

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
OAKLAND CA 94612

Check if different than previously reported. (ACC)

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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 07 / 12 / 2013

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									
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**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="2013"/>		<input type="text" value="86703.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86703.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="124942.91"/>	<input type="text" value="124942.91"/>
(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="211646.09"/>	<input type="text" value="211646.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86300.57"/>	<input type="text" value="86300.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="125345.52"/>	<input type="text" value="125345.52"/>
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

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).....	118420.98	118420.98
(ii) Unitemized	217.00	217.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	118637.98	118637.98
(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)	118637.98	118637.98
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).....	6277.55	6277.55
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	27.38	27.38
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))..... ▶	124942.91	124942.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	124942.91	124942.91

DETAILED SUMMARY PAGE

of Disbursements

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	46790.57	46790.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46790.57	46790.57
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)	27510.00	27510.00
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	12000.00	12000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86300.57	86300.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86300.57	86300.57

DETAILED SUMMARY PAGE
of Disbursements

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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)	118637.98	118637.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	118637.98	118637.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46790.57	46790.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	6277.55	6277.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40513.02	40513.02

**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 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. Lawrence & Susan Hess		Date of Receipt
Mailing Address 6309 Cypress Point Rd.		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City State Zip Code San Diego CA 92120		Transaction ID : SA11AI.4792
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50000.00"/>
Name of Employer Self	Occupation Investor/Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="50000.00"/>	

Full Name (Last, First, Middle Initial) B. Progressive Kick Wisconsin Recall Committee		Date of Receipt
Mailing Address 1904 Franklin Street		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Oakland CA 94612		Transaction ID : SA11AI.4806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="11420.98"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11445.98"/>	

Full Name (Last, First, Middle Initial) C. Edward Rice		Date of Receipt
Mailing Address 2217 Halcyon Ln		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City State Zip Code Vienna VA 22181		Transaction ID : SA11AI.4888
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="71420.98"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. Margorie Roswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3443 Guilford Ter
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roswell Infographics Occupation Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : SA11AI.4791
 Amount of Each Receipt this Period
 25000.00

B. Margorie Roswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3443 Guilford Ter
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roswell Infographics Occupation Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 47000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : SA11AI.4880
 Amount of Each Receipt this Period
 22000.00

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 Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	47000.00
TOTAL This Period (last page this line number only).....▶	118420.98

**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 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE KICK INDEPENDENT EXPENDITURES

A. DS Political
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 19th Street, NW
 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 ▼
 6020.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : SA15.4807
 Amount of Each Receipt this Period
 6020.00

B. Fortune Media, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 527 Avenue B
 City Redondo Beach State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 257.55

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2013
Transaction ID : SA15.4845
 Amount of Each Receipt this Period
 257.55

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 Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	6277.55
TOTAL This Period (last page this line number only).....▶	6277.55

**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 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

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2013

Transaction ID : SB21B.4742

Amount of Each Disbursement this Period

410.80

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

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2013

Transaction ID : SB21B.4743

Amount of Each Disbursement this Period

31.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2013

Transaction ID : SB21B.4751

Amount of Each Disbursement this Period

540.03

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

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

981.83

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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)		Date of Disbursement	
A. AmCheck		MM / DD / YYYY 01 / 17 / 2013	
Mailing Address 110 West A Street		Transaction ID : SB21B.4752	
City San Diego	State CA	Zip Code 92101	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Services	Candidate Name		146.50
Candidate Name	Category/Type		
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)		Date of Disbursement	
B. AmCheck		MM / DD / YYYY 02 / 04 / 2013	
Mailing Address 110 West A Street		Transaction ID : SB21B.4758	
City San Diego	State CA	Zip Code 92101	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes	Candidate Name		594.39
Candidate Name	Category/Type		
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)		Date of Disbursement	
C. AmCheck		MM / DD / YYYY 02 / 04 / 2013	
Mailing Address 110 West A Street		Transaction ID : SB21B.4759	
City San Diego	State CA	Zip Code 92101	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Services	Candidate Name		31.00
Candidate Name	Category/Type		
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).....▶	771.89
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

/ /

Transaction ID : SB21B.4772

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.4773

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.4781

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 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
02 / 28 / 2013

Transaction ID : SB21B.4782

Amount of Each Disbursement this Period

33.00

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
03 / 13 / 2013

Transaction ID : SB21B.4802

Amount of Each Disbursement this Period

418.96

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
03 / 13 / 2013

Transaction ID : SB21B.4803

Amount of Each Disbursement this Period

33.00

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

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

484.96

**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 / 03 / 2013

Transaction ID : SB21B.4817

Amount of Each Disbursement this Period

401.62

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
04 / 03 / 2013

Transaction ID : SB21B.4818

Amount of Each Disbursement this Period

31.00

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
04 / 18 / 2013

Transaction ID : SB21B.4825

Amount of Each Disbursement this Period

567.38

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

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

1000.00

**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 / 18 / 2013

Transaction ID : SB21B.4826

Amount of Each Disbursement this Period

31.00

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 / 02 / 2013

Transaction ID : SB21B.4838

Amount of Each Disbursement this Period

581.91

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 / 02 / 2013

Transaction ID : SB21B.4839

Amount of Each Disbursement this Period

31.00

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

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

643.91

**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 / 16 / 2013

Transaction ID : SB21B.4851

Amount of Each Disbursement this Period

578.30

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 / 16 / 2013

Transaction ID : SB21B.4852

Amount of Each Disbursement this Period

31.00

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 / 31 / 2013

Transaction ID : SB21B.4864

Amount of Each Disbursement this Period

595.34

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

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

1204.64

**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
05 / 31 / 2013

Transaction ID : SB21B.4865

Amount of Each Disbursement this Period

31.00

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
06 / 18 / 2013

Transaction ID : SB21B.4874

Amount of Each Disbursement this Period

524.68

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
06 / 18 / 2013

Transaction ID : SB21B.4875

Amount of Each Disbursement this Period

31.00

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

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

586.68

**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
02 / 28 / 2013

Transaction ID : SB21B.4783

Amount of Each Disbursement this Period

25.00

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
02 / 28 / 2013

Transaction ID : SB21B.4784

Amount of Each Disbursement this Period

182.86

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 / 01 / 2013

Transaction ID : SB21B.4812

Amount of Each Disbursement this Period

173.39

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

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

381.25

**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
04 / 01 / 2013

Transaction ID : SB21B.4813

Amount of Each Disbursement this Period

25.00

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 / 26 / 2013

Transaction ID : SB21B.4827

Amount of Each Disbursement this Period

173.21

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 / 26 / 2013

Transaction ID : SB21B.4831

Amount of Each Disbursement this Period

25.00

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

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

223.21

**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

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2013

Transaction ID : SB21B.4853

Amount of Each Disbursement this Period

173.25

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

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2013

Transaction ID : SB21B.4859

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Katherine Carraher

Mailing Address 1904 Franklin St.

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
01 / 03 / 2013

Transaction ID : SB21B.4739

Amount of Each Disbursement this Period

610.99

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

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

809.24

**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. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

/ /
01 / 17 / 2013

Transaction ID : SB21B.4747

Amount of Each Disbursement this Period

722.45

Full Name (Last, First, Middle Initial)

B. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

/ /
02 / 04 / 2013

Transaction ID : SB21B.4755

Amount of Each Disbursement this Period

761.01

Full Name (Last, First, Middle Initial)

C. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

/ /
02 / 15 / 2013

Transaction ID : SB21B.4768

Amount of Each Disbursement this Period

713.71

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

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

2197.17

**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. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SB21B.4777

Amount of Each Disbursement this Period

422.22

Full Name (Last, First, Middle Initial)

B. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : SB21B.4798

Amount of Each Disbursement this Period

531.51

Full Name (Last, First, Middle Initial)

C. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2013

Transaction ID : SB21B.4814

Amount of Each Disbursement this Period

517.50

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

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

1471.23

**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. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

/ /
04 / 18 / 2013

Transaction ID : SB21B.4822

Amount of Each Disbursement this Period

674.91

Full Name (Last, First, Middle Initial)

B. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

/ /
05 / 02 / 2013

Transaction ID : SB21B.4835

Amount of Each Disbursement this Period

711.21

Full Name (Last, First, Middle Initial)

C. Katherine Carrاهر

Mailing Address 1904 Franklin St.

