b 28c 29 30b
Г	Any information copied from such Reports and Statem	conte may not be sold or i		
	or for commercial purposes, other than using the nam	ie and address of any polit	tical committee to	solicit contributions from such committee.
K	NAME OF COMMITTEE (In Full)	<u> </u>		
)			
	Mid-Atlantic Progressive L	eavership con	amaree	
	Full Name (Last, First, Middle Initial)		}	Date of Disbursement
A	Smith Whole T			Date of Disbursement
	Smith Wesley J. Mailing Address			07 06 2010
	P.O. BUX 320156			Resemblement Summittee and Sum
	P.O. BUX 320156 City AILYANDIA (/ Purpose of Disbursement	tate Zip Code		
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—	Full Name (Last, First, Middle Initial)			
В			ļ	Date of Disbursement
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	City Alexandria Purpose of Disbursement	tate Zip Code		
	Alexandria V	A 22320		•
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			Category/ Type	6000
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		Primary General		
	President O	Other (specify) ▼	1	·
_	Full Name (Last, First, Middle Initial)			
C.	· · · · · · · · · · · · · · · · · · ·		}	Date of Disbursement
	Smith Wester J.			Man / Dap / Last
	Mailing Address		J	07 09 2010
	P.O. Box 32015 6	tate Zip Code		·
	Accepted	UA 72320		
	Purpose of Disbursement		Exemply professional	
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	Candidate Name		Category/	
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•		Primary General	İ	
		Other (specify)	ļ	
	State: District:	·		
	1			
5	SUBTOTAL of Disbursements This Page (optional)		······	
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or for co	ommercial purposes, other than using the name	e and address of any politica	I committee to	solicit contributions fr	om such committee.
MAM /	E OF COMMITTEE (In Full)				
V	d-Atlantic Progressive L	eadership Comm	nittee		•
Full I	Name (Last, First, Middle Initial)			Date of Disburseme	ent
Λ.	Minds	Carol		introduction in the second	/ / ***********************************
Mailir	ng Address 7304 Holly A	Je		07/13	2010
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Ω .	·	Primary General			
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rd B.				Date of Disburseme	ent .
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State	President []	Other (specify) ▼	. }		
	Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		<u></u>	
C.		,	1	Date of Disburseme	ent
	Smith, Wasky J.	·		X-7 / 9 8	2010
Maili	ng Address P.O. Boc 320156				1 50.10
City	2	State Zip Code			
	▲	1A 22320			
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	·	Primary General	j		
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State					
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
/ Mid-Atlantic Progressive L	eadership Comm	ittee	
Full Name (Last, First, Middle Initial)			Date of Disbursement
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Mailing Address			08 02 2010
City Takana Park W Purpose of Disbursement	State Zip Code		
Tahana Park W			
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Candidate Name		Category/	23000
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Smith Wesley J.	·		76 / 70 / 52 / 5
Mailing Address P-C-Box 32c156			PS 67 4010
City	itate Zip Code		
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K	NAME OF COMMITTEE (In Full)				
	Mid-Atlantic Progressive L	Leadership Com	mittee		
. A	Full Name (Last, First, Middle Initial)			Date of Disbursement	
	VA Employment Commi	ssion		W W	
	Mailing Address			08 06 2010	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 5 OF S
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NAME OF COMMITTEE (In Full)				
Mid-Atlantic Progressive L	eadership Com	mittee		•
Full Name (Last, First, Middle Initial)				
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Smith, Wesley J.				B / YAVAVA
Mailing Address P.O. Bet 32c15(City Alexandia Purpose of Disbursement			0 80	9/20/0
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Smith, Wesley J.	·		WWW / B	المُسْمِينِ المَّامِ
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- 6	EMIZED DISPUIDSEMENTS	Use separate schedule(s)	FOR LINE I			
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	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.					
Z	NAME OF COMMITTEE (In Full)					
	Mid-Atlantic Progressive L	eadership Comm	intee	·		
	Full Name (Last, First, Middle Initial)			Data of Dishuman		
Α.				Date of Disbursement		
	Mailing Address P. O. Mary 37 6151			09 01 20 10		
	City Alexandria Purpose of Disbursement	State Zip Code				
	Alexandria	JA 22320				
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(D)			Type	5000		
el rv	Office Sought: House Disbursen	nent For: Primary General	:			
\odot		Other (specify)				
м © —	State: District:	· · · · · ·				
0	Full Name (Last, First, Middle Initial)					
B.				Date of Disbursement		
	Mailing Address			09 03 20/0		
	P.O. BOX 320156			Restrictions of Committees and Commi		
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	Office Sought: House Disbursen	nent For:	.,,,,			
	L	Primary General				
	President State: District:	Other (specify) ▼		·		
	Full Name (Last, First, Middle Initial)					
C.	•	•		Date of Disbursement		
	Smith, Wesley J.					
	Mailing Address P.C. BUY 320156		ļ	09 07 20,10		
		State Zip Code				
	Alexandria VA	72320		•		
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	K	NAME OF COMMITTEE (In Full)				
` .	V	Mid-Atlantic Progressive L	eadership Com	mittee	·	
	_	Full Name (Last, First, Middle Initial)			Data of Dishuma	
	A.	Smith, Wesley J-			Date of Disburse	ment
		Mailing Address			090	8 2010
		Purpose of Disbursement	Itate Zip Code			
11.00		Alexandria U	A 22320			
M)		Purpose of Disoursement		0.02	Amount of Each	Disbursement this Period
P~		Candidate Name		Category/	Accompany of the second seconds	
C		Office Sought: House Disbursem		Туре		6,0,00
CJ.			Primary General			
0			Other (specify) ▼			·
0		State: District:	·			
C)	В.	Full Name (Last, First, Middle Initial)		1	Date of Disburse	ment
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		Purpose of Disbursement	1A 22320			•
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	•	Candidate Name Perry Cish	·	Category/		/ 2
		Office Sought: House Disbursem		Туре		6200
		·	Primary General	1		•
			Other (specify) ▼			
	_	State: District:			·	
	C.	Full Name (Last, First, Middle Initial)			Date of Disburse	ment
	٠.	Hinds, Carel			MEMI / DE	
		Mailing Address			092	7 2010
		City 7309 Mally Ave.	state Zip Code			
		Takoma Pack M	•			
		Purpose of Disbursement			Amount of Park	Million and Alte Medical
	Candidate Name Category				Amount of Each	Disbursement this Period
				Type		23006
•		Office Sought: House Disbursem	nent For: Primary General			
			Other (specify)	1		
		State: District:	·			· · · · · · · · · · · · · · · · · · ·
	_	IIDTOTAL of Dishurson and This Days (anti		_	and the same of the same	
	L	UBTOTAL of Disbursements This Page (optional)				
	۱,	OTAL This Period (last page this line number only).			1	

S	CHEDULE B (FEC Form 3X)	<u> </u>	Troping	II IMPES	PAGE &	OF B	
•	EMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE N		LYOE C) OF U	
11		for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28		25 26 29 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.						
7	NAME OF COMMITTEE (In Full)						
4	Mid-Atlantic Progressive L	leadership Com	mittee				
Α.	Full Name (Last, First, Middle Initial)		T	Date of Disbu	rsement		
~	Hinos, Carol					***	
	MAIIIDU PUULASS			09	2.7 20	10	
	City Takana Nak Purpose of Disbursement	State Zip Code				· .	
Q ^e lp	Takana Park	MD 20912				•	
රා ඨා	Purpose of Disbursement		061	Amount of Ea	ch Disbursement t	this Period	
Print.	Candidate Name		Category/	Annan Laurent Com		-	
Ň ©	Office Squaht:	nent For	Type	Landadh		٥٥٥	
	Office Sought: House Disbursen Senate	nent For: Primary General	:				
Ø M	President	Other (specify) ▼			•		
O _	State: District:				·····		
	Full Name (Last, First, Middle Initial)			Date of Disbu	rsement		
_				/ mm	المعتما المعد	T T T	
	Mailing Address	•	·				
	City	State Zip Code				<u> </u>	
•	Purpose of Disbursement			Amount of T	ch Disbursement	thic Doile	
	Candidate Name		Catacani	Amount of Ea	AL DISDUISEMENT	uno renod	
			Category/ Type			أسلسطاسا	
	Office Sought: House Disbursen	_					
		Primary General Other (specify)				•	
-	State: District:						
_	Full Name (Last, First, Middle Initial)			Det= -4.51			
C.		٠.		Date of Disbu	rsement	-	
	Mailing Address			M = M /		- · • ·	
	City	State Zip Code					
	Purpose of Disbursement	T			•		
	Candidate Name			Amount of Ea	ch Disbursement	this Period	
			Category/ Type	–			
•	Office Sought: House Disbursen				en e		
		Primary General Other (specify)					
	State: District:			·			
Γ							
L	SUBTOTAL of Disbursements This Page (optional)						
	FOTAL This Period (last page this line number only)			, , , , , , , , , , , , , , , , , , ,	209	0.97	

