FEC FORM 3X

2017-10-02-03-00174982

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

TRECEIVED TEC MAIL CENTER

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		nple: If typin the lines.	ng, type	12FE4M	5		
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<u> </u>	than previously reported. (ACC)				لب	البا	ــــــــــــــــــــــــــــــــــــــ	ــا-لــ	لب
2.	FEC IDENTIFICATION N	UMBER ▼	CITY▲ Si	mi Vall	ey s	STATE A C	ZA ZI	P CODE ▲	93063
	C0.0.6.3.3.4.	9.5	3. IS THIS REPORT		NEW (N) OR	AN (A)	MENDED)		
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 2 (Non-Ell Year Or	
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 2 (Non-El Year Or	
	April 15		Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 3	1 (YE)
	Quarterly Report ((C) 12-Day	ارجيا	Primary (12F	P) [General	(12G)	Runof	f (12R)
	July 15 Quarterly Report (0	PRE-Election Report for		Convention ((12C)	Special ((12S)	t "	
	Quarterly Report (0	Q3)		<u>[mm-]</u> /	ا ، لوموا	^	i _ii		<u> </u>
	January 31 Year-End Report (YE)	Election on				9	Staterof	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Elec Report for	[]	General (300	G) [Runoff (3	30R)		NGSPS).
	Termination Report		Election on	<u> </u>	<u> </u>	* • * • * • • • • • • • • • • • • • • •	11 .	The CR	90 r
5.	Covering Period	01/20	14	through	0.6	30	201	7	-
l ce	rtify that I have examined the	nis Report and to the b	•		ŧ	e, correct and	d complete.		
Тур	e or Print Name of Treasure	er	<u> Ilyan</u>	Vale	ncia				
Sigr	nature of Treasurer				Da	ate O	3 (3)	20	17
NO	TE: Submission of false, error	eous, or incomplete info	mation may sub	ject the per	son signing thi	s Report to the	ne penalties	of 52 U.S.C.	§ 30109
	Office Use Only			- /	·			FORM 32 . 05/2016	 κ

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF RECEIPTS AND DISBURSEMENTS	ı Fage 2
FEC Form 3X (Rev. 05/2016) Write or Type Committee Name		raye Z
Pathway	to Progress	
Report Covering the Period: From:	ليتميني الوينها الوينها السر	06/30/2017
	COLUMN A This Period	COLUMN B Calendar Year-tc-Date
6. (a) Cash on Hand January 1, 2017		0,0,0,0
(b) Cash on Hand at Beginning of Reporting Period	0.0.00	
(c) Total Receipts (from Line 19)	4.3,8.0.0.2.2	4,3,,8,0,0-2,2
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u></u>	4,3,8,0,0.2,2
7. Total Disbursements (from Line 31)	43,043,15	4.3,0,4.3.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,5,7,0,7	7,5,7,0,7
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	60.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.000	ų ų (
This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	t t
	For further information contact:	1
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	d v

2017-10-02-03-00174984

DETAILED SUMMARY PAGE

of Receipts

Fage 3

	FEC Form 3X (Rev. 05/2016)	or riccopie	Fage 3
W	rite or Type Committee Name		.
	Pa	thway to Progress	1
R	eport Covering the Period: From:	1 01 2017 To	06/30/2017
	1. Receipts	COLUMN A Total This Period	COLUMN E Calendar Year-tc-Date
12. 13. 14. 15.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	35,000 00 35,000 00 35,000 00 3,3,8,00 22 3,8,00 2 2 3,8,00 2 2 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00 3,00 00	35,00000 43,60022 43,60022 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	43,800.2.2	4.3,8,0,0,2,2
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	43,800,22	43,800,22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 **COLUMN A** COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 00.00 0.0.00 Federal Share 00.00 (ii) Non-Federal Share..... 0.0.0.0 (b) Other Federal Operating Expenditures 3420423 (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... 0,000 *O_O_*.G_O Contributions to Federal Candidates/Committees and Other Political Committees...... 00.00 00.00 24. Independent Expenditures 0,000 0.0.00 luse Schedule F)..... 00.00 0,0..0,0 26. Loan Repayments Made..... 0,0,00 0.0.00 0,0,0,0 00.00 Than Political Committees 0.0.06 0,0.00 (b) Political Party Committees 0,0,00 0,0...0,0 (c) Other Political Committees (such as PACs)..... 000 0,0.0.0 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... 0.000 *``*0,0,0,0,0 29. Other Disbursements (Including Non-Federal Donations)..... 8,83,89, 8,83,8.9. 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 00.00 (ii) "Levin" Share..... 0,0...00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.0.00 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.0.6.0 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 3,043,15 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 3,0,431

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)	43.800.2.2	4380072
34.	Total Contribution Refunds (from Line 28(d))	00000	(0,000)
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))▶	3,4,20,4,23	34,20423
37.	Offsets to Operating Expenditures (from Line 15, page 3)	6000	00.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	34,204,23	34,20423

