

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

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

12FE4M5

PATHWAY TO PROGRESS

ADDRESS (number and street)

11547 CHRISTINE AVENUE

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

CITY Simi Valley STATE CA ZIP CODE 93063

C00633495

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - 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 M / D D D /

2017-2-AM 12-24
in the State of
FOR THE COMMISSIONER OF PUBLIC UTILITIES
ELECTION DIVISION
REGISTRATION & FIDELITY DIVISION

- (d) 30-Day **POST-Election** Report for the:
- General (30G)
 - Runoff (30R)

Election on M M M / D D D /

5. Covering Period M M M / D D D / 2017 through M M M / D D D / 2017

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

Type or Print Name of Treasurer Ryan Valencia

Signature of Treasurer 

Date M M M / D D D / 2017

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

Office Use Only							
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2017-10-01 01:00:00 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Pathway to 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="2017"/>	<input type="text" value="00.00"/>	<input type="text" value="00.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="00.00"/>	<input type="text" value="00.00"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="43,800.22"/>	<input type="text" value="43,800.22"/>
(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="43,800.22"/>	<input type="text" value="43,800.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43,043.15"/>	<input type="text" value="43,043.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="757.07"/>	<input type="text" value="757.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00.00"/>	<input type="text" value="00.00"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00.00"/>	<input type="text" value="00.00"/>



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

2017-10-02 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Pathway to Progress

Report Covering the Period: From: MM ' DD ' YYYY 01 ' 01 ' 2017 To: MM ' DD ' YYYY 06 ' 30 ' 2017

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8,800.22

8,800.22

35,000.00

35,000.00

43,800.22

43,800.22

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

00.00

00.00

00.00

00.00

43,800.22

43,800.22

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

00.00

00.00

13. All Loans Received.....

00.00

00.00

14. Loan Repayments Received.....

00.00

00.00

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

00.00

00.00

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

00.00

00.00

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

00.00

00.00

18. Transfers from Non-Federal and Levin Funds

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

00.00

00.00

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

00.00

00.00

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

00.00

00.00

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

43,800.22

43,800.22

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

43,800.22

43,800.22

2017-10-01 10:00:00 AM

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	00.00	00.00
(ii) Non-Federal Share	00.00	00.00
(b) Other Federal Operating Expenditures	34,204.23	34,204.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	34,204.23	34,204.23
22. Transfers to Affiliated/Other Party Committees	00.00	00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00.00	00.00
24. Independent Expenditures (use Schedule E)	00.00	00.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	00.00	00.00
26. Loan Repayments Made	00.00	00.00
27. Loans Made	00.00	00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00.00	00.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs)	00.00	00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	00.00	00.00
29. Other Disbursements (Including Non-Federal Donations)	8,838.92	8,838.92
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00.00	00.00
(ii) "Levin" Share	00.00	00.00
(b) Federal Election Activity Paid Entirely With Federal Funds	00.00	00.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	00.00	00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43,043.15	43,043.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	43,043.15	43,043.15

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43,800.22	43,800.22
34. Total Contribution Refunds (from Line 28(d))	00.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43,800.22	43,800.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34,204.23	34,204.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34,204.23	34,204.23

2017-10-02 10:00 AM

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

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

FOR LINE NUMBER:		PAGE	OF
(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

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)
Pathway to Progress

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blommendahl, Dale

Mailing Address
4243 Thomas Court

City
Simi Valley State
CA Zip Code
93063

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
N/A - Retired Occupation (for Individual)
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25,000.00

Date of Receipt
02 / 08 / 2017

Amount of Each Receipt this Period
25,000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blommendahl, Dale

Mailing Address
4243 Thomas Court

City
Simi Valley State
CA Zip Code
93063

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
N/A - Retired Occupation (for Individual)
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,380.00

Date of Receipt
04 / 03 / 2017

Amount of Each Receipt this Period
8,800.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blommendahl, Dale

Mailing Address
4243 Thomas Court

City
Simi Valley State
CA Zip Code
93063

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
N/A - Retired Occupation (for Individual)
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43,800.00

Date of Receipt
04 / 24 / 2017

Amount of Each Receipt this Period
10,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ *43,800.00*

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

2017-10-02 10:00 AM

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)			PAGE OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)

Pathway to Progress

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

A. *Paypal*

Mailing Address
2211 North First St

City *San Jose* State *CA* Zip Code *95131*

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 ▼ *2.2*

Date of Receipt

06 / *05* / *2017*

Amount of Each Receipt this Period

2.2

Memo Item

Paypal verification of bank account

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

/ /

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

/ /

Amount of Each Receipt this Period

Memo Item

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

2.2

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

43800.00

2017-10-01 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input 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)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial)
Go Daddy Operating Company, LLC

Mailing Address
14455 N. Hayden Rd, Ste. 219

City
Scottsdale State
AZ Zip Code
85260

Purpose of Disbursement
Website Domain Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM/DD/YYYY
02/13/2017

FEC Identification Number
C

Amount of Each Disbursement this Period
174.1

Memo Item

B.

