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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Courage for Progress P.O. Box 3001 ADDRESS (number and street) (Check if address is changed) Chicago 60654-0001 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS manager@courageforprogress.org (Check if address is changed) Optional Second E-Mail Address courageforprogress@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.courageforprogress.org (Check if address is changed) DATE 2017 C00647818 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Skozen, Rozann, , , Type or Print Name of Treasurer Skozen, Rozann,,, [Electronically Filed] 15 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		·
Courage for Pro	ogress	
	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponso
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
Skozen, F	dozann, , ,	
Full Name	P.O. Box 3001	
Mailing Address		
	Chicago	60654-0001
Title or Position	CITY STATE	ZIP CODE
Treasurer		
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Skozen, R	ozann, , ,	
Mailing Address	P.O. Box 3001	
	Chicago	60654-0001 -
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE

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Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
safety deposit bo Name of Bank, I		
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street, N.W.	ZIP CODE
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street, N.W. Washington CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street, N.W. Washington CITY STATE	ZIP CODE
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Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street, N.W. Washington CITY STATE	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: