

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 KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street) ▼

1904 FRANKLIN STREET

SUITE 725

Check if different than previously reported. (ACC)

OAKLAND

CA

94612

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492595

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M M / D D D / 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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2016

through

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

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 JOSHUA GROSSMAN

Signature of Treasurer

JOSHUA GROSSMAN

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

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)

Write or Type Committee Name

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

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="2016"/>		<input type="text" value="483304.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="435410.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="125279.82"/>	<input type="text" value="125654.43"/>
(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="560690.79"/>	<input type="text" value="608959.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="207967.01"/>	<input type="text" value="256235.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="352723.78"/>	<input type="text" value="352723.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 KICK INDEPENDENT EXPENDITURES

Report Covering the Period: From: / / To: / /

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).....	125000.00	125000.00
(ii) Unitemized	45.00	45.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	125045.00	125045.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	125045.00	125045.00
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).....	194.00	531.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	40.82	77.93
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))..... ▶	125279.82	125654.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	125279.82	125654.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	93856.62	143625.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	93856.62	143625.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	114110.39	112610.39
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)) ..	207967.01	256235.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	207967.01	256235.43

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)	125045.00	125045.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125045.00	125045.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	93856.62	143625.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	194.00	531.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	93662.62	143093.54

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 KICK INDEPENDENT EXPENDITURES

A. California Federation of Teachers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550- N Hollywood Way Suite 400
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : SA11AI.7177
 Amount of Each Receipt this Period
 25000.00
 Memo Item

B. California Nurses Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Capitol Mall Suite 1425
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : SA11AI.7174
 Amount of Each Receipt this Period
 50000.00
 Memo Item

C. California Nurses Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Capitol Mall Suite 1425
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : SA11AI.7175
 Amount of Each Receipt this Period
 50000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125000.00
TOTAL This Period (last page this line number only).....▶	125000.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2016

Transaction ID : SB21B.7068

Amount of Each Disbursement this Period

37.38

Memo Item

Full Name (Last, First, Middle Initial)

B. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2016

Transaction ID : SB21B.7067

Amount of Each Disbursement this Period

1816.20

Memo Item

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7087

Amount of Each Disbursement this Period

37.38

Memo Item

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

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

1890.96

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7088

Amount of Each Disbursement this Period

1678.42

Memo Item

Full Name (Last, First, Middle Initial)

B. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB21B.7092

Amount of Each Disbursement this Period

27.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB21B.7219

Amount of Each Disbursement this Period

81.95

Memo Item

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

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

1787.37

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2016

Transaction ID : SB21B.7093

Amount of Each Disbursement this Period

2102.17

Memo Item

Full Name (Last, First, Middle Initial)

B. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2016

Transaction ID : SB21B.7099

Amount of Each Disbursement this Period

39.38

Memo Item

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7105

Amount of Each Disbursement this Period

37.38

Memo Item

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

2178.93

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7106

Amount of Each Disbursement this Period

1173.64

Memo Item

Full Name (Last, First, Middle Initial)

B. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7108

Amount of Each Disbursement this Period

696.34

Memo Item

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7109

Amount of Each Disbursement this Period

37.00

Memo Item

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

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

1906.98

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2016

Transaction ID : **SB21B.7138**

Amount of Each Disbursement this Period: 37.38

Memo Item

Full Name (Last, First, Middle Initial)

B. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2016

Transaction ID : **SB21B.7139**

Amount of Each Disbursement this Period: 1482.77

Memo Item

Full Name (Last, First, Middle Initial)

C. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2016

Transaction ID : **SB21B.7154**

Amount of Each Disbursement this Period: 1438.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2958.19

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AmCheck

Mailing Address 110 West A Street

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7155

Amount of Each Disbursement this Period

37.38

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7074

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7081

Amount of Each Disbursement this Period

155.72

Memo Item

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

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

218.10

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7119

Amount of Each Disbursement this Period

155.72

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7120

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 5025

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7157

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

205.72

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 5025

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7158

Amount of Each Disbursement this Period

155.72

Memo Item

Full Name (Last, First, Middle Initial)

B. Ben Barcellos

Mailing Address 2191 Zinfandel Drive

City State Zip Code
Santa Rosa CA 95403

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7080

Amount of Each Disbursement this Period

27.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ben Barcellos

Mailing Address 2191 Zinfandel Drive

City State Zip Code
Santa Rosa CA 95403

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7193

Amount of Each Disbursement this Period

378.00

Memo Item

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

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

560.72

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Ben Barcellos		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2191 Zinfandel Drive		Transaction ID : SB21B.7162
City Santa Rosa	State CA	
Purpose of Disbursement Strategic Consulting	Candidate Name	Amount of Each Disbursement this Period 20.00
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:		

Full Name (Last, First, Middle Initial) B. Ben Barcellos		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2191 Zinfandel Drive		Transaction ID : SB21B.7163
City Santa Rosa	State CA	
Purpose of Disbursement Strategic Consulting	Candidate Name	Amount of Each Disbursement this Period 1585.00
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:		

Full Name (Last, First, Middle Initial) C. Cancelon.com		Date of Disbursement MM / DD / YYYY 06 / 04 / 2016
Mailing Address 160 Greentreet Dr Suite 101		Transaction ID : SB21B.7128
City Dover	State DE	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 708.00
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).....▶	2313.00
TOTAL This Period (last page this line number only).....▶	

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Terri Carver

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7062

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Carver

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7083

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Carver

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7094

Amount of Each Disbursement this Period

Memo Item

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

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Terri Carver

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7100

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Carver

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7136

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Carver

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7152

Amount of Each Disbursement this Period

Memo Item

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

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SB21B.7064

Amount of Each Disbursement this Period

1354.63

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SB21B.7072

Amount of Each Disbursement this Period

9.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SB21B.7086

Amount of Each Disbursement this Period

1354.65

Memo Item

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

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

2718.28

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.7095**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.7102**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.7135**

Amount of Each Disbursement this Period

Memo Item

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

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. JOSHUA GROSSMAN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1904 FRANKLIN STREET SUITE 725		Transaction ID : SB21B.7151
City OAKLAND State CA Zip Code 94612	Amount of Each Disbursement this Period 1354.64	
Purpose of Disbursement Travel Reimbursement	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOSHUA GROSSMAN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1904 FRANKLIN STREET SUITE 725		Transaction ID : SB21B.7165
City OAKLAND State CA Zip Code 94612	Amount of Each Disbursement this Period 281.64	
Purpose of Disbursement Travel Reimbursement	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Drew Hornbein		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 894 Jefferson Ave		Transaction ID : SB21B.7196
City Brooklyn State NY Zip Code 11221	Amount of Each Disbursement this Period 3875.00	
Purpose of Disbursement Strategic Consulting	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	5511.28
TOTAL This Period (last page this line number only).....▶	

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. LCB Associates

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2016

Transaction ID : SB21B.7043

Amount of Each Disbursement this Period

413.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LCB Associates

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2016

Transaction ID : SB21B.7090

Amount of Each Disbursement this Period

413.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LCB Associates

Mailing Address 388 17th St.
Suite 200

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : SB21B.7122

Amount of Each Disbursement this Period

447.00

Memo Item

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

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

1273.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Charles Lenchner

Mailing Address 901 Grand St.
#5B

City Brooklyn State NY Zip Code 11211

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SB21B.7069

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SB21B.7194

Amount of Each Disbursement this Period

900.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SB21B.7195

Amount of Each Disbursement this Period

1795.34

Memo Item

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

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

3695.34

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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement List Purchase

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2016

Transaction ID : **SB21B.7202**

Amount of Each Disbursement this Period: 55.82

Memo Item

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement List Purchase

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2016

Transaction ID : **SB21B.7203**

Amount of Each Disbursement this Period: 234.86

Memo Item

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement List Purchase

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 13 / 2016

Transaction ID : **SB21B.7212**

Amount of Each Disbursement this Period: 80.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 371.53

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : SB21B.7213

Amount of Each Disbursement this Period

56.87

Memo Item

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : SB21B.7142

Amount of Each Disbursement this Period

4695.66

Memo Item

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address 12501 Imperial Hwy

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : SB21B.7215

Amount of Each Disbursement this Period

6841.62

Memo Item

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

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

11594.15

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Power Thru Consulting

Mailing Address 3205 Lincoln Street

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Social Media Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7082