Full Name (Last, First, Middle Initial)
Campaign Partner

Mailing Address
Po Box 118

City
Still River State
MA Zip Code
01467

Purpose of Disbursement
Website service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM/DD/YYYY
02/14/2017

FEC Identification Number
C

Amount of Each Disbursement this Period
29.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Casselberry, John

Mailing Address
1547 Christine Ave.

City
Simi Valley State
CA Zip Code
93063

Purpose of Disbursement
Staff Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM/DD/YYYY
02/22/2017

FEC Identification Number
C

Amount of Each Disbursement this Period
4,000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *4,046.41*

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

2017-10-01 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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NAME OF COMMITTEE (In Full)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial)
Valencia, Ryan

Mailing Address
2470 Marie St.

City
Simi Valley State
CA Zip Code
93065

Purpose of Disbursement
staff salary

Candidate Name
staff salary Category/Type
0.0.1

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M ' D D ' Y Y Y Y
02 ' 23 ' 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1,500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Valencia, Ryan

Mailing Address
2470 Marie St.

City
Simi Valley State
CA Zip Code
93065

Purpose of Disbursement
staff salary

Candidate Name
staff salary Category/Type
0.0.1

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M ' D D ' Y Y Y Y
02 ' 28 ' 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1,500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Facebook

Mailing Address
1601 Willow Rd

City
Menlo Park State
CA Zip Code
94025

Purpose of Disbursement
Social media Advertisement

Candidate Name
Social media Advertisement Category/Type
0.0.4

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M ' D D ' Y Y Y Y
03 ' 01 ' 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1,544

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *3,015.44*

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

2017-10-02 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full) *Pathway to Progress*

A.

Full Name (Last, First, Middle Initial) *Casselberry, John*

Mailing Address *1547 Christine Ave.*

City *Simi Valley* State *CA* Zip Code *93063*

Purpose of Disbursement *Staff Salary* Category/Type *0.0.1*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *03* / *01* / *2017*

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *2,000.00*

Memo Item

B.

Full Name (Last, First, Middle Initial) *Simi Valley Library*

Mailing Address *2969 Tape Canyon Rd.*

City *Simi Valley* State *CA* Zip Code *93065*

Purpose of Disbursement *Event Room Rental Fee* Category/Type *0.0.7*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *03* / *09* / *2017*

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *1,045.8*

Memo Item

C.

Full Name (Last, First, Middle Initial) *Staples*

Mailing Address *2880 Cochran St.*

City *Simi Valley* State *CA* Zip Code *93065*

Purpose of Disbursement *Office Supplies* Category/Type *0.0.1*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *03* / *13* / *2017*

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *4,931*

Memo Item

SUBTOTAL of Disbursements This Page (optional) *2,153.89*

TOTAL This Period (last page this line number only) *2,153.89*

2014-2017

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input 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) *Pathway to Progress*

A.

Full Name (Last, First, Middle Initial) *Blommendahl, Wendy*

Date of Disbursement *03/13/2017*

Mailing Address *841 Crosby Ave.*

City *Simi Valley* State *CA* Zip Code *93065*

Purpose of Disbursement *Reimbursement for office supplies purchase*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

FEC Identification Number *C*

Amount of Each Disbursement this Period *600.00*

Memo Item

B.

Full Name (Last, First, Middle Initial) *Campaign Partner*

Date of Disbursement *03/14/2017*

Mailing Address *PO Box 118*

City *Still River* State *MA* Zip Code *01467*

Purpose of Disbursement *Website service*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

FEC Identification Number *C*

Amount of Each Disbursement this Period *29.00*

Memo Item

C.

