FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

									FF	P Poffice U	EPONY T	<u>ເທ</u> ື
1.	NAME C	OF ITEE (in full)	ТҮР	E OR	PRINT ▼		ample: If ty er the lines		12774	Mr. 21_	.II MA.	51
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		ck if different previously	<u>ا</u> ا		LTERB	~~					<u> </u>	
	repo	orted. (ACC)	U	חע	CICKIS		ш.		59	1294	88 -	لسبا
2.	FEC IDI	ENTIFICATIO	ON NUMBI	ER ▼		CITY A			STATE A		ZIP COD	Æ ▲
	CO	0,5,2,8	661			3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE (Choose	OF REPOR	Τ (nthly port e On:	Feb 20 (M2	<u></u>	May 20 (M5)	E3	ig 20 (M8)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Qua	rterly Reports:			ū	Mar 20 (M3	, <u>L</u>	Jun 20 (M6)		ep 20 (M9)		(Non-Election Year Only)
		April 15				Apr 20 (M4)		Jul 20 (M7)	o	at 20 (M10)	<u> </u>	Jan 31 (YE)
		Quarterly Rep July 15	port (Q1)	(c)	12-Day		Primary (1	2P) [Gener	al (12G)		Runoff (12R)
	Ц	Quarterly Rep	port (Q2)		PRE-Election Report for the	~	Convention	n (12C)	Specia	J (12S)		
		October 15 Quarterly Rep	port (Q3)			Canado	re a acan					-
	oxdot	January 31 Year-End Rep	port (YE)		E	Election on				<u> </u>	in the State of	
		July 31 Mid-N Report (Non-Year Only) (N	election	(d)	30-Day POST-Electi	<u> </u>	General (3	0G)	Runoff	(30R)		Special (30S)
		Termination F (TER)	Report	· ·	,	Election on		/ () /		<u> </u>	in the State of	
5.	Covering	Period	/		/	• • • • • • • • • • • • • • • • • • • •	through	J2	31	<u>/ 2 6</u>	76	
i ce	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.											
Тур	Type or Print Name of Treasurer											
	nature of		Bris	dg	ret	mer	rai		Date M		" [2017
NO.			erroneous,	or inc	complete infor	mation may s	ubject the p	erson signing t	his Report to	the penaltic	es of 52 l	J.S.C. § 30109
1	Offi Us	ice se						1		4	FORM ev. 05/20	

2017 - 07 - 21 - 03 - 00165956

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name URBAN PROGRESS POLI	TRUST ACTION COMMITTE	£
Report Covering the Period: From:	7 (COLORD) (COLORD)	o: [12] 131 12016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		0000
(b) Cash on Hand at Beginning of Reporting Period	0000	
(c) Total Receipts (from Line 19)	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	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
This committee has qualified as a multion	candidate 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 - 07 - 21 - 03 - 00165957

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name URBAN PROSUSS POLITICAL ACTION COMMITTEE								
Report Covering the Period: From:	To:							
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
 Contributions (other than loans) From: Individuals/Persons Other 								
Than Political Committees								
(i) Itemized (use Schedule A)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(ii) Uniternized		0000						
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0000	0000						
Lines Tr(a)(i) and (ii)								
(b) Political Party Committees		0000						
(c) Other Political Committees (such as PACs)		0000						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0000	0000						
12. Transfers From Affiliated/Other	(A)	0000						
Party Committees								
13. All Loans Received	O 0 0 U	0000						
44 Lan Bassimanta Bassivad	0000	0000M						
14. Loan Repayments Received15. Offsets To Operating Expenditures								
(Refunds, Rebates, etc.)	V V V V	0000						
(Carry Totals to Line 37, page 5)								
to Federal Candidates and Other		7000						
Political Committees								
(Dividends, Interest, etc.)	X R R 21\ A A 21\ A R 2*\ R A							
 Transfers from Non-Federal and Levin (a) Non-Federal Account 	Funds							
(from Schedule H3)								
	0000	0000						
(b) Levin Funds (from Schedule H5)								
(c) Total Transfers (add 18(a) and 18(b))	0000						
·								
19. Total Receipts (add Lines 11(d),		<u> </u>						
12, 13, 14, 15, 16, 17, and 18(c))								
20. Total Federal Receipts		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
(subtract Line 18(c) from Line 19)								