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Progressive Punch

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7077

Amount of Each Disbursement this Period

38.29

Memo Item

Full Name (Last, First, Middle Initial)

C. Progressive Punch

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089

Amount of Each Disbursement this Period

1758.25

Memo Item

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

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

2296.54

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Insurance

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.0

Amount of Each Disbursement this Period

481.96

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon Hosting

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.2

Amount of Each Disbursement this Period

284.70

Memo Item

Full Name (Last, First, Middle Initial)

C. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.3

Amount of Each Disbursement this Period

41.17

Memo Item

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

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

0.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.6

Amount of Each Disbursement this Period

82.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Give Something Back

Mailing Address 7730 Pardee Lane

City Oakland State CA Zip Code 94621

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.7

Amount of Each Disbursement this Period

142.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon.com

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.9

Amount of Each Disbursement this Period

83.39

Memo Item

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

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

0.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.11

Amount of Each Disbursement this Period

207.49

Memo Item

Full Name (Last, First, Middle Initial)

B. Virgin America

Mailing Address 555 Airport Blvd.

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7089.12

Amount of Each Disbursement this Period

121.17

Memo Item

Full Name (Last, First, Middle Initial)

C. Progressive Punch

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224

Amount of Each Disbursement this Period

2045.02

Memo Item

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

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

2045.02

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Insurance

Mailing Address File 5915

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.0

Amount of Each Disbursement this Period

481.96

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon Hosting

Mailing Address 410 Terry Ave North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.1

Amount of Each Disbursement this Period

275.87

Memo Item

Full Name (Last, First, Middle Initial)

C. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.2

Amount of Each Disbursement this Period

41.17

Memo Item

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

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

0.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. backpack

Mailing Address 77 13th Ave NE

City Minneapolis State MN Zip Code 55413

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.3

Amount of Each Disbursement this Period

43.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.5

Amount of Each Disbursement this Period

106.15

Memo Item

Full Name (Last, First, Middle Initial)

C. Craigslist.org

Mailing Address 1381 9th Ave.

City San Francisco State CA Zip Code 94122

Purpose of Disbursement
Job Postings

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.7

Amount of Each Disbursement this Period

540.00

Memo Item

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

0.00

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.8

Amount of Each Disbursement this Period

379.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon.com

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement
Book

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7224.11

Amount of Each Disbursement this Period

14.92

Memo Item

Full Name (Last, First, Middle Initial)

C. Progressive Punch

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7161

Amount of Each Disbursement this Period

38.50

Memo Item

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

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

38.50

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Progressive Punch		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7166
City Oakland	State CA	
Purpose of Disbursement Reimbursement	Candidate Name	Amount of Each Disbursement this Period 2242.72
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Kaiser Foundation Health Insurance		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address File 5915		Transaction ID : SB21B.7166.0
City Los Angeles	State CA	
Purpose of Disbursement Insurance	Candidate Name	Amount of Each Disbursement this Period 481.96
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Amazon Hosting		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 410 Terry Ave North		Transaction ID : SB21B.7166.1
City Seattle	State WA	
Purpose of Disbursement Web Hosting	Candidate Name	Amount of Each Disbursement this Period 284.27
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	2242.72
TOTAL This Period (last page this line number only).....▶	

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. New York Times

Mailing Address 620 8th Avenue

City New York State NY Zip Code 10018

Purpose of Disbursement Subscriptions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7166.2

Amount of Each Disbursement this Period

23.74

Memo Item

Full Name (Last, First, Middle Initial)

B. backpack

Mailing Address 77 13th Ave NE

City Minneapolis State MN Zip Code 55413

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7166.3

Amount of Each Disbursement this Period

43.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7166.5

Amount of Each Disbursement this Period

225.48

Memo Item

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

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

0.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Craigslist.org

Mailing Address 1381 9th Ave.

City San Francisco State CA Zip Code 94122

Purpose of Disbursement
Job Postings

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7166.7

Amount of Each Disbursement this Period

675.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Give Something Back

Mailing Address 7730 Pardee Lane

City Oakland State CA Zip Code 94621

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7166.8

Amount of Each Disbursement this Period

278.96

Memo Item

Full Name (Last, First, Middle Initial)

C. Amazon.com

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement
Office Furniture

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SB21B.7166.9

Amount of Each Disbursement this Period

185.36

Memo Item

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

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

0.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Public Policy Polling

Mailing Address 2912 Highwoods Blvd.

