

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.

PROGRESSIVE KICK INDEPENDENT EXPENDITURES

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PROGRESSIVE 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="YYYY"/> <input type="text" value="2012"/>		<input type="text" value="87995.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="162583.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="171670.31"/>	<input type="text" value="342265.54"/>
(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="334253.92"/>	<input type="text" value="430260.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="220368.56"/>	<input type="text" value="316375.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113885.36"/>	<input type="text" value="113885.36"/>
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)

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).....	157600.02	299600.02
(ii) Unitemized	555.12	555.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	158155.14	300155.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	38500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	171655.14	338655.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3500.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	15.17	110.40
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))..... ▶	171670.31	342265.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	171670.31	342265.54

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	18202.88	38401.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18202.88	38401.34
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)	162732.43	217388.12
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	28500.00	28500.00
(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)).....	28500.00	28500.00
29. Other Disbursements	10933.25	32085.85
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)) ..	220368.56	316375.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	220368.56	316375.31

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)	171655.14	338655.14
34. Total Contribution Refunds (from Line 28(d))	28500.00	28500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	143155.14	310155.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18202.88	38401.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18202.88	34901.34

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)
A. Barudin Law Firm

Mailing Address 7900 Menaul Blvd

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
 600.02

Full Name (Last, First, Middle Initial)
B. California Nurses Association PAC

Mailing Address 555 Capitol Mall
 Suite 1425

City State Zip Code
 Sacramento CA 95814

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
 06 / 04 / 2012

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period
 25000.00

Full Name (Last, First, Middle Initial)
C. Communication Workers of America

Mailing Address 501 3rd Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 28500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
 28500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 54100.02

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

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

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

FOR LINE NUMBER: PAGE 7 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Communication Workers of America
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 3rd Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 57000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2012
Transaction ID : SA11AI.4469
 Amount of Each Receipt this Period
 28500.00

B. Drug Policy Action Fund for New Mexico
 Full Name (Last, First, Middle Initial)
 Mailing Address 343 East Alameda
 City Santa Fe State NM Zip Code 87501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : SA11AI.4461
 Amount of Each Receipt this Period
 1500.00

C. Lawrence & Susan Hess
 Full Name (Last, First, Middle Initial)
 Mailing Address 6309 Cypress Point Rd.
 City San Diego State CA Zip Code 92120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Investor/Homemaker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 130000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : SA11AI.4463
 Amount of Each Receipt this Period
 40000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)
A. League of Conservation Voters

Mailing Address 1920 L Street, NW
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18500.00

Date of Receipt
05 / 22 / 2012
Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
18500.00

Full Name (Last, First, Middle Initial)
B. League of Conservation Voters

Mailing Address 1920 L Street, NW
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23500.00

Date of Receipt
06 / 28 / 2012
Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Robert McKay

Mailing Address 298 Chestnut Street

City San Francisco State CA Zip Code 94133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McKay Investments Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 25 / 2012
Transaction ID : SA11AI.4431

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 28500.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Full Name (Last, First, Middle Initial)
Paul R. Rudd

Mailing Address 109 Greene Street
Apt 4A

City New York State NY Zip Code 10012

FEC ID number of contributing federal political committee. **C**

Name of Employer Adaptive Analytics, LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 22 / 2012
Transaction ID : SA11AI.4425

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 157600.02

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

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

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. PROGRESSIVE CHANGE CAMPAIGN COMMITTEE
Full Name (Last, First, Middle Initial)
Mailing Address 1630 R STREET NW #703

City WASHINGTON	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11C.4435

Amount of Each Receipt this Period
13500.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	13500.00
TOTAL This Period (last page this line number only).....▶	13500.00

**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

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

Full Name (Last, First, Middle Initial)

A. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2012

Transaction ID : SB21B.4406

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2012

Transaction ID : SB21B.4407

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. COOPERATIVE CREDIT UNION FCU

Mailing Address 2001 ASHBY AVE.

City BERKELEY State CA Zip Code 94703

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2012

Transaction ID : SB21B.4422

Amount of Each Disbursement this Period

10.00

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

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

45.00

--

**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

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

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
06 / 02 / 2012

Transaction ID : SB21B.4416

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. 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
06 / 02 / 2012

Transaction ID : SB21B.4417

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Research and Polling Inc

Mailing Address 5140 San Francisco Road NE

City Albuquerque State NM Zip Code 87109

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
06 / 02 / 2012

Transaction ID : SB21B.4414

Amount of Each Disbursement this Period

14000.00

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

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

17000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Sandler, Reiff, Young & Lamb, 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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2012

Transaction ID : SB21B.4412

Amount of Each Disbursement this Period

1460.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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
	/		/	

Amount of Each Disbursement this Period

--

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

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

1460.00

18505.00

**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 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial)

A. Communication Workers of America

Mailing Address 501 3rd Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

06 / 29 / 2012

Transaction ID : SB28A.4473

Amount of Each Disbursement this Period

28500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

28500.00

28500.00

**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 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

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

Full Name (Last, First, Middle Initial)

A. Don Mickey Designs

Mailing Address 1530 Girard Boulevard NE

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement
Non-Federal Printing - New Mexico

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4421

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Focus Ink

Mailing Address 335 Jefferson SE

City Albuquerque State NM Zip Code 87108

Purpose of Disbursement
Non-Federal Printing - New Mexico

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4404

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Linda L. Lillow

Mailing Address 5117 La Subida NW

City Albuquerque State NM Zip Code 87105

Purpose of Disbursement
Graphic Design - Non-Federal - New Mexico

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4410

Amount of Each Disbursement this Period

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 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

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

Full Name (Last, First, Middle Initial)

A. Organizers in the Land of Enchantment

Mailing Address 411 Bellamah NW

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement
Non-Federal Canvassing - New Mexico

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : SB29.4398

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

1000.00

10933.25

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Research and Polling Inc	Nature of Debt (Purpose): Polling
Mailing Address 5140 San Francisco Road NE	
City State Zip Code Albuquerque NM 87109	

Outstanding Balance Beginning This Period 14000.00	Transaction ID : SD10.4333	
Amount Incurred This Period 0.00	Payment This Period 14000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ C C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Abar Hutton Media		Date M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2012
Mailing Address 6190 Grovedale Court Suite 200		Amount 14920.50
City Alexandria State VA Zip Code 22310	Transaction ID : SE.4338	
Purpose of Expenditure TV Advertising	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NM</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 34075.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Abar Hutton Media		Date M M M / D D D / Y Y Y Y Y Y 05 / 29 / 2012
Mailing Address 6190 Grovedale Court Suite 200		Amount 55001.40
City Alexandria State VA Zip Code 22310	Transaction ID : SE.4369	
Purpose of Expenditure TV Advertising	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>CA</u> <input type="checkbox"/> Senate District: <u>52</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT PETERS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 68555.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69921.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ C C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC		Date MM / DD / YYYY 05 / 30 / 2012
Mailing Address 650 Massachusetts Ave, NW		Amount 27000.00
City Washington	State DC	
Zip Code 20001	Transaction ID : SE.4374	
Purpose of Expenditure Radio Advertising	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 96514.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC		Date MM / DD / YYYY 06 / 01 / 2012
Mailing Address 650 Massachusetts Ave, NW		Amount 13500.00
City Washington	State DC	
Zip Code 20001	Transaction ID : SE.4379	
Purpose of Expenditure Radio Advertising	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 110014.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature _____ [Electronically Filed] Date MM / DD / YYYY **07 / 09 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00492595 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Don Hoover & Associates		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 23 / 2012</div>
Mailing Address 1532 NW 143rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2408.66</div>
City Edmond	State OK	
Zip Code 73013	Transaction ID : SE.4343	
Purpose of Expenditure Media Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NM</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">43514.45</div>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Don Hoover & Associates		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 23 / 2012</div>
Mailing Address 1532 NW 143rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2008.67</div>
City Edmond	State OK	
Zip Code 73013	Transaction ID : SE.4351	
Purpose of Expenditure Media Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>CA</u> <input type="checkbox"/> Senate District: <u>52</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT PETERS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">12553.67</div>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4417.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN
[Electronically Filed]
Date 07 / 09 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00492595 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Don Hoover & Associates		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 02 / 2012</div>
Mailing Address 1532 NW 143rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">757.75</div>
City Edmond	State OK	
Zip Code 73013	Transaction ID : SE.4413	
Purpose of Expenditure Media Production	Category/ Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div>	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">112107.56</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Don Mickey Designs		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 02 / 2012</div>
Mailing Address 1530 Girard Boulevard NE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">1225.09</div>
City Albuquerque	State NM	
Zip Code 87106	Transaction ID : SE.4418	
Purpose of Expenditure Printing - Dissem 6/5	Category/ Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div>	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">113332.65</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">1982.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature _____ [Electronically Filed] Date MM / DD / YYYY

07 / 09 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ C C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee DS Political		Date MM / DD / YYYY 05 / 23 / 2012
Mailing Address 1133 19th Street, NW		Amount 7030.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Online Advertising	Category/ Type	Transaction ID : SE.4342
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Office Sought: <input checked="" type="checkbox"/> House State: <u>NM</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
41105.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee DS Political		Date MM / DD / YYYY 05 / 23 / 2012
Mailing Address 1133 19th Street, NW		Amount 10545.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Online Advertising	Category/ Type	Transaction ID : SE.4349
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT PETERS		Office Sought: <input checked="" type="checkbox"/> House State: <u>CA</u> <input type="checkbox"/> Senate District: <u>52</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
10545.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17575.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature _____ [Electronically Filed] Date MM / DD / YYYY **07 / 09 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ C C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Focus Ink		Date M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2012
Mailing Address 335 Jefferson SE		Amount 781.10
City Albuquerque	State NM	
Zip Code 87108	Transaction ID : SE.4411	
Purpose of Expenditure Printing - Dissem 6/5	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 111349.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Linda L. Lillow		Date M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2012
Mailing Address 5117 La Subida NW		Amount 554.26
City Albuquerque	State NM	
Zip Code 87105	Transaction ID : SE.4408	
Purpose of Expenditure Graphic Design - Dissem 6/5	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 110568.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1335.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2012

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ C C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mandate Media		Date MM / DD / YYYY 05 / 24 / 2012
Mailing Address 2014 SE 39th Ave.		Amount 1000.00
City Portland	State OR	Zip Code 97214
Purpose of Expenditure Ad Design	Category/ Type	Transaction ID : SE.4356
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Office Sought: <input checked="" type="checkbox"/> House State: <u>NM</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 44514.45		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mandate Media		Date MM / DD / YYYY 05 / 24 / 2012
Mailing Address 2014 SE 39th Ave.		Amount 1000.00
City Portland	State OR	Zip Code 97214
Purpose of Expenditure Ad Design	Category/ Type	Transaction ID : SE.4357
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT PETERS		Office Sought: <input checked="" type="checkbox"/> House State: <u>CA</u> <input type="checkbox"/> Senate District: <u>52</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13553.67		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN
 Signature [Electronically Filed] Date **07 / 09 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES	FEC IDENTIFICATION NUMBER ▼ C C00492595
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Organizers in the Land of Enchantment		Date MM / DD / YYYY 05 / 25 / 2012
Mailing Address 411 Bellamah NW		Amount 25000.00
City Albuquerque	State NM	
Zip Code 87102	Transaction ID : SE.4361	
Purpose of Expenditure Canvassing Services	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ERIC GRIEGO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 69514.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	162732.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JOSHUA GROSSMAN

Signature

[Electronically Filed]

Date

MM / DD / YYYY
07 / 09 / 2012