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	Total Tillo I Cilou	Calendar rear-to-Date
	Activity (from Schedule H4)	200	77.75
	(i) Federal Share	0000	
	(ii) Non-Federal Share	0000	0000
	(b) Other Federal Operating	0000	0000
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0,000	0000
22.	Transfers to Affiliated/Other Party		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	0000	0000
24.	Independent Expenditures (use Schedule E)		2022
25.	Coordinated Party Expenditures L		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0000	0000
26	Loan Repayments Made	0000	0000
0.	Loan riopaymono imago		
27. 28.	Loans MadeRefunds of Contributions To:		0000
	(a) Individuals/Persons Other Than Political Committees	0000	0000
	(b) Political Party Committees	0000	0.000
	(c) Other Political Committees		
	(such as PACs)	, 0000	0000
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
	(add Lines 20(a), (b), and (c)/		
29.	Other Disbursements (Including		
	Non-Federal Donations)		0000
30.	Federal Election Activity (52 U.S.C. § 30101(20))	
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0000	6000
	<u></u>		
	(ii) "Levin" Share(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)	77777	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	ion Line 31)		

DETAILED SUMMARY PAGE of Disbursements

	FEC Form 3X (Rev. 05/2016)	o. Biobarcomonto	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	0.000
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

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See separate schedule(s) to reach category of the Detailed Summary Page	64	CHEDINE A (EEO Com. OV)			1				
TEMIZED RECEIPTS to reach category of the Detailed Summary Page		•	ļ	Use separate schedule(s)					
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 PROGUESS PAUTICAL ROTON COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Initial Period Aggregate Year-to-Date FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date Fec ID number of contributing federal political committee. Name of Employer (for Individual) Aggregate Year-to-Date Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt Aggregate Year-to-Date Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt	IT	EMIZED RECEIPTS	İ	for each category of the					
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) PUBCIONS POLITICAL INCIDENCE 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 deneral Other (specify) ▼ 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. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Obter (specify) ▼ Aggregate Year-to-Date ▼ Obter (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt Date of Receipt Date of Receipt			1	Detailed Summary Page					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mailing Address City State				erson for the purpose of soliciting contributions					
A. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code Amount of Each Receipt this Period Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt	abla	NAME OF COMMITTEE (In Full)			_				
A. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Mailing Address City State Zip Code Amount of Each Receipt this Period Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Coccupation (for Individual) Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Coccupation (for Individual) Aggregate Year-to-Date Primary General Other (specify) Aggregate Year-to-Date Date of Receipt Date of Receipt	$ \rangle$	URBAN PROGRESS P	84TiU	AL ACTION COMM	ME				
City State Zip Code	Α.	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date of Receipt				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For:		Mailing Address			المميميمي المهمي المميمي				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Memo Item Date of Receipt Aggregate Year-to-Date Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Occupation (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt this Period Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt This Period Date of Receipt		City	State	Zip Code	Amount of Each Receipt this Period				
Name of Employer (for Individual) Receipt For:		<u> </u>		~~~~	Almost of East Tecopy and Technology				
Receipt For: Primary		tederal political committee.		<u></u>					
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt		Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Memo Item Date of Receipt Amount of Each Receipt this Period Full Organization Name Date of Receipt		Receipt For:	Aggregate	e Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary Other (specify) Aggregate Year-to-Date Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt This Period Date of Receipt			-	* * * * * * * *					
B		Other (specify) ▼		<u> </u>	<u>. </u>				
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		Full Name of Individual (Last, First, Middle Initia	rganization Name	Date of Bassist					
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt					Date of Receipt				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Amount of Each Receipt this Period Memo Item Date of Receipt this Period				·					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		City	State	Zip Code	Amount of Each Descint this Paried				
Name of Employer (for Individual) Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		EEC ID number of contributing			Amount of Each Receipt this Period				
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		-							
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		Receipt For:	Aggregate	Year-to-Date ▼	 				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt		1			1				
C Date of Receipt									
	C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt				
Mailing Address		Mailing Address			المحمديدا ، العموا ، المحمدا				
City State Zip Code Amount of Each Receipt this Period		City	State	Zip Code	Amount of Each Receipt this Region				
FEC ID number of contributing		<u> </u>			<u> </u>				
federal political committee.		federal political committee.			[
Name of Employer (for Individual) Occupation (for Individual) Memo Item		Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
Receipt For: Aggregate Year-to-Date ▼		Receipt For:	Aggregate	Year-to-Date ▼					
		Primary General	•	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	a (

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

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

SCHEDULE B (FEC Form 3X)

	TILDULE B (PEC POIIII 3A)	Use separate schedule(s) FOR LINE				PAGE OF		
IT	EMIZED DISBURSEMENTS	for each category of the				23 26 27		
		Detailed Summary Page 28a				28c 29 30b		
	y information copied from such Reports and Staten for commercial purposes, other than using the name							
\vdash	NAME OF COMMITTEE (In Full)	• • • • • • • • • • • • • • • • • • • •		<u> </u>	- "			
	URBAN PROGRESS POLITICA	or he	TON COM	nm. 776	\leq			
Α.	Full Name (Last, First, Middle Initial)				Date of Dist	pursement		
	Mailing Address		M 7 M	المحمدين المحمد				
	City	State	Zip Code		FEC Identific	cation Number		
	Purpose of Disbursement				C			
	Candidate Name			Category/	Amount of E	Each Disbursement this Period		
	Office Sought: House Disbursen	ant For		Type				
		Primary	General			- ^ ^ 4)- ^ ^ 41- ^ _		
	President State: District:	Other (spec	ify) ▼		Memo I	tem		
	Full Name (Last, First, Middle Initial)	=-	· · · · · · · · · · · · · · · · · · ·					
В.					Date of Dist	pursement		
	Mailing Address							
	City	State	Zip Code		FEC Identific	cation Number .		
	Purpose of Disbursement							
	Candidate Name			Category/ Type	Amount of E	ach Disbursement this Period		
	Office Sought: House Disburserr	nent For: Primary	General	7,				
	President	Other (spec			Memo II	em		
_	State: District: Full Name (Last, First, Middle Initial)							
C.	ruii Ivame (Last, Fiist, Wildlie Initial)				Date of Disk	oursement		
	Mailing Address							
	City	State	Zip Code		FEC Identific	cation Number		
	Purpose of Disbursement	<u> </u>						
	Candidate Name	Category/ Type	Amount of Each Disbursement this Per					
	Office Sought: House Disbursem	nent For:	<u> </u>	1364				
		Primary Other (speci	☐ General					
	State: District:	Cilioi (upou	…11 ▼		Memo It	em		
s	UBTOTAL of Disbursements This Page (optional)			······		0,000		
TO	TOTAL This Period (last page this line number only)							

SCHEDULE C (FEC Form 3X)

LO	ANS				Use separate schedule(s for each category of the Detailed Summary Page					
NAI	ME OF COMMITTEE (In Full)									
	URBAN PROGRE	ss polit	icas Actio	N C	ommittle					
	LOAN SOURCE Full Name (I				☐ Memo Item	Election: Primary General				
Mailing Address						L_ Other (specify) ▼				
	City		State	ZIP Cod	e					
	Original Amount of Loan		Cumulative Paym	nent To [Date Bala	nce Outstanding at Close of This Period				
	TERMS Date Incurred		Date of the second seco	e Due	Interest Rate	Seculed: (apr) Yes No				
	List All Endorsers or Guarant	tors (if any) t	o Loan Source							
1	. Full Name (Last, First, Midd	le Initial)		İ	Name of Employer					
-	Mailing Address	. , .			Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:	~-n-^				
. 2	P. Full Name (Last, First, Midd	le Initial)			Name of Employer					
-	Mailing Address				Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:					
3	I. Full Name (Last, First, Midd	le Initial)			Name of Employer					
	Mailing Address				Occupation					
	City	State	ZIP Code	1	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)					Name of Employer					
Mailing Address				Occupation						
	City	State	ZIP Code		Amount Guaranteed Outstanding:	**************************************				
SU	BTOTALS This Period This Pa	ige (optional)				0000				
	TALS This Period (last page in				- Common	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Ca	rry outstanding balance only t	o LINE 3. Sci	nedule D. for this li	ine. If n	o Schedule D, carry forw	vard to appropriate line of Summary.				

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

Supplementary for Information found on Page of Schedule C

rederal Election Commission, Washington, D.C. 20463								
NAME OF COMMITTEE (In Full)	_	FEC IDENTIFICATION NUMBER						
URBAN PROGRESS POLITICAL A	CTION COMMITTEE	C00528661						
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)						
Full Name								
Mailing Address								
	Date Incurred or Established							
City State Zip Code								
	Date Due							
A. Has loan been restructured? No Yes	If yes, date originally incurre	d MAM , LOND , LANDANA						
B. If line of credit,	Total							
S. William of Ground,	Outstanding							
Amount of this Draw:	Balance:							
C. Are other parties secondarily liable for the debt inc	urred? must be reported on Schedule C.)							
		What is the value of this collateral?						
 D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates 		what is the value of this conductar?						
stocks, accounts receivable, cash on deposit, or of		1						
No Yes If yes, specify:	ļ							
		Does the lender have a perfected security						
		interest in it? No Yes						
E. Are any future contributions or future receipts of in		What is the estimated value?						
collateral for the loan? No Yes If ye	s, specify:							
	Location of account:							
A depository account must be established pursuan to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Essential of doors.							
Date account established:	Address:							
THE WAY / PROPERTY / PROPERTY								
	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 k								
G. COMMITTEE TREASURER		DATE						
Typed Name								
Signature		- }						
		<u> </u>						
H. Attach a signed copy of the loan agreement.								
I. TO BE SIGNED BY THE LENDING INSTITUTION:								
To the best of this institution's knowledge, the are accurate as stated above.	terms of the loan and other inform	nation 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 the complied with the requirements set forth at 1.	at a loan must be made on a basi: ECFR 100.82 and 100.142 in maki	s which assures repayment, and has no this loan.						
AUTHORIZED REPRESENTATIVE		DATE						
Typed Name								
Signature	Title	-						

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBEF:
(check only one) 9

xcluding Loans	uding Loans nu						10		
NAME OF COMMITTEE (In Full)					<u> </u>	11			
URBAN PROGRESS POLITICAL RETION COMMITTEE									
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):					
Mailing Address	Mailing Address								
City State Zip Code									
Outstanding Balance Beginning This Period									
Amount Incurred This Period	Payr	nent This Period		Outstandir	ng Balance at Close o	This F	Period		
		, , , , , , , ,	Ť						
	_^^		اساسن	!^					
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of D	ebt (Purpose):				
Mailing Address									
City	State	Zip Code							
						<u> </u>			
Outstanding Balance Beginning This Period									
Amount Incurred This Period Payment This Period					Outstanding Balance at Close of This Pe				
							֓֞֞֞֞֞֜֞֜֞֜֜֜֜֡		
		<u> </u>			2)5 8 8 2)5 8 3	7.4			
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		Outstandin	g Balance at Close of	This F	eriod				
	_ n _ n _ m _ n		أأ						
1) SUBTOTALS This Period This Page (optional)			>		C(57	ÒÓ		
					C	<u>ን</u>	汤		
2) TOTALS This Period (last page this line number	only)		>	<u></u>		ノ () 			
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	▶		00) () 	\circ		
	<u> </u>				00) ර	D		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summar	y Page (last page or	ıy) ►	ين المستحدات		2"	الت		

	CHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
١	NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	URBAN PROGRESS POLITICAL ACTION COMMITTEE	000528661
	Check if 24-hour report 48-hour report New report Amends report filed on	MAM , GAG , LASANA
	Full Name of Payee	te of Public Distribution/Dissemination

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
URBAN PROGRESS POLIT	icor Ne	TON COMMI	THE 000528661
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
			(M, 0, M) (Q, Q,) (A, A, A, A, A, A, A, A, A, A, A, A, A,
Mailing Address			Amount
	10	T =: 0	
City	State	Zip Code	
Purpose of Expenditure	<u></u>		Date of Disbursement or Obligation
, aspect of aspertance		Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date	V V V	~~~	Disbursement For: Primary General
Per Election for Office Sought	<u> </u>		Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
	Sidio	2.5 0000	
Purpose of Expenditure	<u></u>	Catagony (T	Date of Disbursement or Obligation
		Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date	V-V V		Disbursement For: Primary General
Per Election for Office Sought	4)		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	s		
(b) SUBTOTAL of Uniternized Independent Expenditu	IFOO		
(b) SUBTOTAL OF OTHERWIZED INDEPENDENT EXPENDITE	#65		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize	reported herein were d committee or agent	on on the first of either, or (if the reporting entity is not a political
Gridget Murray	1	Date	2077

