



華人協選會

Chinese Progressive Political Action

28 Ash Street, Boston, MA 02111

Tel. (617) 357-4499 Fax (617) 357-9611

RECEIVED  
FEC MAIL CENTER

2019 JUL 11 AM 9:17

July 3, 2019

Federal Election Commission  
Washington DC 20463

Re: Identification Number C90014564  
October Quarterly Report 07/01/2018 – 09/30/2018 (FEC-  
Year-End Report 01/01/2018 – 12/31/2018 (FEC-1313480)

To Whom It May Concern:

I am writing in response to two separate letters referencing the (501c4 organization) Chinese Progressive Political Action, Inc's October Quarterly Report, filed 10/15/2018 and its Year End Report, filed 1/30/2019.

RE: OCTOBER QUARTERLY REPORT (07/01/2018 – 09/30/2018)

1) Lines 6 and 7 – There are no listings for Total Contributions as no contributions for political or independent expenditures were received during this time. Independent expenditures were made from the organization's operating funds.

2) We failed to file the required 24-hour reports once independent expenditures aggregated to \$1,000 or more after the 20<sup>th</sup> day but more than 24 hours before 12:01 am of the day of the election. We have now filed the required reports and copies are attached.

**NOTE ON ELECTRONIC FORMS SUBMITTED:**

In the 24-hour reports filed electronically today, perhaps because a pop-up notes that the dates are no longer in a current election cycle, I was unable to enter the total independent expenditures on any of the forms. Therefore, this information and the Total Independent Expenditures were noted in the Memo Text (Line 8) on each form.

RE: YEAR-END REPORT (01/01/2018 – 12/31/2018)

1) We had mistakenly filed the Year-End Report, and mistakenly dated it 01/01/2018 – 12/31/2018, to include activities reported earlier under the October Quarterly Report (07/01-2018 – 09/30/2018). There were \$43.93 in additional expenditures to report for the period from 10/1/2018 – 12/31/2018. When I tried to file the amendment to the Year-End Report electronically, I received multiple error messages and was unable to submit. Therefore, I am including a paper Year-End Report Amendment here.

2) Lines 6 and 7 – There are no listings for Total Contributions as no contributions for political or independent expenditures were received during this time. Independent expenditures during this period were made from the organization's operating funds.

3) The required 24-hour reports were not originally filed but have now been filed as required.

Please feel free to contact us at 617.259.1503 (or on my cell at 617.851.1327) if you have any further questions regarding our reports. Thank you.

Sincerely,



Lydia M. Lowe  
Clerk

NON EN TI M CONNOR

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED  
CENTER  
2019 JUL 11 AM 9:17

1. (a) Name of Individual, Organization or Corporation <b>CHINESE PROGRESSIVE POLITICAL ACTION INC.</b>		3. FEC Identification Number <b>C90014564</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>28 ASH STREET</b>		
(c) City, State and ZIP Code <b>BOSTON MA 02111</b>		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. 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 any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Lowe, Lydia, M, ,	Lowe, Lydia, M, ,	07/02/2019

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

**FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**

**Form/Schedule: F5N**  
**Transaction ID :**

No contributions on or after 08/04/2018 to organization for purpose of advancing IE. Expenditures made from available operating funds. Total IE \$1,443.54 from 07/31/2018 - 08/10/2018. (Online form not allowing me to enter total in Line 7)

**Form/Schedule:**  
**Transaction ID:**

NO CONTRIBUTION TO ORGANIZATION

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CHINESE PROGRESSIVE POLITICAL ACTION INC.

Full Name (Last, First, Middle Initial) of Payee Chinese Progressive Association		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 28 Ash Street		Amount 655.03	
City Boston	State MA	Zip Code 02111	
Purpose of Expenditure staff time for voter outreach & canvass coordination		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pressley, Ayanna, . . .		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2018-20		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 of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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.....	655.03
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	655.03



