FEC FORM 3X	REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee	RECEIVED FEC MAIL CENTER 2020 IALOMICE USOBODING: 59
1. NAME OF COMMITTEE (in f	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
L. yrban	1, Progress, Political Action Co.	MMITTEE
ADDRESS (number and	street)	
Check if diffe than previous reported. (AC	11 MAGTERBORD	SCI 294,881-1
2. FEC IDENTIFICA		STATE A ZIP CODE A
C 6 6 5 2	3. IS THIS NEW REPORT (N) OR	AMENDED (A)
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M Report (N Year Only	Report Due On: Mar 20 (M3) Jun 20 (M6) Due On: Mar 20 (M3) Jul 20 (M7) Report (Q1) (c) 12-Day Primary (12P) Report (Q2) PRE-Election Convention (12C) 15 Report (Q3) Election on 81 Report (YE) (d) 30-Day	(Non-Election Year Only)
Type or Print Name of		Date
	NUBE FOR SIGNING ON MALING DIFTE,) Ise, erroneous, or incomplete information may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109.
Office Use Only		FEC FORM 3X Rev. 05/2016

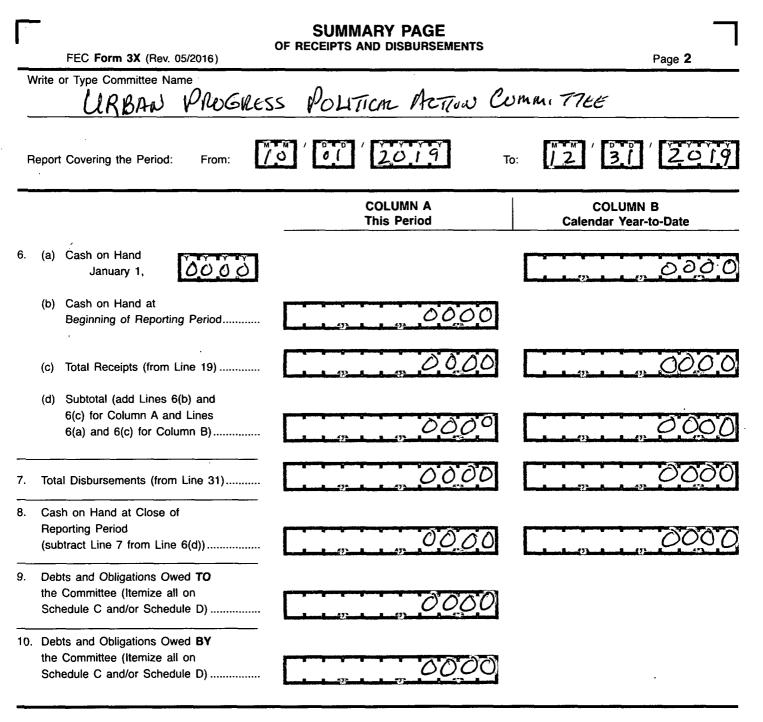
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NONOR OF LATEONIC DOMOSING

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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

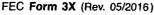
Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts								
FEC Form 3X (Rev. 05/2016)	····-	Page 3						
Write or Type Committee Name (1000)	RESS POLITICA ACTION C							
UKDAN FILLO		ommillee						
Report Covering the Period: From:	10'0' 2019 To	n 12' 31' 2019						
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	والمحمد فيست فيست فسنت فسنت فسنت فسين فيست فسنت							
(i) Itemized (use Schedule A)		00.00						
(ii) Unitemized (iii) TOTAL (add								
Lines 11(a)(i) and (ii)								
 (b) Political Party Committees (c) Other Political Committees 								
(such as PACs)		0000						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	OOOO	0000						
12. Transfers From Affiliated/Other								
Party Committees								
13. All Loans Received								
	M.P.Q.	10000 mm						
 Loan Repayments Received Offsets To Operating Expenditures 								
(Refunds, Rebates, etc.)								
(Carry Totals to Line 37, page 5)								
 Refunds of Contributions Made to Federal Candidates and Other 								
Political Committees		0000						
17. Other Federal Receipts								
(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Fu								
(a) Non-Federal Account								
(from Schedule H3)								
(b) Levin Funds (from Schedule H5)								
(c) Total Transfers (add 18(a) and 18(b))								
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0000							
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	NONO N							
(SUDUACE LINE TO(C) NON LINE 13)		Langer						