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

	(То	be used only	y by Pe	olitical Comr	nittees in the Gen	eral Election)	FOR LINE	25 OF FORM 3X
NA	AME OF COMMITTEE (In Full)							
	URBAN PROGRESS P	ocarca	LA	CICON	CommiTE	É		
СО	as your committee been designated to ma ordinated expenditures by a political party YES NO				ordinate Committee			
lf '	YES, name the designating committee:		Mailir	ng Address				
			City			Sta	ate Z	IP Code
	Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of Exp	enditure	
	Mailing Address							Category/ Type
	City	State		Zip Code		Date	~ [
	Name of Federal Candidate Supported	Office Soug	ht:	House	State:	Amount		
			\vdash	Senate Presidential	District:			~~~~
	Aggregate General Election Expenditure for this Candidate ▶	√ √ √ ^ ^ 27°		<u> </u>			<u> </u>	- \
	Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of Exp	enditure	Category/
	Mailing Address					Date		Туре
	City	State	. ,	Zip Code			<u> </u>	~ * ~ .
	Name of Federal Candidate Supported	Office Soug	ht:	House Senate Presidential	State:	Amount	- V V V	· · · · · · · · · · · · · · · · · · ·
	Aggregate General Election Expenditure for this Candidate ▶	~~~~					· · · · · · · · · · · · · · · · · · ·	-\ <u></u>
	Full Name (Last, First, Middle Initial) of	Each Payee			☐ Memo Item	Purpose of Exp	enditure	Category/
	Mailing Address					Date		Туре
	City	State		Zip Code			/ <u></u>	
	Name of Federal Candidate Supported	Office Soug	ht:	House Senate Presidential	State:	Amount		
	Aggregate General Election Expenditure for this Candidate ▶	A A 473	· · · ·					
s	UBTOTAL of Expenditures This Page (op	tional)			>			0000
T	OTAL This Period (last page this line num	ber only)						0000

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
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
This ratio applies to (check all that apply): Administrative Generic Voter Drive Public Communications Referencing Party Only

New New

Revised

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUIL) URBAN PROGRESS POLITICAL ACTION COM	MITTEE	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommendate the federal proportion of disbursements is based on the benefit tivity. For PACs Only : Direct candidate support includes public commendate and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	it derived by federal candi- nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL A	NONEEDER
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support		<u> </u>
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	TEDETINE 78	NOM EDENAL 76
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL W	NONEEDEDAL 01
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	ECDEDAL &	NONEEDEDAL 0/
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	·%
CHECK IF THE RATIO IS:		

Same as Previously Reported

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

PAGE	OF	
FOR LINE	18a OF FORM	3X

NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITICAL ACTION COMMIT	714
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a)]
b)]
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	\$
	7
a)	J 7
b)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	D
TOTAL This Period (Administrative)	0000
TOTAL This Period (Generic Voter Drive)	, 0000
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	, 0 <u>000</u>
TOTAL This Period (Direct Candidate Support)	<u> </u>
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	0000

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
l		

-N/	AME OF COMMITTEE (In Full)				FOR LINE 21a OF FORM 3X
_	URBAN PROGRESS POLIT	TICAL 1	KTION C	e amit	TÉ .
Ā.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
			·		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	!			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	 .			
	Activity of Everit Identifier.			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			2% <u>^ ^ 2</u> %	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
B.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
		112	1=		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Anti-the or Event Identified				
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			513 <u> </u>	V V V V	
c.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4); A 43);	· · · · · · · · · · · · · · · · · · ·	0000
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This	Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	A A 25 A A 25 A A 25 A			<u> </u>	0000
TC	OTAL This Period (last page for each line only)	(Federal shar			
	FEDERAL SHARE	-	NONFEDERAL	SHARE	TOTAL AMOUNT
		ححجا ا		<u> </u>	0000
					