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mid-Atlantic Progressive Leadership Committee	C00300236
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Smith Wish I	[Wew] / [D-DO] / [V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-
Smith, Wesley J. Mailing Address	07/01/2010
P-C. Bux 320156	Amount
City State Zip Code	1700
Alexandria UA 22320	12000
Purpose of Expenditure salary for college Category/ Type 0.07	Office Sought: House State: State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————
Joe Sestak	Check One: X Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, Wesley J. Mailing Address	07/16/2010
Mailing Address	0,1116 20.10
PO.BUT 320156	Amount
City State Zip Code	/ 4 0 0 0
Alexandria VA 22320	
Purpose of Expenditure Salary For student Category/ Od 7	Office Sought: House State:
abrence ballot program Type 00 1	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Barbara Boyer	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	-0-
(c) TOTAL Independent Expenditures	14450
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
	System (System) - System System - System Control of System (System)
Date	10 14 2010
Signature	LINDONE VINLAPED MARKETONIA AND CONTACT VINLAPED

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE Z OF G FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mid-Atlantic Progressive Leadership Committe	co0300236
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Smith West T	W-W / D-D / V-V-V-V
Smith Wesley J. Mailing Address	0.7 20 20.10
P.O. Bu+ 320156	Amount
City State Zip Code	60.00
Alexandria VA 22320	
Purpose of Expenditure Jalang For student Category/ OCT	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Richard Blumenthal	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, Wesley J. Mailing Address	- 07 23 2010
	Amount
City State Zip Code	
Pro. Box 320156 City State Zip Code Alexandria VA 22320 Purpose of Expenditure Salan For college Category/	14000
Purpose of Expenditure Salan For College Category	Office Sought: House State: WA
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
1	Check One: Support Oppose
Paity Murray	Salarad James J
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
	Screen Committee of Committee o
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	. •
	Considerational Description of Description of the Consideration of the C
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Date	
Signature	Instituted bushessian

SCHEDULE E (FEC FORM 3A)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE JF JF GFORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mid-Atlantic Progressive Leadership Committee	C00300236
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address Wester J.	0.7 30 2010
P.o. B. + 320156 City State Zip Code	Amount
	10.0000
Purpose of Expenditure Salary for Student Category/ Type 007	Office Sought: House State: PA
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
·	President Check One: Support Oppose
Jue Sestak	A
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address Wesley J.	08/(3/2010
<u> </u>	Amount
City State Zip Code	feether three fe
	//000
Purpose of Expenditure 55% For 55 udent Category	Office Sought: House State: MO
Voter vegistration	Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Coppose
Roy Blunt	hamid hamid
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify)
(a) SUBTOTAL of Massived Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •
	Complement of the Complement o
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were	
with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	of either, or (if the reporting entity is not a political
	W
Signature Date	e Landau de la companya de la compa

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mid-Atlantic Progressive Leadership Committee	C00300236
Check if 24-hour notice 48-hour notice	000308230
Full Name (Last, First, Middle Initial) of Payee	Date
Smith Illesta T	Waw book Askadad
Mailing Address	- 0.8 / 1 ª / 20.10
P-0-80x 320156	Amount
City State Zip Code	
Alexandria (1A 22320	
Purpose of Expenditure Salary for student Category/	Office Sought: House State: £ L
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Marco Rubio	Check One: Support X Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Switz Waste T	Many / Bas / Load adad
Mailing Address	- 0.8 Z. 20 L.O
1 P.O. BOX 320156	Amount
City State Zip Code	
Alexandria VA 72320	19500
Purpose of Expenditure galang for student Category	Office Sought: House State:
	Senate District: 5
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Ton Perriello	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	Company of the Compan
(a) 300 TOTAL OF REHIZED INDEPENDENT EXPENDITURES	Parallel March
(b) SUBTOTAL of Unitemized Independent Expenditures	
i	
(c) TOTAL Independent Expenditures	Andrew Control of the
(b) 101AL mooporable Expondition	
	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o	
party committee) any political party committee or its agent.	remen, or the reporting entity is not a political
! :	(The contract of the contract
Date	M T M T I D T D T I V T T T T T T T T T T T T T T T T T
Cianatura	

SCHEDULE L (LECTOHIII SX)	·
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 5 OF 6 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
mid-Atlantic Progressive Leadership Committee	FEC IDENTIFICATION NUMBER ▼
Mid-Atlantic grog ressive Leadury	C00300Z36
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Juifh, Wesley J. Mailing Address	- 08 30 20 (0
Mailing Address	
P.O. BOX 320156	Amount
City State Zip Code	//-
Alexandria VA 22320	47.00
Purpose of Expenditure Selan Coccept	Office Sought: House State: NH
Student voter registration Type 0.0.7	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Paul Hodes	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, We sley J. Mailing Address	09/09/2010
Mailing Address	
P-C.Box 320156	Amount
City State Zip Code	9200
Purpose of Expenditure Salon, for 5 tudent Category	7,300
Purpose of Expenditure Saling for student Category/	Office Sought: House State: OH
absente hallot program Type Os. 7	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Lee Fisher	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
fer Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were n	not made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of	
party committee) any political party committee or its agent.	
	Waw / Bad / Yarayay
Classius	
Signature	

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SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	
NAME OF COMMITTEE (In Full)	
Mid-Attantic Progressive Leadership Committee	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date

	FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
lid-Atlantic Progressive Leadership Committee	C00300236
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, Wesley J. Mailing Address	09/17/20.10
Mailing Address	
P.o. Bo + 32 € \	Amount
City State Zip Code	151.00
Alexandria UA 22320 Purpose of Expenditure sala for stalant Category/ (2017)	
Purpose of Expenditure Palay For State Type Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Mark Kirk	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Smith, Wesley J.	09/27/2010
P-0. B 04 32c 15 (City State Zip Code	Amount
·	22000
Purpose of Expenditure salar for student Category/ Category/	Office Sought: House State
Tuno 10 0 1 1	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Joe Sestale	Check One: Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
a) SUBTOTAL of Itemized Independent Expenditures	·
a) SUBTUTAL OF RETRIZED INDEPENDENT EXPENDITURES	
b) SUBTOTAL of Unitemized Independent Expenditures	
· · · · · · · · · · · · · · · · · · ·	
c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature Date	NTM / DID / VIVIV

PAGE 6

OF

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