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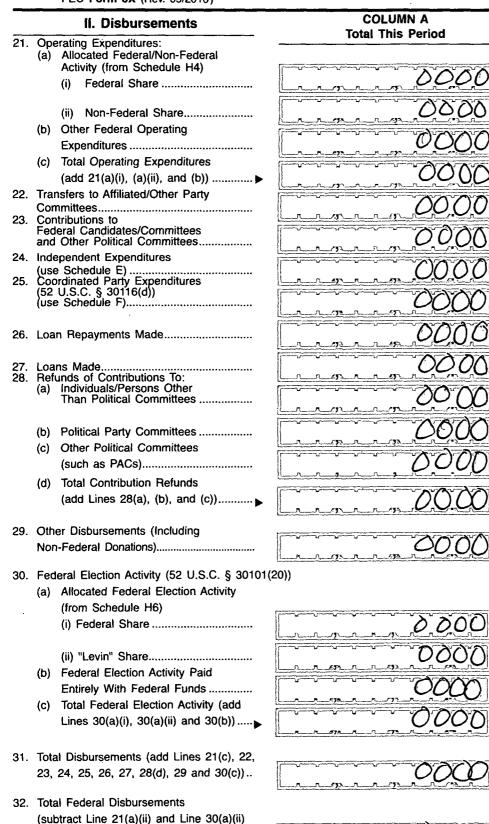
DETAILED SUMMARY PAGE

of Disbursements



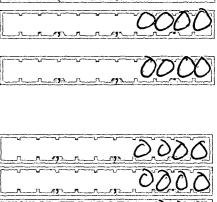
2020-01-

14-0M-00M05897



from Line 31).....





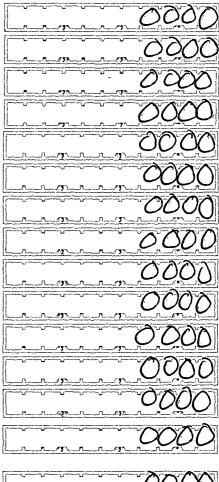








COLUMN B Calendar Year-to-Date



DETAILED SUMMARY PAGE

of Disbursements

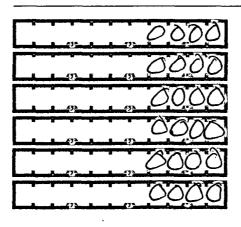
COLUMN A

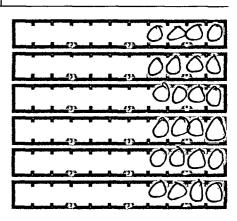
Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

- Total Contributions (other than loans) (from Line 11(d), page 3)
- (subtract Line 34 from Line 33)
 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶
- Offsets to Operating Expenditures (from Line 15, page 3)......
 Net Operating Expenditures
 - (subtract Line 37 from Line 36)





COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one)		
	Detailed Summary Page			
or for commercial purposes, other than using t	I Statements may not be sold or used by any in the name and address of any political committee	person for the purpose of soliciting contributions se to solicit contributions from such committee.		
NAME OF COMMITTEE (IN FUII) URBAN PROGRE	ESS POLITICAE ACTION	COMMITTEE		
Full Name of Individual (Last, First, Middle A.	Initial) or Full Organization Name	Date of Receipt		
Mailing Address	· · · · · · · · · · · · · · · · · · ·			
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle I B.	Initial) or Full Organization Name	Date of Receipt		
Mailing Address				
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼]		
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name			
C Mailing Address		Date of Receipt		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼]		
SUBTOTAL of Receipts This Page (optional)		0000		
TOTAL This Period (last page this line numbe	er only)	00.00		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 21b 22 23 26 27 28a 28b 28c 29 30b .	
	for commercial pu	Irposes, other than u	sing the na	me and add	dress of any political	d by any person for the purpose of soliciting contributions
V	URP	SAN PRESE	ess P	OUTIC	AR NOTTO	ON COMMITTEE
Α.	Full Name (Lașt,	First, Middle Initial)				Date of Disbursement
	Mailing Address					
	City .			State	Zip Code	FEC Identification Number
	Purpose of Disbu	rsement	l			C
	Candidate Name				<u>`</u>	Category/ Amount of Each Disbursement this Period
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼	
	State:	District:				
Full Name (Last, First, Middle Initial) B. Mailing Address						
	City			State	Zip Code	FEC Identification Number
	Purpose of Disbu	rsement	l	<u> </u>		
	Candidate Name	······				Category/ Amount of Each Disbursement this Period
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ecify)	
	State:	District: First, Middle Initial)	[
C.	1 UN NAME (LASI,					Date of Disbursement
	Mailing Address					
	City	<u> </u>		State	Zip Code	FEC Identification Number
	Purpose of Disbu	rsement			<u>ן</u> וו	
	Candidate Name	······································				Category/ Type Amount of Each Disbursement this Period
Office Sought: House Disburseme				ment For:	l	

General

Primary

SUBTOTAL of Disbursements This Page (optional)

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

Other (specify)

Senate

District:

State:

President

01

C

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<u>_____</u>

Memo Item

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CHEDULE C (FEC	Form 3X)					
OANS		Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X				
AME OF COMMITTEE (In Fu		·				
URBAN PL	sbless fi	UTICAR AR	TION COMMETTEE			
LOAN SOURCE Full Nam	ne (Last, First, Mic	dle Initial)	Memo Item Election:			
Mailing Address			Other (specify) ▼			
City		State ZIF	P Code			
Original Amount of Loan	(. 	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Peri			
······································						
TERMS Date Incurre	d	Date	Due Interest Rate Secured:			
			% (apr) Yes N			
List All Endorsers or Gua		Loan Source				
1. Full Name (Last, First, N	Aiddle Initial)		Name of Employer			
Mailing Address	<u>,</u>		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, M	Aiddle Initial)		Name of Employer			
Mailing Address		<u>_</u>	Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, N	Aiddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, N	Aiddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This	s Page (optional)		0000			
FOTALS This Period (last pag	je in this line only		, <u>000</u> 0			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for					
Information found on					
Page of Schedule C					

NAME OF COMMITTEE (In Full)	<u>^</u>	FEC IDENTIFICATION NUMBER						
URBAN PROGRESS POLITICAE M	ETTON CUMMATTIE	C00528661						
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)						
Full Name	· · · · · · · · · · · · · · · · · · ·							
		%						
Mailing Address	-{							
	Date Incurred or Establishe	ed						
City State Zip Code	1							
	Date Due	ليبيط ليميا ليميني						
A. Has loan been restructured?	If yes, date originally incurr	red						
B. If line of credit,	Total	والمستويد السوالمندي كالمراجبة للواحد الورد الموريد الموريد المراجع						
Amount of this Draw:	Outstanding Balance:							
	must be reported on Schedule C							
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of the property of the prop		What is the value of this collateral?						
stocks, accounts receivable, cash on deposit, or othe								
No Yes If yes, specify:		[handsambasi??endered???endered?						
		Does the lender have a perfected security						
		interest in it? No Yes						
E. Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes.	erest income, pledged as	What is the estimated value?						
	Speciny.							
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:							
Date account established:	Address:							
	Oite Stata Zin:							
	City, State, Zip:							
F. If neither of the types of collateral described above w the loan amount, state the basis upon which this loa		· · · · · · · · · · · · · · · · · · ·						
G. COMMITTEE TREASURER		DATE						
Typed Name								
Signature								
H. Attach a signed copy of the loan agreement.	H. Attach a signed copy of the loan agreement.							
 TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the knowledge. 								
I. To the best of this institution's knowledge, the taken are accurate as stated above.	lerms of the loan and other mion	mation regarding the extension of the loan						
II. The loan was made on terms and conditions (i similar extensions of credit to other borrowers of	including interest rate) no more f	favorable at the time than those imposed for						
III. This institution is aware of the requirement that	t a loan must be made on a bas	sis which assures repayment, and has						
complied with the requirements set forth at 11 AUTHORIZED REPRESENTATIVE	CFR 100.02 and 100.142 in ma	DATE						
Typed Name								
	Title							
,		handpard hoodeent handparden.						

	(Use separate PAGE OF			
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9		
xcluding Loans	numbered line)	10 8		
NAME OF COMMITTEE (IN FUIL) URBAN PROGRESS POLI TIGAL N	terren Comu	117745		
A. Full Name (Last, First, Middle Initial) of Debtor or Credit	and the second secon		ebt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Debtor or Credito	or	Nature of D	ebt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period	I			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debtor or Credit	tor	Nature of D	ebt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period			······································	
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
	-55 <u>}</u>			
1) SUBTOTALS This Period This Page (optional)			0000	
2) TOTALS This Period (last page this line number only)			0000	
3) TOTAL OUTSTANDING LOANS from Schedule C (last pag		0000		

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	IRES			PAGE FOR LINE 24 C	OF J 4
NAME OF COMMITTEE (In Full)	······································	·····	<u></u>	FEC IDENTIFICATION	- <u> </u>
URBAN PROGRESS PO	UTICAL A	CTLOW COMM	TTEE	C00528	661
Check if 24-hour report 48-hour repo	nt New re	eport Amends rep	ort filed on		* * * * * *
Full Name of Payee		İ Memo	Item Date	of Public Distribution/Dis	semination
Mailing Address	<u></u>	<u>,,</u> ,	Amou	┉	
City	State	Zip Code		()()	
Purpose of Expenditure		Category/ Type		of Disbursement or Oblig	gation
Name of Federal Candidate:		Support	Office Soug		trict:
Calendar Year-To-Date			Disburseme		General
Per Election for Office Sought				Other (specify) ►	
Full Name of Payee			Item Date	of Public Distribution/Dis	semination
			Г		.
Mailing Address			Amou	unternat formational for 101	
				·····	
City	State	Zip Code			<u> </u>
Purpose of Expenditure	<u> </u> .		Date	of Disbursement or Oblig	gation
		Category/ Type			Y Y Y
Name of Federal Candidate:		Support	Office Sough	ht: House Dis	trict:
		Oppose	Presid	lent Senate Si	tate:
Calendar Year-To-Date	······································		Disburseme	nt For: Primary	General
Per Election for Office Sought				Other (specify)	
(a) SUBTOTAL of Itemized Independent Expen	ditures				000
			·		
(a) SUBTOTAL of Unitemized Independent Exp	enditures			- 03 - C	<i>10</i> 00
(a) TOTAL Independent Expenditures			•		<u>Ø</u> <u>Ø</u> <u>Ø</u> <u>Ø</u>
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any o party committee) any political party committee	andidate or authorize				
· · · · · · · · · · · · · · · · · · ·		Date			Ŷ
Signature			لىمىدىسىا 	handered heredered	
				FEC Schedule E (Form	3X) Rev. 0/2016

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

-	(To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X									
NA	URBAN PRESINTS POLITICAL ACTION COMMITTEE (IN FULL)									
cod	Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES NO									
lf N	If YES, name the designating committee: Mailing Address									
	City State ZIP Code									
	Full Name (Last, First, Middle Initial) of Each Payee									
	Mailing Address						Date		Туре	
	City	S	State		Zip Code	······································) D /	Y BY BY BY	
	Name of Federal Candidate Supported	Office S	Sought:		House Senate Presidential	State: District:	Amount		* * * * * * * 1	
	Aggregate General Election Expenditure for this Candidate ►						L ?2		(? 	
	Full Name (Last, First, Middle Initial) of Mailing Address	Each Pay	yee			🗌 Memo item	Purpose of Expe	enditure	Category/ Type	
					Tin Code		Date			
	City		State	-77	Zip Code					
	Name of Federal Candidate Supported	Office S	Sought:		House Senate Presidential	State: District:	Amount			
	Aggregate General Election Expenditure for this Candidate ►		;; <u></u>		₩ ₩₩₩		 ***		<u>,</u>	
	Full Name (Last, First, Middle Initial) of	Each Pay	yee	- <u></u>	- <u>-</u> , · · · · · · · · · · · · · · · · · · ·	🗌 Memo Item	Purpose of Expe	enditure	Category/	
	Mailing Address		Date		Туре					
	City	S	State	、	Zip Code			D /	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Name of Federal Candidate Supported	Office S	Sought:		House Senate Presidential	State: District:	Amount		····	
	Aggregate General Election Expenditure for this Candidate >									
s	SUBTOTAL of Expenditures This Page (optional)									
т	TOTAL This Period (last page this line number only)									

FEC Schedule F (Form 3X) Rev. 05/2016

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PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE USE ONLY ONE SECTION, A or B A. State and Local Party Committees **Fixed Percentage (select one)** Presidential-Only Election Year (28% Federal) Presidential and Senate Election Year (36% Federal) ____ Senate-Only Election Year (21% Federal) Non-Presidential and Non-Senate Election Year (15% Federal) **B.** Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal..... Nonfederal This ratio applies to (check all that apply): Administrative Generic Voter Drive Public Communications Referencing Party Only

NOT A CANDIDATE) (Separate Segregated Funds And Nonc

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS NAME OF COMMITTEE (IN FUIL) URBAN PROGRESS POLITICAL ACTION COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACS Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

		····
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		[
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	~~~~~%	%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	[[
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
		·
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	FEDERAL %	
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:	tenstenskesiändend (*	farmfronderschurgerauf **
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:	had a first of the second s	hand and the first of the second s
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
CHECK IF THE RATIO IS:	%	"
New Revised Same as Previously Reported		
]	

PAGE

OF

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF

FOR LINE 18a OF FORM 3X

1

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NAME OF COMMITTEE (IN FUIL) URBAN PRECRESS POLITICIE ACTON COMM	TTEE
NAME OF ACCOUNT · DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a)b)]
c) Total Amount Transferred For Direct Fundraising	
	handarahari Zinaka atan Silan kardarah
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	7
b)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	ED
TOTAL This Period (Administrative)	0000
TOTAL This Period (Generic Voter Drive)	0000
TOTAL This Period (Exempt Activities)	0000
TOTAL This Period (Direct Fundraising)	0000
TOTAL This Period (Direct Candidate Support)	0000
TOTAL This Period (Public Communications Referring Only to Party)	,, <u>0000</u>
TOTAL This Period (Total Amount Transferred)	0000

FEC Schedule H3 (Form 3X) Rev. 05/2016

S	CHEDULE H4 (FEC Form 3X)) - 1			
	SBURSEMENTS FOR ALLOC				PAGE OF
	EDERAL/NONFEDERAL ACTIV				FOR LINE 21a OF FORM 3X
N/	URBAN PLUGALES POL	ITICAL	ACTIONS	Committe	īΕ
A.	Full Name (Last, First, Middle Initial)	<u></u>	·····	Memo Item	
	Mailing Address	<u> </u>			Administrative _ Fundraising _ Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Cod	9	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		· · · · · · · · · · · · · · · · · · ·		- Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDER	AL SHARE	= TOTAL AMOUNT
				······································	
<u>.</u> В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
					Administrative - Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code	9	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		l		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDER	AL SHARE	= TOTAL AMOUNT
	-);			······································	
c .	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative E Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code	9	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	--	I		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDER	AL SHARE	= TOTAL AMOUNT
				}	
s	JBTOTAL of Allocated Federal and NonFedera	I Activity Th	is Page		
	FEDERAL SHARE	, +	NONFEDER	AL SHARE	
			•	2 	00.00
т	OTAL This Period (last page for each line only)(Federal sh			
	FEDERAL SHARE	1	NONFEDER		
			1	8	

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

NE OF CO	MMITTEE (In Full)		
•			
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOV	VN OF THIS TRANSFER		
i)	Voter Registration	VOTER RE	GISTRATION
	Total Amount Transferred for Vot	ter Registration	
ii)	Voter ID		VOTER ID
	Total Amount Transferred for Vot	ter ID	
	007/		GOTV
	GOTV Total Amount Transferred for GC)TV	······································
			GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity		── ──────────────────────────────────
	Total Amount Transferred for Ge	neric Campaign Activity	·····
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
			┍╤┓╎┠╾┫┈┇┈┇┈┇┈┇┈┇┈┇┈┇╴┨╴
	VN OF THIS TRANSFER		-, -, -, -, -, -, -, -, -, -, -, -, -, -
	Voter Registration	VOTER RE	GISTRATION
i)	Total Amount Transferred for Vo	ter Registration	
			VOTER ID
ii)	Voter ID		
	Total Amount Transferred for Vo	ter ID	<u>)</u>
iii)	GOTV		GOTV
	Total Amount Transferred for GC	оту	
is.)	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
14)		neric Campaign Activity	
		· •	
	TOTALS FOR E	BREAKDOWN OF TRANSFER RECEIVI	ED (Last Page Only)
ΤΟΤΑΙ	L This Period (Voter Registration)		
TOTAL	L This Period (Voter ID)		
			inna de para de antiga de antiga de la construcción de la construcción de la construcción de la construcción de Antiga de la construcción de la construcción de la construcción de la construcción de la construcción de la cons
ΤΟΤΑΙ	L This Period (GOTV)		
			in a star in a star in a star in a star in a star in a star in a star in a star in a star in a star in a star i A star in a
TOTAI	L This Period (Generic Campaign	Activity)	
	This Davied (Tabel American of Tr	ansfers Received)	

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FEC Schedule H5 (Form 3X) Rev. 05/2016

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE OF 4

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initia	al) / Full Organ	ization Name	Memo Item	Type of Allocated Activity or Event:
				Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement		<u> </u>	Category/	Date
FEDERAL SHARE	- <u></u> +	LEVIN	Type SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initia	al) / Full Organi	ization Name	🗌 Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
Mailing Address	<u> </u>			Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	<u></u>	I	Category/ Type	
FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
		and a second second second second second second second second second second second second second second second		
	╶╌┛└			
C. Full Name (Last, First, Middle Initia	al) / Full Organ	ization Name	Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
C. Full Name (Last, First, Middle Initia Mailing Address	al) / Full Organ	ization Name	Memo Item	Voter Registration GOTV
Mailing Address	al) / Full Organ	ization Name	?iii	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address City			Memo Item	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address City		Zip Code	Category/	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
Mailing Address City Purpose of Disbursement	State	Zip Code	Category/ Type	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State	Zip Code LEVIN	Category/ Type SHARE	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date MTM / DTD / YTYTY Date TOTAL AMOUNT
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State +	Zip Code LEVIN	Category/ Type	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE BTOTAL of Shared Federal and Levir FEDERAL SHARE	State	Zip Code LEVIN	Category/ Type SHARE SHARE	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date M / D D / YYYYY = TOTAL AMOUNT = TOTAL AMOUNT
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State	Zip Code LEVIN	Category/ Type SHARE SHARE	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date M / D D / YYYYY = TOTAL AMOUNT = TOTAL AMOUNT
Mailing Address City Purpose of Disbursement FEDERAL SHARE BTOTAL of Shared Federal and Levir FEDERAL SHARE	State	Zip Code LEVIN	Category/ Type SHARE SHARE	Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date MMM / D D / YYYYY Date TOTAL AMOUNT = TOTAL AMOUNT 30(a)(ii))

FEC Schedule H6 (Form 3X) Rev. 05/2016

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)					
NAN	NAME OF ACCOUNT					
		COLUMN A	COLUMN B			
		TOTAL THIS PERIOD	YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS					
	(a) Itemized (Use Schedule L-A)	[<u></u>				
	(b) Unitemized	Lange and the second se	<u></u>			
	(c) Total					
~						
2.	OTHER RECEIPTS		Land of the second of the seco			
3.	TOTAL RECEIPTS					
0.	(Add Lines 1c and 2)		<u></u>			
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
		[
	(b) Voter ID					
		<u> </u>	<u> </u>			
	(c) GOTV					
		<u>r r cjr r r cjr r r cir r</u>	<u></u>			
	(d) Generic Campaign					
	(a) denote campaign					
	(e) Total					
	(-)					
5.	OTHER DISBURSEMENTS					
6.	TOTAL DISBURSEMENTS					
	(Add Lines 4e and 5)					
7.	(for Column B, use cash as of January 1st)	<u> </u>	<u></u>			
8.	RECEIPTS	L <u>r_r_sp_r_r_sp_r_r_ss_r_</u>]	<u></u>			
		[
9.	SUBTOTAL	<u> </u>	<u> </u>			
10.	DISBURSEMENTS	L. roz r. roz r. so r.				
	· ··· -·· -,	المستعلم بمعادل بمقادي وسنبط وتحادث ومستعر ومستعر ومستعر ومستعر				
11.	ENDING CASH ON HAND					
	(Subtract Line 10 From Line 9)					

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

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		gregation Page	(check only one)		
Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
Full Name of Individual (Last, First, Middle Ini	Date of Receipt				
Mailing Address	Amount of Each Receipt this Period				
City	State	Zip Code			
Name of Employer (for Individual)		<u>_</u>	Aggregate Year-to-Date		
Occupation (for Individual)					
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization I	Name 🗌 Memo Item	Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer (for Individual)	ne of Employer (for Individual)				
Occupation (for Individual)			Aggregate Year-to-Date		
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization I	Name 🗌 Memo Item	Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer (for Individual)	Aggregate Year-to-Date				
Occupation (for Individual)					
Full Name of Individual (Last, First, Middle Ini					
Mailing Address					
City	State	Zip Code	Arnount of Each Receipt this Period		
Name of Employer (for Individual)					
Occupation (for Individual)	Aggregate Year-to-Date				
SUBTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••			
TOTAL This Period (last page this line number	only)				

FEC Schedule L-A (Form 3X) Rev. 05/2016

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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

FOR LINE NUMBER: PAGE (check only one) 4a

OF

4c

4d

4b

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	ny information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full)			
A.	Full Name (Last, First, Middle Initial) / Full Org	anization Nan	ne 🗌 Memo Item	Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Perio
	Purpose of Disbursement	•		
0	Full Name (Last, First, Middle Initial) / Full Org	anization Nam	ne 🗌 Memo Item	Date of Distancement

М	ailing Address				
Ci	ity	State	Zip Code		Amount of Each Disbursement this Period
P	urpose of Disbursement	•	I		
Fı	ull Name (Last, First, Middle Initial) / Full Orgar	nization Name		Memo Item	Date of Disbursement
M	ailing Address				
Ci	ity	State	Zip Code		Amount of Each Disbursement this Period
Pu	urpose of Disbursement	I	L		
Fi	ull Name (Last, First, Middle Initial) / Full Organ	nization Name	9	Merno Item	Date of Disbursement
M	lailing Address				
c	ity	State	Zip Code		Amount of Each Disbursement this Period
P	urpose of Disbursement	ł	ł		
F1	ull Name (Last, First, Middle Initial) / Full Organ	nization Name		Memo Item	Date of Disbursement
M	ailing Address				
c	ity	State	Zip Code		Amount of Each Disbursement this Period
P	urpose of Disbursement	<u>.</u>	4		
Full Name (Last, First, Middle Initial) / Full Organization Name					Date of Disbursement
Mailing Address					
c	ity	State	Zip Code		Amount of Each Disbursement this Period
P	urpose of Disbursement				
sui	BTOTAL of Disbursements This Page (optional)	••••••			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to inc	MING DOCUMENTS
Hand Delivered	Date of Receipt
VSPS First Class Mail	Date of Receipt
18/2020	14/2020
USPS Registered/Certified	Posťmarkeď (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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WDU	1/14/2020
PREPARER	DATE PREPARED
(3/2015)	