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

	ILLOCATED FEDERAL ELECTI To be used by State, District and Lo		ity)	PAGE OF
-	NAME OF COMMITTEE (In Full)			FOR LINE 18b OF FORM 3X
	URBAN PROGRESS POI	LTACAL ACTION (CommiTTE	
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL	AMOUNT TRANSFERRED
				25-1-15-1-15-1-15-1-15-1-15-1-15-1-15-1
	BREAKDOWN OF THIS TRANSFER			
	i) Voter Registration	VC	OTER REGISTRATION	-
	Total Amount Transferred for Vo	oter Registration	VOTER ID	
	ii) Voter ID		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	Total Amount Transferred for Vo	oter ID		
	iii) GOTV		GOTV	/ /
	Total Amount Transferred for Go	OTV	L a	,
	iv) Generic Campaign Activity		GENERIC	CAMPAIGN ACTIVITY
		eneric Campaign Activity		
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL	AMOUNT TRANSFERRED
				22-A-A-22-A-22-A
	BREAKDOWN OF THIS TRANSFER			
	i) Voter Registration	VC	OTER REGISTRATION	
	Total Amount Transferred for Vo	oter Registration		
	ii) Voter ID	r -	VOTER ID	······
	Total Amount Transferred for Vo	oter ID		
	iii) GOTV		GOTV	/
	Total Amount Transferred for G	OTV	<u> </u>	<u>,</u>
	iv) Generic Campaign Activity		GENERIC	C CAMPAIGN ACTIVITY
	·	eneric Campaign Activity		
-	TOTALS FOR	BREAKDOWN OF TRANSFER F	IECEIVED (Last Page Onl	(y)
				₹ ₹
	TOTAL This Period (Voter Registration	1)	0000	
	TOTAL This Period (Voter ID)			0.00
	TOTAL This Period (GOTV)			0000
	TOTAL This Period (Generic Campaign	n Activity)		0000
	TOTAL This Period (Total Amount of T	Fransfers Received)		0000

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)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full) URBIAN PROGRESS	POLITICA	R ACTION	Commi	
A. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date Date
FEDERAL SHARE		LEVIN SH	IARE	= TOTAL AMOUNT
	<u> </u>	_^^	<u> </u>	
B. Full Name (Last, First, Middle Initial) / Full Orgai	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address			· ·	Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	I		Category/ Type	Date Date
FEDERAL SHARE		LEVIN SH	IARE	= TOTAL AMOUNT
	يا ليــ	<u></u>		
C. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHARE		LEVIN SH	IARE	= TOTAL AMOUNT
<u> </u>		<u> </u>	}_ ^^_	
SUBTOTAL of Shared Federal and Levin FEDERAL SHARE	Activity This	Page LEVIN SH	IARE	= TOTAL AMOUNT
				0000
TOTAL This Period (last page for each lin FEDERAL SHARE	e only)(Fede	ral share to 30(a)(i) ar	nd Levin share to	30(a)(ii)) TOTAL AMOUNT
		LEVIN SH	IARE	0000
TOTAL This Period for the Levin Share		<u> </u>	-	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	LRBAN PROGRESS POL	TICOL ACTION COMMIT	TE
NAM	E 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(Add Lines 1c and 2)	0000	0000
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000
	(b) Voter ID	0000	0000
	(c) GOTV	0000	0.000
	(d) Generic Campaign	0000	0000
	(e) Total	0000	0000
5.	OTHER DISBURSEMENTS	0000	0000
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	0000	0000
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	0000	0000
8.	RECEIPTS(from Line 3)	0000	0000
9.	SUBTOTAL(Add Lines 7 and 8)	0000	0000
10.	DISBURSEMENTS(From Line 6)	0000	0000
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0000

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

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

FOR LINE NUMBER: (check only one)

OF

PAGE

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Memo ttem Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt B. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 🔲 Memo Item Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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	: <u>PA</u>	GE	OF
(check only one)]4a	☐ 4c	5
] 4b	4d	

<u> </u>	F LEVIN FUNDS		Aggregati		4b4d
	ny information copied from such Reports and State for commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (IN FUII) URBAN PROBRESS P			TION CON	rmittee
A.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address	[a	T- 0 -		
	City Purpose of Disbursement	State	Zip Code		Amount of Each Disbursement this Period
В.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
<u>с</u> .	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				MANN / DAD / TAXAAAA
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
D.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
Ε.	Full Name (Last, First, Middle Initial) / Full Organ	nization Name	е	☐ Memo Item	Date of Disbursement
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
S	SUBTOTAL of Disbursements This Page (optional)				0000
т	OTAL This Period (last page this line number onl	y)			<i></i>

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No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	ceipt or Postmarked				
PREPARER	7/21/17 DATE PREPARED				