Full Name (Last, First, Middle Initial) *Casselberry, John*

Date of Disbursement *03/17/2017*

Mailing Address *1547 christine Ave*

City *Simi Valley* State *CA* Zip Code *93065*

Purpose of Disbursement *Staff Salary*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

FEC Identification Number *C*

Amount of Each Disbursement this Period *2,000.00*

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... *2,089.00*

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

2017-03-14 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Pathway to Progress

A. Full Name (Last, First, Middle Initial) **City of Palmdale**

Mailing Address **38300 Sierra Highway**

City **Palmdale** State **CA** Zip Code **93550**

Purpose of Disbursement **Event Room Fee** Category/Type **006**

Candidate Name _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **03 / 20 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **188.00**

Memo Item

B. Full Name (Last, First, Middle Initial) **Staples**

Mailing Address **2880 Cochran St.**

City **Sim. Valley** State **CA** Zip Code **93065**

Purpose of Disbursement **office / event supplies** Category/Type **001**

Candidate Name _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **03 / 27 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **79.01**

Memo Item

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

Mailing Address **2801 Cochran St**

City **Sim. Valley** State **CA** Zip Code **93065**

Purpose of Disbursement **event supplies** Category/Type **001**

Candidate Name _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **03 / 27 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **36.25**

Memo Item

SUBTOTAL of Disbursements This Page (optional) **3,032.6**

TOTAL This Period (last page this line number only)

NOT FOR ONLINE SUBMISSION

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input 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

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) *Pathway to Progress*

A. Full Name (Last, First, Middle Initial) *Political Data Inc.*

Mailing Address *PO Box 59570*

City *Norwalk* State *CA* Zip Code *90652*

Purpose of Disbursement *voter information software* Category/Type *001*

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement *03/27/2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *7,700.00*

Memo Item

B. Full Name (Last, First, Middle Initial) *SurveyMonkey*

Mailing Address *One Curiosity Way*

City *San Mateo* State *CA* Zip Code *94403*

Purpose of Disbursement *Technology services* Category/Type *001*

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement *03/30/2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *300.00*

Memo Item

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

Mailing Address *1601 Willow Rd*

City *Menlo Park* State *CA* Zip Code *94025*

Purpose of Disbursement *social media advertisement* Category/Type *004*

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement *04/03/2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *100.52*

Memo Item

SUBTOTAL of Disbursements This Page (optional) *7,830.52*

TOTAL This Period (last page this line number only)

2017-10-02 10:00:17 40964

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input 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)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial)
Valencia, Ryan

Date of Disbursement
MM ' DD ' YYYY
04 ' 04 ' 2017

Mailing Address
2470 Marie St.

City
Simi Valley State
CA Zip Code
93065

Purpose of Disbursement
Staff salary

Candidate Name
Staff salary Category/Type
001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
1,500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Casselberry, John

Date of Disbursement
MM ' DD ' YYYY
04 ' 04 ' 2017

Mailing Address
1547 Christine Ave

City
Simi Valley State
CA Zip Code
93063

Purpose of Disbursement
staff salary

Candidate Name
staff salary Category/Type
001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
2,000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Blommendahl, Wendy

Date of Disbursement
MM ' DD ' YYYY
04 ' 05 ' 2017

Mailing Address
841 Crosby Ave

City
Simi Valley State
CA Zip Code
93065

Purpose of Disbursement
Reimbursement for office supplies

Candidate Name
Reimbursement for office supplies Category/Type
001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
60.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *3,560.00*

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

2017-10-20 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Campaign Partner

Mailing Address PO Box 118

City Still River State MA Zip Code 01467

Purpose of Disbursement website services Category/Type 0.01

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 04 / 14 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 2900

Memo Item

B. Full Name (Last, First, Middle Initial) Valencia, Ryan

Mailing Address 2470 Marie St

City Simi Valley State CA Zip Code 93065

Purpose of Disbursement staff salary Category/Type 0.01

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 04 / 18 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 1500.00

Memo Item

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

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement E-mail service/hiring Category/Type 0.01

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 04 / 20 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 1767

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1546.67

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

2017-10-02 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 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) *Pathway to Progress*

A.

Full Name (Last, First, Middle Initial) *Casselberry, John*

Date of Disbursement *04 / 25 / 2017*

Mailing Address *1547 Christine Ave.*

City *Simi Valley* State *CA* Zip Code *93063*

Purpose of Disbursement *Staff Salary* Category/Type *001*

FEC Identification Number *C*

Candidate Name *Staff Salary*

Amount of Each Disbursement this Period *2,000.00*

Office Sought: House Senate President

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

State: _____ District: _____

Memo Item

B.

Full Name (Last, First, Middle Initial) *Facebook*

Date of Disbursement *05 / 01 / 2017*

Mailing Address *1601 Willow Rd*

City *Menlo Park* State *CA* Zip Code *94025*

Purpose of Disbursement *Facebook advertisements* Category/Type *004*

FEC Identification Number *C*

Candidate Name _____

Amount of Each Disbursement this Period *5.46*

Office Sought: House Senate President

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

State: _____ District: _____

Memo Item

C.

