

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.
Humanity for Progress

ADDRESS (number and street)
Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00619593

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 Russell Miller

Signature of Treasurer Russell Miller [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Humanity for Progress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="59200.00"/>	<input type="text" value="59200.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="59200.00"/>	<input type="text" value="59200.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30000.00"/>	<input type="text" value="30000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29200.00"/>	<input type="text" value="29200.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Humanity for Progress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	59200.00	59200.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	59200.00	59200.00
(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)	59200.00	59200.00
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))..... ▶	59200.00	59200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59200.00	59200.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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)	30000.00	30000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30000.00	30000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	30000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	59200.00	59200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59200.00	59200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Humanity for Progress

Full Name (Last, First, Middle Initial)
A. Naomi Aberly

Mailing Address 8 Mount Vernon Pl

City Boston State MA Zip Code 02108

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

Name of Employer NA Occupation Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : 11AI-10

Amount of Each Receipt this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Sue Bailey

Mailing Address 8665 Bay Colony Dr # 801

City Naples State FL Zip Code 34108

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

Name of Employer NA Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : 11AI-9

Amount of Each Receipt this Period
 1500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Madeleine Berman

Mailing Address 29100 Northwestern Hwy Ste 370

City Southfield State MI Zip Code 48034

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

Name of Employer NA Occupation Philanthropist

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : 11AI-12

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Humanity for Progress

Full Name (Last, First, Middle Initial)
A. Mandell Berman

Mailing Address 29100 Northwestern Hwy Ste 370

City Southfield	State MI	Zip Code 48034
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Philanthropist
------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : 11AI-13

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Terry Brackett

Mailing Address 1859 Loma Linda St

City Sarasota	State FL	Zip Code 34239
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : 11AI-2

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mabel Cabot

Mailing Address 303 Firehouse Ln

City Longboat Key	State FL	Zip Code 34228
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : 11AI-4

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	17500.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Humanity for Progress

A. Debra Hauser
Full Name (Last, First, Middle Initial)
Mailing Address 12 Buell Ct
City Clinton State CT Zip Code 06413
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Yale Child Study Center Clinical Psychologist
Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Date of Receipt
06 / 24 / 2016
Transaction ID : 11AI-6
Amount of Each Receipt this Period
2500.00
 Memo Item

B. Jill Iscol
Full Name (Last, First, Middle Initial)
Mailing Address 63 Lyndel Rd
City Pound Ridge State NY Zip Code 10576
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
IF Humingbird Foundation, INC President
Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Date of Receipt
06 / 22 / 2016
Transaction ID : 11AI-3
Amount of Each Receipt this Period
2500.00
 Memo Item

C. Rex Killian
Full Name (Last, First, Middle Initial)
Mailing Address 8665 Bay Colony Dr # 801
City Naples State FL Zip Code 34108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NA Retired
Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Date of Receipt
06 / 27 / 2016
Transaction ID : 11AI-8
Amount of Each Receipt this Period
1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
TOTAL This Period (last page this line number only)..... ▶

**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 9 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Humanity for Progress

A. Virginia McGregor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Mulberry St
 City Scranton State PA Zip Code 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Med. Ctr Healthcare System Occupation Vice Chairwoman and Director
 Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : 11AI-14
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Charles Parrish
 Full Name (Last, First, Middle Initial)
 Mailing Address 3139 Bay Shore Rd
 City Sarasota State FL Zip Code 34234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation Retired
 Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : 11AI-7
 Amount of Each Receipt this Period
 10000.00
 Memo Item

C. Dennis Rees
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Sandy Hook Rd S
 City Sarasota State FL Zip Code 34242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation Retired
 Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : 11AI-1
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 13500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 11
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Humanity for Progress

Full Name (Last, First, Middle Initial)
A. Barbara Resnek

Mailing Address 6 Newberry St

City Boston State MA Zip Code 02116

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

Name of Employer NA Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : 11AI-11

Amount of Each Receipt this Period
 2700.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mary Taylor

Mailing Address 2724 Peachtree Rd NW # 1001

City Atlanta State GA Zip Code 30305

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

Name of Employer NA Occupation Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : 11AI-5

Amount of Each Receipt this Period
 10000.00

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12700.00
TOTAL This Period (last page this line number only).....	59200.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Humanity for Progress	FEC IDENTIFICATION NUMBER ▼ C C00619593
---	--

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

Full Name of Payee Art Not War <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 29 / 2016
Mailing Address 93 1st Place #4	Amount 30000.00
City Brooklyn	State NY
Zip Code 11231	Transaction ID : E-1
Purpose of Expenditure Social Media Communication	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 29 / 2016
Category/Type 004	Name of Federal Candidate Hillary Clinton
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	30000.00

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.

Russell Miller [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Signature _____