

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

United for Progress PAC

ADDRESS (number and street)

700 13th Street NW

Suite 600

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00627141

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

11

D D / Y Y Y Y Y Y

06

Y Y Y Y Y Y

2018

in the State of

DC

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

5. Covering Period

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

10

D D / Y Y Y Y Y Y

01

Y Y Y Y Y Y

2018

through

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

10

D D / Y Y Y Y Y Y

17

Y Y Y Y Y Y

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Vilar, Juan Marcos, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Vilar, Juan Marcos, , ,

[Electronically Filed]

Date

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

10

D D / Y Y Y Y Y Y

25

Y Y Y Y Y Y

2018

NOTE: Submission of false, 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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

United for Progress PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">3343.46</td></tr></table>	3343.46				
Y	Y	Y	Y	Y													
2018																	
3343.46																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">334759.28</td></tr></table>	334759.28															
334759.28																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">56447.50</td></tr></table>	56447.50					<table><tr><td colspan="5">656447.50</td></tr></table>	656447.50									
56447.50																	
656447.50																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">391206.78</td></tr></table>	391206.78					<table><tr><td colspan="5">659790.96</td></tr></table>	659790.96									
391206.78																	
659790.96																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">88880.13</td></tr></table>	88880.13					<table><tr><td colspan="5">357464.31</td></tr></table>	357464.31									
88880.13																	
357464.31																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">302326.65</td></tr></table>	302326.65					<table><tr><td colspan="5">302326.65</td></tr></table>	302326.65									
302326.65																	
302326.65																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">10263.18</td></tr></table>	10263.18															
10263.18																	



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

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

United for Progress PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y Y
10		17		2018

**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).....

56447.50

656447.50

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

56447.50

656447.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

56447.50

656447.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

56447.50

656447.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

56447.50

656447.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	48.40	69426.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	48.40	69426.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	110000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	88831.73	178038.02
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	88880.13	357464.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88880.13	357464.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	56447.50	656447.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56447.50	656447.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	48.40	69426.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	48.40	69426.29

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

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

FOR LINE NUMBER: PAGE 6 OF 15  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**United for Progress PAC**

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

## **A. For Our Future Action Fund**

Mailing Address 1411 K St NW  
Ste 900

City  
Washington

State  
DC

Zip Code  
20005-3425

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 ▼

56447.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : VSHEPH1SV02**

Amount of Each Receipt this Period

56447.50

☐ 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)..... ►

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

56447.50

56447.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

<input checked="" 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

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NAME OF COMMITTEE (In Full)

**United for Progress PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		16		2018

FEC Identification Number

**C****Transaction ID : VSGFE9YWC**

Amount of Each Disbursement this Period

31.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		16		2018

FEC Identification Number

**C****Transaction ID : VSGFE9YWC**

Amount of Each Disbursement this Period

16.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

48.40

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

48.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**United for Progress PAC**

Full Name (Last, First, Middle Initial)

**A. Berlin Rosen, LTD**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2018

Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Nonfederal Direct Mail - Florida Senate District 22

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VSGFE9YWC**

Amount of Each Disbursement this Period

15132.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 2018 Robert Asencio Reelection Campaign**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2018

Mailing Address PO Box 941142

City  
MiamiState  
FLZip Code  
33194-1142Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VSGFE9YV3V**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Johanna Lopez For School Board Campaign**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2018

Mailing Address PO Box 720561

City  
OrlandoState  
FLZip Code  
32872-0561Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VSGFE9YV3I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17132.58



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**United for Progress PAC**

Full Name (Last, First, Middle Initial)

**A. Berlin Rosen, LTD**Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Nonfederal Direct Mail - Orange County School Board

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	1	8		

FEC Identification Number

**C****Transaction ID : VSGFE9YSD**

Amount of Each Disbursement this Period

12555.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Berlin Rosen, LTD**Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Nonfederal Direct Mail - Florida House District 118

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	8		

FEC Identification Number

**C****Transaction ID : VSGFE9YWC**

Amount of Each Disbursement this Period

14057.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elect Maribel Cordero For Orange County Commissioner District 4**

Mailing Address 440 Dean Creek Ln

City  
OrlandoState  
FLZip Code  
32825-8139Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	1	8		

FEC Identification Number

**C****Transaction ID : VSGFE9YV3I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

27613.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**United for Progress PAC**

Full Name (Last, First, Middle Initial)

**A. Berlin Rosen, LTD**Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Nonfederal Direct Mail - Orange County Commission

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2018

FEC Identification Number

**C****Transaction ID : VSGFE9YWC**

Amount of Each Disbursement this Period

14267.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amy Mercado For State Representative District 48**

