Committee Name: PROGRESS PA PAC

If registered, FEC ID:

Today's Unite: 3/26/018

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

, Treasurer

TRECEIVED
FEC MAIL CENTER

Larry A. Silverman, Esq.

2018 APR -2 AM 10: 11

4719 Bayard Street Pittsburgh, PA 15213 Office/Cell: 412-600-4319

Email: larry@lsilvermanlaw.com

Website: www.lsilvermanlaw.com

Federal Election Commission

March 26, 2018

999 E. Street, N.W.

Washington, DC 20463

RE: Progress PA PAC Statement of Organization

Dear Sir/Madam:

Please accept for filing the enclosed FEC Form 1, Statement of Organization and Form 1, Statement of Organization, Unlimited Contributions letter on behalf of Progress PA PAC.

We look forward to receipt of our FEC Identification Number.

Very Truly Yours,

Larry Af Silverman, Esq.

FEC FORM 1

Use

Only

NO-10 - OC - ON - ON - OO-1000015

STATEMENT OF **ORGANIZATION**

AM IO: 11

			7818 APR -C	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
PROGRESS P	PAC			
ADDRESS (number and street)	1,16 CHAPE	L HARBOR	DRIVE	
(Check if address is changed)			11111	
	PITITS BURGA	/	PA STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	STACEYVER	NALISEGMA,	LICOM	
	Optional Second E-Mail Add	iress		
			11111	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)	,		,
(Check if address is changed)				
	للناللا	· 		<u> </u>
2. DATE 03 /	5 2018			
3. FEC IDENTIFICATION N	IUMBER ▶ C			,
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		i
I certify that I have examined to	this Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	BARRY	lad RUSH	Î	
Signature of Treasurer	Bayer	Rul	Date Q_3^{m}	15 2018
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMAT			the penalties of 52 U.S.C. §30109
Office		For further Information		FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

5.	TYPE	OF CO	DMMITTEE
	Cano	lidate	Committee:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		
	Candi Party	date Affiliatio	Office State Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	V	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(ġ)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Comi	mittees Participating in Joint Fundraiser
		1.	
		2.	FEC ID number
		3.	FEC ID number C
		4	

Write or Type Committee Name

. Name of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
MOMELLILI	<u> </u>		
Mailing Address			
. 	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sponso
Custodian of Records: Iden books and records.	tify by name, address (phone number or	otional) and position of the	person in possession of committe
Full Name TREA	45,URER		
Mailing Address	L		
		لنا لىب	<u> </u>
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committe	e; and the name and address of
Full Name of Treasurer	RY RUSH	<u>.l. l., l. l. l. l., l. l.</u>	<u></u>
Mailing Address	1/27, TW/N, OAKS	DRIVE	
	P; ++ 5 6 5 R 9 H	STATE	145737- ZIP CODE
Title or Position TREASURER		Telephone number	4121-1445-18094

 age	4

Full Name of Designated Agent	CEY NERNALIS		
Mailing Address	116 CHAPEL HA	RBOR DRIVE	
	Pi++ Sb, U, R, 9/7,	STATE	[/,52,3,8] ZIP CODE
Title or Position A、SS/STANT	TREASURER	Telephone number	12-580-6858
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		which the committee deposits	funds, holds accounts, rents
1F/18	St, NATIONAL BA	NK	
Mailing Address	17.4.7.5, MCKN, 8,9,4,2		
	<u> </u>		
	Pitts6UR9h	PA	15237-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
لبيا			
Mailing Address			
. 			
·	CITY	STATE	ZIP CODE

4719 BAYARD 54.

L. Si NORMA



FEDERAL Election Comm 999 E. STREET, N.W. Wasturgton, D.C. 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Date of Receipt Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): (3/2015)