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

/ /
05 / 16 / 2013

Transaction ID : SB21B.4848

Amount of Each Disbursement this Period

697.72

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

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

2083.84

**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. Katherine Carraher

Mailing Address 1904 Franklin St.

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

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2013

Transaction ID : SB21B.4861

Amount of Each Disbursement this Period

739.76

Full Name (Last, First, Middle Initial)

B. Katherine Carraher

Mailing Address 1904 Franklin St.

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

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2013

Transaction ID : SB21B.4871

Amount of Each Disbursement this Period

631.80

Full Name (Last, First, Middle Initial)

C. JOSHUA GROSSMAN

Mailing Address 1904 FRANKLIN STREET
SUITE 725

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

M M M	/	D D D	/	Y Y Y Y Y
01	/	03	/	2013

Transaction ID : SB21B.4740

Amount of Each Disbursement this Period

693.27

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

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

2064.83

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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. 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

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB21B.4748

Amount of Each Disbursement this Period

694.68

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

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : SB21B.4756

Amount of Each Disbursement this Period

694.68

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

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : SB21B.4769

Amount of Each Disbursement this Period

694.68

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

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

2084.04

**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. 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.4778

Amount of Each Disbursement this Period

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.4799

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.4815

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 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

MM / DD / YYYY
04 / 18 / 2013

Transaction ID : SB21B.4823

Amount of Each Disbursement this Period

694.67

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

MM / DD / YYYY
05 / 02 / 2013

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

694.69

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

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : SB21B.4849

Amount of Each Disbursement this Period

694.68

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

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

2084.04

**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.4862**

Amount of Each Disbursement this Period

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.4872**

Amount of Each Disbursement this Period

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

/ /

Transaction ID : **SB21B.4744**

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 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
02 / 01 / 2013

Transaction ID : SB21B.4754

Amount of Each Disbursement this Period

360.00

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
03 / 01 / 2013

Transaction ID : SB21B.4790

Amount of Each Disbursement this Period

360.00

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
04 / 01 / 2013

Transaction ID : SB21B.4810

Amount of Each Disbursement this Period

360.00

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

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

1080.00

**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. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2013

Transaction ID : SB21B.4832

Amount of Each Disbursement this Period

360.00

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2013

Transaction ID : SB21B.4867

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

C. Mandate Media

Mailing Address 2014 SE 39th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2013

Transaction ID : SB21B.4785

Amount of Each Disbursement this Period

3000.00

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

3720.00

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. Salsa Labs

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement
Website

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 / 2013

Transaction ID : SB21B.4811

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Salsa Labs

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement
Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2013

Transaction ID : SB21B.4828

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Salsa Labs

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement
Website

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 / 2013

Transaction ID : SB21B.4854

Amount of Each Disbursement this Period

100.00

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

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

300.00

**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. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement MM / DD / YYYY 02 / 05 / 2013
Mailing Address 1025 Vermont Ave., NW Suite 300		Transaction ID : SB21B.4762
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 762.50	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement MM / DD / YYYY 04 / 08 / 2013
Mailing Address 1025 Vermont Ave., NW Suite 300		Transaction ID : SB21B.4819
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 240.00	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2013
Mailing Address 1025 Vermont Ave., NW Suite 300		Transaction ID : SB21B.4866
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 257.50	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1260.00
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. State Fund

Mailing Address PO Box 748170

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

M M M	/	D D D	/	Y Y Y Y Y
01	/	07	/	2013

Transaction ID : SB21B.4745

Amount of Each Disbursement this Period

225.50

Full Name (Last, First, Middle Initial)