Mailing Address PO Box 141098

City  
OrlandoState  
FLZip Code  
32814-1098Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

FEC Identification Number

**C****Transaction ID : VSGFE9YV3S**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anna for Florida**

Mailing Address PO Box 536154

City  
OrlandoState  
FLZip Code  
32853-6154Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

FEC Identification Number

**C****Transaction ID : VSGFE9YV3I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16267.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**United for Progress PAC**

Full Name (Last, First, Middle Initial)

**A. Berlin Rosen, LTD**Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Nonfederal Direct Mail - Orange County School Board

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2018					

FEC Identification Number

**C****Transaction ID : VSGFE9YWC**

Amount of Each Disbursement this Period

11862.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign To Elect Carlos Guillermo Smith**

Mailing Address PO Box 677205

City  
OrlandoState  
FLZip Code  
32867-7205Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				10				2018					

FEC Identification Number

**C****Transaction ID : VSGFE9YV3C**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Berlin Rosen, LTD**Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Nonfederal Direct Mail - Orange County Commission

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

**C****Transaction ID : VSGFE9YSD**

Amount of Each Disbursement this Period

14955.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

27817.96

88831.73

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 15

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

United for Progress PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alianza for Progress Inc.

Nature of Debt (Purpose):

Canvassing - Estimate

Mailing Address 10524 Moss Park Rd  
Ste 204-605City  
OrlandoState  
FLZip Code  
32832-5898

Outstanding Balance Beginning This Period

0.00

Transaction ID : VSEGY9H9DD1

Amount Incurred This Period

2565.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

2565.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alianza for Progress Inc.

Nature of Debt (Purpose):

Canvassing - Estimate

Mailing Address 10524 Moss Park Rd  
Ste 204-605City  
OrlandoState  
FLZip Code  
32832-5898

Outstanding Balance Beginning This Period

0.00

Transaction ID : VSEGY9H9DG5

Amount Incurred This Period

2565.78

Payment This Period

0.00

Outstanding Balance at Close of This Period

2565.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alianza for Progress Inc.

Nature of Debt (Purpose):

Canvassing - Estimate

Mailing Address 10524 Moss Park Rd  
Ste 204-605City  
OrlandoState  
FLZip Code  
32832-5898

Outstanding Balance Beginning This Period

0.00

Transaction ID : VSEGY9H9DF7

Amount Incurred This Period

2565.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

2565.80

1) **SUBTOTALS** This Period This Page (optional)..... ►

7697.38

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 15

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

United for Progress PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alianza for Progress Inc.

Nature of Debt (Purpose):

Canvassing - Estimate

Mailing Address 10524 Moss Park Rd  
Ste 204-605City  
OrlandoState  
FLZip Code  
32832-5898

Outstanding Balance Beginning This Period

0.00

Transaction ID : VSEGY9H9DE9

Amount Incurred This Period

2565.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

2565.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

2565.80

2) **TOTALS** This Period (last page this line number only)..... ►

10263.18

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

10263.18

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

 PAGE 14 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>United for Progress PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00627141	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Alianza for Progress Inc.</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 17 / 2018
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount <span style="border: 1px solid black; padding: 2px;">2565.78</span>		Transaction ID : <b>VSGFE9YWT11</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>
City Orlando	State FL	Zip Code 32832-5898			
Purpose of Expenditure Canvassing - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10263.18</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Alianza for Progress Inc.</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount <span style="border: 1px solid black; padding: 2px;">2565.80</span>		Transaction ID : <b>VSGFE9YWT03</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>
City Orlando	State FL	Zip Code 32832-5898			
Purpose of Expenditure Canvassing - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10263.18</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p>(c) <b>TOTAL</b> Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <span style="border: 1px solid black; padding: 2px;">0.00</span>  <span style="border: 1px solid black; padding: 2px;"> </span>  <span style="border: 1px solid black; padding: 2px;"> </span> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Vilar, Juan Marcos, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 25 / 2018		

[Electronically Filed]

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

 PAGE 15 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>United for Progress PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00627141</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Alianza for Progress Inc.</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2565.80</div>	
City Orlando	State FL	Zip Code 32832-5898	<b>Transaction ID : VSGFE9YWSZ5</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Canvassing - Estimate			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	
Name of Federal Candidate: Nelson, Bill, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate  <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10263.18</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Alianza for Progress Inc.</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2565.80</div>	
City Orlando	State FL	Zip Code 32832-5898	<b>Transaction ID : VSGFE9YWSY7</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Canvassing - Estimate			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	
Name of Federal Candidate: Nelson, Bill, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate  <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10263.18</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	0.00

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

Vilar, Juan Marcos, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature