

**Urban Progress PAC**  
**P.O. Box 257**  
**Walterboro, South Carolina 29488**  
**( 843 ) 844 - 8425**  
Joseph A. Murray  
President

RECEIVED  
FEC MAIL CENTER  
2017 JUL 21 AM 11:51

Identification Number: C00528661  
Bridget Murray, Treasurer

July 18, 2017

Ms. Debbie Chacona  
Assistant Staff Director  
Reports Analysis Division  
Federal Election Commission  
Washington, DC 20463

Dear Ms. Chacona,

I am Joseph A. Murray, president of Urban Progress PAC, and I received a letter from you notifying of an intent to terminate our committee. Letter dated July 03, 2017.

I suspect that this is because of late filing of our committee reports. I beg your forgiveness and request that you please not terminate our committee.

We are a small minority-owned committee that is located in rural South Carolina and presently operated by my wife and I.

We have recently experienced personal problems which have unfortunately influenced our committee performance.

We are truly sorry for this lack of compliance.

2017-07-21 08:51:24

In October 2015 our state of South Carolina experienced an unprecedented flooding from heavy rains and wind. All of the counties located here in the lower half of the state were officially declared a federal disaster area.  
( County federal disaster # 4241. )

Our rural located house in our county received a substantial wind damage to our roof and flood damage at the floor level.  
( photo downed tree in house front yard supplied. )

I cancelled our homeowner's insurance in 2012 because they kept increasing the value of our dime store furnishings and our dime store jewelry because of "inflation". I consider myself to be a victim of government monetary inflation of annual 21 percent in the year 1980 and the way to anger me is to use the word "inflation", so I cancelled the insurance.

My wife and I applied for federal disaster assistance and was disqualified because the property is not in our names. We were contacted by an office representative from FEMA and told to reapply.  
( Our county is one of the poorest counties in America and federal disaster assistance is a big help to many residents. The government has made a serious effort to help our county residents. )  
We were disqualified again on appeal for the same reason.  
( Attachment. )  
So we have had to struggle with a torn and leaking roof on our own.

In 2016 our one and only vehicle became severely disabled. Since the Summer of 2016 we have had to rely on "catching a ride" to go everywhere.

2017-07-21-08:00:00

We live about 7 miles outside the little "City" of Walterboro.  
( Post Office is located in Walterboro. )

"Catching a ride" to the Post Office has been challenging.  
( many of our "neighbors" ( rural ) are senior citizens and don't  
have a vehicle. )

In October 2016 our county was ravaged again by Hurricane  
Matthew and the county again declared a federal disaster area.  
Our house received some light damage from wind and rain, but we  
knew not to apply for federal disaster assistance.  
In the aftermath of Hurricane Matthew, our house started showing  
signs of damage from the previous year's flooding and floors  
began to buckle in some rooms and furniture began to crash  
through the floors ( woe is me ) ( photo supplied ).

We live on a large ( rural ) property and we have a gentleman who  
comes to mow our lawn with a farm tractor and bush hog  
attachment.

In May, the gentleman underwent surgery, and is unable to mow  
our lawn for many weeks.

Our ( rural ) grass grows about an inch per day and I have to keep  
some areas cut so that I can get to outer buildings to get tools and  
equipment to function, and to keep our yards neat and weed free.  
I don't own a riding lawn mower, and, so since May - I have been  
using a push mower to keep paths open in order to function.  
( photos supplied. )

Mowing with a push mower requires many hours per day, and  
when you add the fact that it has rained at some point during the  
day for the past 30 or 40 consecutive days the mowing becomes  
especially challenging.

These are not excuses for being late with filing our reports, but to

2017-07-21 10:00 AM

give some idea of how our time is currently being used and our current difficulty in "catching a ride" to the Post Office. These times that I have just described are a past time and our personal situation is about to dramatically change for the better.

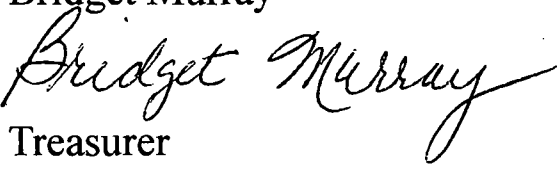
Some of our favorite candidates for national elected offices around the nation have already announced their intent to seek office. We would like to begin to actively include more members in our committee and begin to raise money to support some of those candidates ( and file reports in a timely manner ).

Please don't terminate our committee.  
We anticipate having a very active role in 2018 elections.  
Thank you for your consideration.

Joseph A. Murray

  
President

Bridget Murray

  
Treasurer

Attachments.

2017-07-21 10:00 AM



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

MS-F

2017 JUL 21 PM 2:47

July 3, 2017

BRIDGET MURRAY, TREASURER  
URBAN PROGRESS PAC  
PO BOX 257  
WALTERBORO, SC 29488

Identification Number: C00528661

Dear Treasurer:

Pursuant to 52 U.S.C. §30103(d)(2) of the Federal Election Campaign Act, and Commission regulations at 11 CFR §102.4, the Commission intends to administratively terminate your committee. As such, your committee is no longer obligated to file reports. *However, any receipt or disbursement of funds by the committee for the purpose of influencing a Federal election or supporting a federal candidate will void the administrative termination.* In such an event, the committee will be required to begin filing reports with the appropriate office. The first such report will include any activity since the date of the last report filed by the committee. The treasurer of the committee has 30 days from the day of receipt of this notice to object to this administrative termination. If a written objection is not received by the Commission within 30 days, this action will take effect.

Please note that:

-The administrative termination of your reporting obligation does not relieve the committee of any legal responsibility for the payment of any outstanding debt or obligation, even if those debts are owed to the United States Department of Treasury.

-Excess or residual funds held by an authorized committee can only be used in accordance with Commission regulations 11 CFR Part 113.

-The committee must continue to maintain all records in accordance with 52 U.S.C. §30102(d) which should be available for Commission inspection should the need arise.

-Any funds used to defray the remaining debts and obligations of the committee must comport with the limitations and prohibitions of the Federal Election Campaign Act of 1971, as amended, and the Commission's regulations.

-Any funds used to defray the remaining debts and obligations of the committee must comport with the personal use restrictions under 11 CFR Part 113.

If you should have any questions concerning this matter, please call Chris Ritchie, Campaign Finance Analyst for the Reports Analysis Division, at (202) 694-1130 or toll free (800) 424-9530.

Sincerely,

*Debbie Chacona*

Debbie Chacona  
Assistant Staff Director  
Reports Analysis Division

2017-07-21 09:00:00



Administrator  
Federal Emergency Management Agency

State of South Carolina

National Processing Service Center  
P.O. Box 10055  
Hyattsville, MD 20782-8055  
1-800-621-FEMA(3362)  
Fax No.: 1-800-827-8112

Date: 02/09/2016

FEMA Registration ID: 394455225

Disaster No: 4241

MR JOSEPH A MURRAY  
PO BOX 1483 E WASHINGTON ST  
WALTERBORO, SC 29488-9998

Dear MR JOSEPH A MURRAY:

This letter confirms that we have received your correspondence requesting an appeal of our decision on your application for disaster housing assistance from the Federal Emergency Management Agency (FEMA). In order to evaluate your situation, we need additional documentation. Please mail the following requested documents to:

FEMA Appeals Officer  
National Processing Service Center  
P.O. Box 10055  
Hyattsville, MD 20782-7055

or FAX them to 1-800-827-8112.

**ONE ITEMIZED ESTIMATE** from a licensed contractor for disaster related damages to the following items. (Your estimate must include a verifiable contractor name and telephone number)

Please provide FEMA with a copy of a receipt for a major repair bill paid in your name, or property tax receipt paid in your name, or if there was a mortgage and you paid it then have the mortgage company write a statement that you have been paying the mortgage.

**TWO ITEMIZED ESTIMATES** from licensed contractors for disaster related damages to the following items. (Your estimates must include a verifiable contractor name and telephone number).

**Heating Systems**

N/A

**Septic Systems**

N/A

**Well**

N/A

NON-CONFIDENTIAL



Administrator  
Federal Emergency Management Agency

State of South Carolina

National Processing Service Center  
P.O. Box 10055  
Hyattsville, MD 20782-8055  
1-800-621-FEMA(3362)  
Fax No.: 1-800-827-8112

Date: 02/23/2016

FEMA Application No. 394455225

Disaster No. 4241

Mr Joseph A Murray  
Po Box 1483 E Washington St  
Walterboro, SC 29488

Dear Mr Joseph A Murray:

We recognize this is a difficult time for you and your family and understand many people need help following a disaster. We are committed to providing important information for your recovery.

The Federal Emergency Management Agency (FEMA) and State of South Carolina have carefully considered all available information regarding your appeal for assistance. Our decision(s) regarding your appeal is explained below.

**CATEGORIES**

Home Repair

**DETERMINATION**

IID,IOWNV - Ineligible Insufficient Damage, Ownership Not Verified

Total Grant Amount:

\$0.00

**IOWNV- Ineligible – Ownership Not Proven**

In a previous letter, we explained that you have not proven that you owned your home at the time of the disaster. We described the documents that you could submit which would show ownership of the damaged home.

We have reviewed your appeal and any additional documents you may have provided and we are still not able to verify that you owned the home. As a result, your appeal is not approved and you are not eligible for FEMA home repair or replacement assistance.

This decision only applies to your appeal for FEMA housing assistance. Your request for any other form of assistance is considered separately.

**IID - Ineligible - Insufficient Damage**

In a previous letter, we explained that you were not eligible for FEMA housing assistance because when FEMA inspected your home it was determined that the disaster had not caused your home to be unsafe to live in. This determination was based solely on the damage to your home that is related to this disaster. We explained that although the disaster may have caused some minor damage, it was reasonable to expect you or your landlord to make

2017-02-23 10:00 AM

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2017 JUL 21 AM 11:51 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. Box 257 Check if different than previously reported. (ACC) WALTERBORO SC 29488

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C00528667 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 04 / 2017 through 06 / 30 / 2017

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 BRIDGET MURRAY

Signature of Treasurer Bridget Murray Date 07 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

**04** ' **01** ' **2017**

To:

**06** ' **31** ' **2017**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0000	0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19).....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0000	0000
7. Total Disbursements (from Line 31).....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0000	0000
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	



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

2017-06-30 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

**04** / **04** / **2017**

To:

**06** / **31** / **2017**

**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).....

0000

0000

(ii) Unitemized.....

0000

0000

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0000

0000

(b) Political Party Committees.....

0000

0000

(c) Other Political Committees (such as PACs).....

0000

0000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0000

0000

12. Transfers From Affiliated/Other Party Committees.....

0000

0000

13. All Loans Received.....

0000

0000

14. Loan Repayments Received.....

0000

0000

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0000

0000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0000

0000

17. Other Federal Receipts (Dividends, Interest, etc.).....

0000

0000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0000

0000

(b) Levin Funds (from Schedule H5).....

0000

0000

(c) Total Transfers (add 18(a) and 18(b))..

0000

0000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0000

0000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0000

0000

2017-07-21 09:00:10

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

	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 .....	0000	0000
(ii) Non-Federal Share .....	0000	0000
(b) Other Federal Operating Expenditures .....	0000	0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0000	0000
22. Transfers to Affiliated/Other Party Committees .....	0000	0000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0000	0000
24. Independent Expenditures (use Schedule E) .....	0000	0000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0000	0000
26. Loan Repayments Made .....	0000	0000
27. Loans Made .....	0000	0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0000	0000
(b) Political Party Committees .....	0000	0000
(c) Other Political Committees (such as PACs) .....	0000	0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0000	0000
29. Other Disbursements (Including Non-Federal Donations) .....	0000	0000
30. Federal Election Activity (52 U.S.C. § 30101(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0000	0000
(ii) "Levin" Share .....	0000	0000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0000	0000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0000	0000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0000	0000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0000	0000

2017-07-21 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000

20170721 00:00:00

**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	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

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

0000

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

0000

2017-01-01 10:00 AM

**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M M / D D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>Memo Item</p>		
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M M / D D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>Memo Item</p>		
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M M / D D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>Memo Item</p>		
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p>			<p>0000</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<p>0000</p>		

2011-07-21 00:00:00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			<b>Election:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0000"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text" value="0000"/>

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

2017-07-21 09:00:00 AM

**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)  <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C00528667</b>
---	---

LENDING INSTITUTION (LENDER) Full Name			Amount of Loan	Interest Rate (APR)
Mailing Address				
City	State	Zip Code	Date Incurred or Established	Date Due

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

B. If line of credit, Amount of this Draw:      Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

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:

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. 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 loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature		Title	DATE
--	--	-------	------

2017-07-21 01:00:00



**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

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

Outstanding Balance Beginning This Period		
<input type="text"/>	Amount Incurred This Period	Payment This Period
<input type="text"/>	<input type="text"/>	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>	Amount Incurred This Period	Payment This Period
<input type="text"/>	<input type="text"/>	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>	Amount Incurred This Period	Payment This Period
<input type="text"/>	<input type="text"/>	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

2017-07-21 09:00:00

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

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00528661</b>
---	---

Check if  24-hour report     48-hour report     New report    Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure		Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure		Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 0000
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/> 0000
(c) TOTAL Independent Expenditures .....	<input type="text"/> 0000

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.

Signature *Bridget Murray* Date  07 / 15 / 2017

2014-01-21 00:10:04

**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)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item				Purpose of Expenditure		Category/Type	
Mailing Address							
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item				Purpose of Expenditure		Category/Type	
Mailing Address							
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item				Purpose of Expenditure		Category/Type	
Mailing Address							
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			

SUBTOTAL of Expenditures This Page (optional).....▶						0000	
TOTAL This Period (last page this line number only).....▶						0000	

NON-FEDERAL CONTRIBUTION

**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)

**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

2017-07-21 10:00 AM

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

*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.

2017-07-21 03:00:16:5944

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

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

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**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 .....	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support .....	
vi) Public Communications Referring Only to Party (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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) .....	0000
TOTAL This Period (Total Amount Transferred) .....	0000

NON-FEDERAL ACCOUNTS

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
URBAN PROGRESS POLITICAL ACTION COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address  
 City State Zip Code

Purpose of Disbursement:   
 Activity or Event Identifier:  **Category/Type**

**Allocated Activity or Event Year-To-Date**

Date  /  /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address  
 City State Zip Code

Purpose of Disbursement:   
 Activity or Event Identifier:  **Category/Type**

**Allocated Activity or Event Year-To-Date**

Date  /  /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address  
 City State Zip Code

Purpose of Disbursement:   
 Activity or Event Identifier:  **Category/Type**

**Allocated Activity or Event Year-To-Date**

Date  /  /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
   0000

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
   0000

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
   0000

2017-07-21 10:00:00

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

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

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration).....

**TOTAL** This Period (Voter ID) .....

**TOTAL** This Period (GOTV).....

**TOTAL** This Period (Generic Campaign Activity).....

**TOTAL** This Period (Total Amount of Transfers Received).....

NON-PROFIT ORGANIZATION



**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Mailing Address  
 City State Zip Code  Category/Type

Purpose of Disbursement Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Mailing Address  
 City State Zip Code  Category/Type

Purpose of Disbursement Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Mailing Address  
 City State Zip Code  Category/Type

Purpose of Disbursement Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT **0000**

**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**

FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT **0000**

**TOTAL This Period for the Levin Share**

2017-07-21 10:00:00

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

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0000	0000
(b) Unitemized .....	0000	0000
(c) Total .....	0000	0000
2. OTHER RECEIPTS .....	0000	0000
3. TOTAL RECEIPTS .....	0000	0000
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0000	0000
(b) Voter ID .....	0000	0000
(c) GOTV .....	0000	0000
(d) Generic Campaign .....	0000	0000
(e) Total .....	0000	0000
5. OTHER DISBURSEMENTS .....	0000	0000
6. TOTAL DISBURSEMENTS .....	0000	0000
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	0000	0000
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0000	0000
(from Line 3)		
9. SUBTOTAL .....	0000	0000
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	0000	0000
(From Line 6)		
11. ENDING CASH ON HAND .....	0000	0000
(Subtract Line 10 From Line 9)		

2017-07-21 PM 00:10:04

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

2017-07-21 AM 00:10:00

**SCHEDULE L-B (FEC Form 3X)**

**ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

Date of Disbursement

M M M	/	D D D	/	V V V V V V V V
-------	---	-------	---	-----------------

City	State	Zip Code	Amount of Each Disbursement this Period

Purpose of Disbursement

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

Date of Disbursement

M M M	/	D D D	/	V V V V V V V V
-------	---	-------	---	-----------------

City	State	Zip Code	Amount of Each Disbursement this Period

Purpose of Disbursement

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

Date of Disbursement

M M M	/	D D D	/	V V V V V V V V
-------	---	-------	---	-----------------

City	State	Zip Code	Amount of Each Disbursement this Period

Purpose of Disbursement

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

Date of Disbursement

M M M	/	D D D	/	V V V V V V V V
-------	---	-------	---	-----------------

City	State	Zip Code	Amount of Each Disbursement this Period

Purpose of Disbursement

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

Date of Disbursement

M M M	/	D D D	/	V V V V V V V V
-------	---	-------	---	-----------------

City	State	Zip Code	Amount of Each Disbursement this Period

Purpose of Disbursement

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

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

	0000
	0000

2017-07-21 10:00 AM

Urban Progress PAC  
P.O. Box 257  
Walterboro, SC 29488

**PRIORITY**  
★ MAIL ★



For Domestic Use Only

Label 107R, July 2013

**TRACKED**  
★ ★ ★  
**INSURED**  
★

Expected Delivery Day: 07/21/2017

**USPS TRACKING NUMBER**



9505 5151 8993 7200 0372 47

This product is for

U.S. POSTAGE  
PAID  
WALTERBORO, SC  
29488  
JUL 19, 17  
AMOUNT  
**\$7.25**  
R2304M110714-09



20463



1024

**Federal Election Commission**  
**Ms. Debbie Chacona**  
**Reports Analysis Division**  
**999 E Street, NW**  
**Washington, DC 20463**

**PRIORITY MAIL**

AL SERV

2017 JUL 21 AM 11:51

2017-07-21 09:00:00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 7/19/17
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

7/21/17  
 DATE PREPARED