B. Peter Sullivan

Mailing Address 1904 Franklin Street

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
01	/	03	/	2013

Transaction ID : SB21B.4741

Amount of Each Disbursement this Period

404.10

Full Name (Last, First, Middle Initial)

C. Peter Sullivan

Mailing Address 1904 Franklin Street

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
01	/	17	/	2013

Transaction ID : SB21B.4749

Amount of Each Disbursement this Period

665.77

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

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

1295.37

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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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 02 / 04 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4757
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 792.15
Candidate Name	Category/Type	
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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4770
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 712.07
Candidate Name	Category/Type	
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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4779
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 442.83
Candidate Name	Category/Type	
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).....▶	1947.05
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 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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 03 / 13 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4800
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 503.59
Candidate Name	Category/Type	
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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 04 / 03 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4816
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 476.92
Candidate Name	Category/Type	
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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4824
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 610.03
Candidate Name	Category/Type	
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).....▶	1590.54
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

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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 05 / 02 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4837
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 614.88
Candidate Name	Category/Type	
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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 05 / 16 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4850
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 630.61
Candidate Name	Category/Type	
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. Peter Sullivan		Date of Disbursement MM / DD / YYYY 05 / 31 / 2013
Mailing Address 1904 Franklin Street		Transaction ID : SB21B.4863
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 656.38
Candidate Name	Category/Type	
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).....▶	1901.87
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. Peter Sullivan

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.4873

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Campaign Network

Mailing Address 140 Bayswater St.

City State Zip Code
Boston MA 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

/ /

Transaction ID : SB21B.4760

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Campaign Network

Mailing Address 140 Bayswater St.

City State Zip Code
Boston MA 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

/ /

Transaction ID : SB21B.4765

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 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

/ /
02 / 28 / 2013

Transaction ID : SB21B.4789

Amount of Each Disbursement this Period

1437.09

Full Name (Last, First, Middle Initial)

B. 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

/ /
06 / 03 / 2013

Transaction ID : SB21B.4868

Amount of Each Disbursement this Period

1500.00

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)..... ▶

2937.09

45171.17

**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. N2N-MA Education Fund		Date of Disbursement MM / DD / YYYY 06 / 19 / 2013
Mailing Address 262 Washington St 3rd Floor		Transaction ID : SB29.4878
City Boston	State MA Zip Code 02108	
Purpose of Disbursement Donation	Candidate Name	Amount of Each Disbursement this Period 12000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
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).....▶	12000.00
TOTAL This Period (last page this line number only).....▶	12000.00

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 02 / 07 / 2013
Mailing Address 1133 19th Street, NW		Amount 7500.00
City Washington	State DC	
Zip Code 20036	Transaction ID : SE.4730	
Purpose of Expenditure Media Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEBORAH L HALVORSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20010.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>

Full Name (Last, First, Middle Initial) of Payee DS Political		Date MM / DD / YYYY 02 / 07 / 2013
Mailing Address 1133 19th Street, NW		Amount 7500.00
City Washington	State DC	
Zip Code 20036	Transaction ID : SE.4731	
Purpose of Expenditure Media Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOI HUTCHINSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 27510.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	15000.00
(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 / 12 / 2013**

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 Fortune Media, Inc.		Date MM / DD / YYYY 02 / 07 / 2013
Mailing Address 527 Avenue B		Amount 6255.00
City Redondo Beach	State Zip Code CA 90277	
Purpose of Expenditure TV Advertising	Category/Type	Transaction ID : SE.4725
Name of Federal Candidate Supported or Opposed by Expenditure: DEBORAH L HALVORSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 6255.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date MM / DD / YYYY 02 / 07 / 2013
Mailing Address 527 Avenue B		Amount 6255.00
City Redondo Beach	State Zip Code CA 90277	
Purpose of Expenditure TV Advertising	Category/Type	Transaction ID : SE.4728
Name of Federal Candidate Supported or Opposed by Expenditure: TOI HUTCHINSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 12510.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	12510.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	27510.00

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 / 12 / 2013**