Full Name (Last, First, Middle Initial) *Valencia, Ryan*

Date of Disbursement *05 / 01 / 2017*

Mailing Address *2470 Marie St.*

City *Simi Valley* State *CA* Zip Code *93065*

Purpose of Disbursement *staff salary* Category/Type *001*

FEC Identification Number *C*

Candidate Name _____

Amount of Each Disbursement this Period *1,500.00*

Office Sought: House Senate President

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

State: _____ District: _____

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *3,505.46*

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

NON-FUNCTIONAL

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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NAME OF COMMITTEE (In Full)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial)
Casselberry, John

Date of Disbursement
MM / DD / YYYY
05 / 01 / 2017

Mailing Address
1547 Christine Ave

City
Simi Valley State
CA Zip Code
93063

Purpose of Disbursement
staff salary

Candidate Name
staff salary Category/Type
0.0.1

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
2,000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Facebook

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2017

Mailing Address
1601 Willow Rd.

City
Menlo Park State
CA Zip Code
94025

Purpose of Disbursement
Facebook advertisements

Candidate Name
Facebook advertisements Category/Type
0.0.4

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
9.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Campaign Partner

Date of Disbursement
MM / DD / YYYY
05 / 15 / 2017

Mailing Address
PO Box 118

City
Still River State
MA Zip Code
01467

Purpose of Disbursement
website services

Candidate Name
website services Category/Type
0.0.1

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
29.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *2,038.00*

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

2017-05-01 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b
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NAME OF COMMITTEE (In Full)

Pathway to Progress

Full Name (Last, First, Middle Initial)

A.

HP Inc

Mailing Address: 1561 Page mill Rd

City: Palo Alto State: CA Zip Code: 94304

Purpose of Disbursement: office Supplies

Candidate Name: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [] District: []

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 1,411.90

Category/Type: 0.01

Memo Item:

B.

Valencia, Ryan

Mailing Address: 2470 maric st.

City: Simi Valley State: CA Zip Code: 93065

Purpose of Disbursement: Staff salary

Candidate Name: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [] District: []

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 1,500.00

Category/Type: 0.01

Memo Item:

C.

Casselberry, John

Mailing Address: 1547 Christine Ave

City: Simi Valley State: CA Zip Code: 93063

Purpose of Disbursement: Staff Salary

Candidate Name: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [] District: []

Date of Disbursement: 05 / 16 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 2,000.00

Category/Type: 0.01

Memo Item:

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

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

3,641.90

2017-10-01 09:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input 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)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial) **Lopez, Andrew**

Mailing Address **2166 Sequoia Ave**

City **Simi Valley** State **CA** Zip Code **93065**

Purpose of Disbursement **Staff Wages** Category/Type **0.01**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **05/18/2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **123.75**

Memo Item

B.

Full Name (Last, First, Middle Initial) **Wells Fargo**

Mailing Address **P.O. Box 6995**

City **Portland** State **OR** Zip Code **97228**

Purpose of Disbursement **Monthly service fee** Category/Type **0.01**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **05/31/2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **14.00**

Memo Item

C.

Full Name (Last, First, Middle Initial) **Facebook**

Mailing Address **1601 Willow Rd**

City **Menlo Park** State **CA** Zip Code **94025**

Purpose of Disbursement **Facebook advertisements** Category/Type **0.04**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **06/01/2017**

FEC Identification Number **C**

Amount of Each Disbursement this Period **3.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional) **140.75**

TOTAL This Period (last page this line number only) **140.75**

2017-10-01 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial) Google Inc.

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Email services/hosting

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 06 / 02 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 15.00

Memo Item

B.

Full Name (Last, First, Middle Initial) Paypal

Mailing Address 2211 North First St

City San Jose State CA Zip Code 95131

Purpose of Disbursement Paypal verification

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 06 / 05 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 22

Memo Item

C.

Full Name (Last, First, Middle Initial) Political Data Inc

Mailing Address P.O Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement voter Data Technology service

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 06 / 05 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.45

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 16.67

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

2017-10-20 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE OF
	<input 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)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial)
Political Data Inc.

Mailing Address
P.O. Box 59570

City
Norwalk State
CA Zip Code
90652

Purpose of Disbursement
voter data technology service

Candidate Name
[Blank] Category/Type
0.0.1

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
06 / *05* / *2017*

FEC Identification Number
C [Blank]

Amount of Each Disbursement this Period
1.63

Memo Item

B.

Full Name (Last, First, Middle Initial)
Political Data Inc.

Mailing Address
P.O. Box 59570

City
Norwalk State
CA Zip Code
90652

Purpose of Disbursement
voter data technology service

Candidate Name
[Blank] Category/Type
0.0.1

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
06 / *06* / *2017*

FEC Identification Number
C [Blank]

Amount of Each Disbursement this Period
1.63

Memo Item

C.