City Raleigh State NC Zip Code 27604

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7182

Amount of Each Disbursement this Period

11600.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Registered Agent Inc

Mailing Address 412 N Main St Suite 100

City Buffalo State WY Zip Code 82834

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2016

Transaction ID : SB21B.7053

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Registered Agent Inc

Mailing Address 412 N Main St Suite 100

City Buffalo State WY Zip Code 82834

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2016

Transaction ID : SB21B.7144

Amount of Each Disbursement this Period

145.00

Memo Item

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

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

11970.00

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Registered Agent Inc

Mailing Address 412 N Main St
Suite 100

City Buffalo State WY Zip Code 82834

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SB21B.7148

Amount of Each Disbursement this Period

49.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Mailing Address 1025 Vermont Ave., NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7075

Amount of Each Disbursement this Period

1365.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Mailing Address 1025 Vermont Ave., NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7183

Amount of Each Disbursement this Period

980.00

Memo Item

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

2394.00

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2016

Mailing Address 1025 Vermont Ave., NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Transaction ID : SB21B.7121

Amount of Each Disbursement this Period

2060.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2016

Mailing Address 1025 Vermont Ave., NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Transaction ID : SB21B.7207

Amount of Each Disbursement this Period

3550.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

Mailing Address 1025 Vermont Ave., NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Transaction ID : SB21B.7164

Amount of Each Disbursement this Period

635.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

6245.00

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. State Compensation Insurance Fund

Date of Disbursement

Mailing Address PO Box 748170

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

City Los Angeles State CA Zip Code 90074

Transaction ID : SB21B.7073

Purpose of Disbursement Insurance

Amount of Each Disbursement this Period

Candidate Name

Category/Type

172.98

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. State Compensation Insurance Fund

Date of Disbursement

Mailing Address PO Box 748170

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

City Los Angeles State CA Zip Code 90074

Transaction ID : SB21B.7079

Purpose of Disbursement Insurance

Amount of Each Disbursement this Period

Candidate Name

Category/Type

204.25

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Leslie Stewart

Date of Disbursement

Mailing Address 1904 Franklin Street

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2016

City Oakland State CA Zip Code 94612

Transaction ID : SB21B.7096

Purpose of Disbursement Payroll

Amount of Each Disbursement this Period

Candidate Name

Category/Type

129.07

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

506.30

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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Leslie Stewart		Date of Disbursement MM / DD / YYYY 05 / 30 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7103
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 378.40
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:		

Full Name (Last, First, Middle Initial) B. Leslie Stewart		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7134
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 325.20
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:		

Full Name (Last, First, Middle Initial) C. Leslie Stewart		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7150
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 159.02
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).....▶	862.62
TOTAL This Period (last page this line number only).....▶	

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. The Campaign Network

Mailing Address 140 Bayswater St.

City Boston State MA Zip Code 02128

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SB21B.7078

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Virgin America

Mailing Address 555 Airport Blvd.

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7112

Amount of Each Disbursement this Period

468.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Virgin America

Mailing Address 555 Airport Blvd.

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2016

Transaction ID : SB21B.7132

Amount of Each Disbursement this Period

237.00

Memo Item

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

955.20

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Charlotte Warren		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7065
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 1235.92
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Charlotte Warren		Date of Disbursement MM / DD / YYYY 04 / 30 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7085
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 1431.24
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Charlotte Warren		Date of Disbursement MM / DD / YYYY 05 / 15 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7097
City Oakland	State CA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 1352.19
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	4019.35
TOTAL This Period (last page this line number only).....▶	

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Charlotte Warren

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2016

Transaction ID : SB21B.7104

Amount of Each Disbursement this Period

120.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Charlotte Warren

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB21B.7107

Amount of Each Disbursement this Period

1486.35

Memo Item

Full Name (Last, First, Middle Initial)

C. Charlotte Warren

Mailing Address 1904 Franklin Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : SB21B.7137

Amount of Each Disbursement this Period

1062.86

Memo Item

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

2669.29

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

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Charlotte Warren		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7153
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 1047.53
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) B. Devin Weaver		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7063
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 1089.29
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) C. Devin Weaver		Date of Disbursement MM / DD / YYYY 04 / 30 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7084
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 704.48
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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).....▶	2841.30
TOTAL This Period (last page this line number only).....▶	

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Devin Weaver		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7091
City Oakland	State CA	
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 440.81
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Devin Weaver		Date of Disbursement MM / DD / YYYY 05 / 15 / 2016
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.7098
City Oakland	State CA	
Purpose of Disbursement Payroll Services		Amount of Each Disbursement this Period 1556.36
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Windsor Inn		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 1842 16th Street NW		Transaction ID : SB21B.7221
City Washington	State DC	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 431.68
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	2428.85
TOTAL This Period (last page this line number only).....▶	92650.55

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Cornerstone Printing		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 50 Francisco Street Suite 245		Transaction ID : SB29.7225
City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period 2667.50	
Purpose of Disbursement Non-Federal Printing	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cornerstone Printing		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 50 Francisco Street Suite 245		Transaction ID : SB29.7187
City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period 3775.20	
Purpose of Disbursement Non-Federal Printing	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cornerstone Printing		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 50 Francisco Street Suite 245		Transaction ID : SB29.7189
City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period 1416.80	
Purpose of Disbursement Non-Federal Printing	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	7859.50
TOTAL This Period (last page this line number only).....▶	

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) A. Cornerstone Printing		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 50 Francisco Street Suite 245		Transaction ID : SB29.7204
City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period 2983.20	
Purpose of Disbursement Non-Federal Printing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Cornerstone Printing		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 50 Francisco Street Suite 245		Transaction ID : SB29.7208
City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period 6183.10	
Purpose of Disbursement Non-Federal Printing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Cornerstone Printing		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 50 Francisco Street Suite 245		Transaction ID : SB29.7209
City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period 266.75	
Purpose of Disbursement Non-Federal Printing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	9433.05
TOTAL This Period (last page this line number only)..... ▶	

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Dial, Discuss and Decide

Full Name (Last, First, Middle Initial)

Mailing Address 41-750 Rancho Las Palmas Drive

City Rancho Mirage State CA Zip Code 92270

Purpose of Disbursement
Phone Calls-Non-Federal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 13 / 2016

Transaction ID : **SB29.7210**

Amount of Each Disbursement this Period: 786.05

Memo Item

B. Handled with Care

Full Name (Last, First, Middle Initial)

Mailing Address 14358 Wicks Blvd

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Non-Federal Mailing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 18 / 2016

Transaction ID : **SB29.7184**

Amount of Each Disbursement this Period: 14062.24

Memo Item

C. Handled with Care

Full Name (Last, First, Middle Initial)

Mailing Address 14358 Wicks Blvd

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Non-Federal Mailing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 18 / 2016

Transaction ID : **SB29.7186**

Amount of Each Disbursement this Period: 19752.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 34601.01

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Handled with Care

Mailing Address 14358 Wicks Blvd

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Non-Federal Mailing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2016

Transaction ID : SB29.7190

Amount of Each Disbursement this Period

16545.71

Memo Item

Full Name (Last, First, Middle Initial)

B. Handled with Care

Mailing Address 14358 Wicks Blvd

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Non-Federal Mailing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2016

Transaction ID : SB29.7192

Amount of Each Disbursement this Period

7031.12

Memo Item

Full Name (Last, First, Middle Initial)

C. Marshall Arts Creative Services, Inc.

Mailing Address 125 N Raymond Ave #502

City Pasadena State CA Zip Code 91103

Purpose of Disbursement
Non-Federal Media Production

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB29.7201

Amount of Each Disbursement this Period

6600.00

Memo Item

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

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

30176.83

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. SG&A Campaigns

Mailing Address 600 Playhouse Alley

City Pasadena State CA Zip Code 91101

Purpose of Disbursement
Non-Federal Media Production

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7205

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SG&A Campaigns

Mailing Address 600 Playhouse Alley

City Pasadena State CA Zip Code 91101

Purpose of Disbursement
Non-Federal Media Production

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7214

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Voter Punch

Mailing Address 1904 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7061

Amount of Each Disbursement this Period

Memo Item

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

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