Full Name (Last, First, Middle Initial)
Campaign Partner

Mailing Address
P.O. Box 118

City
Still River State
MA Zip Code
01467

Purpose of Disbursement
Website Services

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
06 / *14* / *2017*

FEC Identification Number
C [Blank]

Amount of Each Disbursement this Period
29.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *32.26*

TOTAL This Period (last page this line number only).....▶ [Blank]

2017-10-10 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 26 <input checked="" type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full) **Pathway to Progress**

A. Full Name (Last, First, Middle Initial) **Quantellia LLC**

Mailing Address **100 S. Murphy St., Suite 200**

City **Sunnyvale** State **CA** Zip Code **94086**

Purpose of Disbursement **Technology services / consulting** Category/Type **001**

Candidate Name **Technology services / consulting**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Date of Disbursement **04 / 10 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement This Period **4,356.00**

Memo Item

B. Full Name (Last, First, Middle Initial) **Quantellia LLC**

Mailing Address **100 S. Murphy St., Suite 200**

City **Sunnyvale** State **CA** Zip Code **94086**

Purpose of Disbursement **Technology Services** Category/Type **001**

Candidate Name **Technology Services**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Date of Disbursement **06 / 05 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement This Period **2,058.30**

Memo Item

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

Mailing Address **100 S. Murphy St., Suite 200**

City **Sunnyvale** State **CA** Zip Code **94086**

Purpose of Disbursement **Technology Services** Category/Type **001**

Candidate Name **Technology Services**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Date of Disbursement **06 / 05 / 2017**

FEC Identification Number **C**

Amount of Each Disbursement This Period **2,424.62**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **8,838.92**

TOTAL This Period (last page this line number only).....▶ **43,043.15**

2017-10-01 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE _____ OF _____
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) *Pathway to Progress*

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

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

TERMS

Date Incurred <input type="text"/>	Date Due <input type="text"/>	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	----------------------------------	---	--

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

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

SUBTOTALS This Period This Page (optional).....	<input type="text" value="00.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="00.00"/>

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

2017-10-02 10:00 AM

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Pathway to Progress</i>	FEC IDENTIFICATION NUMBER <i>C 060633495</i>
---	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	<input type="text"/>	<input type="text"/> %
City	Date Incurred or Established	<input type="text"/> / <input type="text"/> / <input type="text"/>
State	Date Due	<input type="text"/> / <input type="text"/> / <input type="text"/>
Zip Code		

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

B. If line of credit, Total Outstanding Balance:

Amount of this Draw:

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

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

What is the value of this collateral?

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

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

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: / / Address: _____

City, State, Zip: _____

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

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
Title	

2017-10-02 10:00 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Pathway to Progress

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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)..... ▶

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) ▶

NON-PROFIT ORGANIZATION

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

NAME OF COMMITTEE (In Full) <div style="font-size: 2em; text-align: center; margin-top: 10px;">Pathway to Progress</div>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C 00633495</div>
---	---

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

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

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

(a) SUBTOTAL of Itemized Independent Expenditures	 00.00
(b) SUBTOTAL of Unitemized Independent Expenditures	 00.00
(c) TOTAL Independent Expenditures	 00.00

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.

Signature

Date / /
08 / 31 / 2017

2017-11-01 10:00:00

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**

PAGE	OF
FOR LINE 25 OF FORM 3X	

(To be used only by Political Committees in the General Election)

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

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

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

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

SUBTOTAL of Expenditures This Page (optional).....▶						<input type="text"/>
TOTAL This Period (last page this line number only).....▶						<input type="text"/>

2017-10-02 10:00 AM

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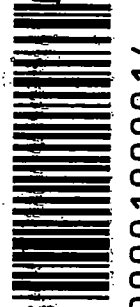
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MAY BE REQUIRED.



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20463



1006

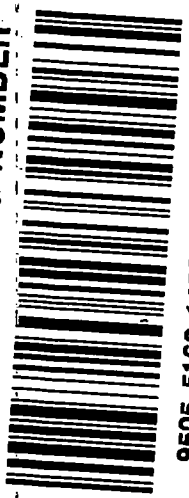
*Ryan Valencia
2470 Marie St.
Simi Valley, CA 93065*

TO:

*Federal Election Commission
999 E St., NW
Washington, DC 20463*

Expected Delivery Day: 10/02/2017

USPS TRACKING NUMBER




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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 9/29/17
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

10/2/17
 DATE PREPARED

2017-10-02 09:00:47 5010