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00174987

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
Pathoua	y to Progr	cess
Full Name of Individual (Last, First, Middle Initial) or Full (Organization Name	
A. Blommendahl, Da		Date of Receipt
Mailing Address 4243 Thomas C	ourt	
City / State	Zip Code	
Simi Valley CA	93063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		2.5,000,00
	- Marie Mari	Memo Item
Name of Employer (for Individual) $N/A - RP + RPO$	cupation (for Individual) Rebired	Merio item
Receipt For: Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	2500000	ı .
Full Name of Individual (Last, First, Middle Initial) or Full (B. 21		Date of Receipt
Mailing Address		[m-m] / [m-m] / [m-m-m]
4343 Thom.		0.4 0.3 201.7
Sim Valley State	Zip Code 93063	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		[,
	cupation (for Individual)	Memo Item
NA - Retired	Retired	
Primary General	Year-to-Date ▼	
Other (specify) ▼	<u>^ 3,348,0,040,0</u>	· ·
Full Name of Individual (Last, First, Middle Initial) or Full (Organization Name	,
C. Blommendahl, Da	le	Date of Receipt
Mailing Address 4243 Thomas	Court	04/24/2017
City State	Zip Code 43063	
Simi Valley CA	7 7 7 7 7	Amount of Each Receipt this Period
FEC ID number of contributing / federal political committee.		, <u></u>
Name of Employer (for Individual) \ Occ	cupation (for Individual)	Memo Item
N/A - Retired	Retired	
Receipt For: Aggregate Primary General General Primary General General	Year-to-Date ▼	
Other (specify)	43,800,00	K K
SUBTOTAL of Receipts This Page (optional)		4.3.8.0.0.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 又 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vaypal Date of Receipt Mailing Address North City 95131 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Paypul verification of bank account Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt В. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 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. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 22 23 26 27		
		28a 28b 28c 29 I 30b		
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Full Name (Last, First, Middle Initial)	/	Date of Disbursement		
Go Daddy	Operating Compan	Date of Disbursement		
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City Sunday S	State Zip Code	FEC Identification Number		
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		Category/ Amount of Each Disbursement this Period Type		
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SCHEDULE B	(FEC	Form	3X)
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Full Name (Last, First, Middle Initial)	/	U	Date of Disbursement		
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Candidate Name		Category/	Amount of Each Disbursement this Period		
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NAME OF COMMITTEE (In Full))	\sim	l
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A. Blommendahl	wendy		Date of Disbursement
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city Simi Valley	State Zip Code 93 06 3		FEC Identification Number
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President	Other (specify)		Memo Item
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SCHEDULE B (FEC Form 3X)	FOR LI	NÉ NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	for each category of the	only one)
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)	e and address of any political committee	e to somet communities from such committee.
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Full Name (Last, First, Middle Initial)	way to Pro	gress !
A	1	Date of Disbursement
City of Palmd		03 20 2012
38300 Sierr	a Hishway State Zip Code	was bear
City	State Zip Code CA 93550	FEC Identification Number
Purpose of Disbursement		
Candidate Name Room Fee	00	
	Category Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: Primary General	L., L& 8.00
	Other (specify) General Other (specify)	Memo Item
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Mailing Address 7880 Cochran	इ	Level let leent
City Sim. Valley Purpose of Disbursement	State Zip Code	FEC Identification Number
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Candidate Name /	Category. Type	Amount of Each Disbursement this Period
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	Primary ☐ General Other (specify) ▼	I Name Year
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TOTAL This Period (last page this line number only)	······	· <u> </u>

SCHEDULE B	(FEC Form 3X)
ITEMIZED DISE	BURSEMENTS

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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 2223	26 🛱 27	
	Detailed Summary Page	28a	28b 28c	29 30b	
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ليا ل ليا	Other (specify) ▼	1	Memo Item		
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" Quantella	a LLC.		[M_M] \ [DR.D] \ [V.A.A.A.		
Mailing Address			06 05 2017		
100 S. MULP	hy 5+., Suite State Zip Code	260			
	Stafe Zip Code 940	, 4/	FEC Identification Number		
Purpose of Disbursement	190	<u> </u>	C		
Technology Ser	rvices	0,01	الماسمسمسمها		
Candidate Name		Category/	Amount of Each Disbursement his Period		
Office Sought: House Disbursen	ent For:	Туре	205020		
· H - 1	Primary General		2,0,5,8,3,0		
	Other (specify)		Memo Item		
State: District:			Li memo item		
Full Name (Last, First, Middle Initial)			Date of Disharana		
c. Our atall t	<i>a</i>		Date of Disbursement		
Mailing Address 100 5 Muchy 5	<u> </u>		06 05 2017		
lou 5. Murphy 51	. Suite 200	2			
City	State Zip Code	., T	FEC Identification Number		
Sunnyvale Purpose of Disbursement	CA 9408	6	C		
Technology Ser	0.0.1				
Candidate Name Category/		Category/	Amount of Each Disbursement his Period		
Office Sought: House Disbursen		Туре	2 4 212 (7)		
·	nent For: Primary General		2, 4, 2, 4, 6, 7		
	Other (specify) ▼		Mama Itam		
State: District:	<u> </u>		Memo Item		
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only)			4204315		
time to store page and mic number only)		•••••			

SCHEDULE C (FEC Form	3X)			!	
LOANS		Use separate schedule(s) for each category of the	PAGE OF		
•			Detailed Summary Page	FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)	12	11	1 Page		
	۲,	athway	to Progre		
LOAN SOURCE Full Name (Last	, First, Mide	dle Initial)	☐ Memo Item	Election: Primary	
Mailing Address				General Other (specify) ▼	
City	Т	State ZIP Co	de		
Only		2.1 00		N -	
Original Amount of Loan		Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period	
TERMS Data Incurred	<u> </u>	Date Due	Interset Pete	Scourage	
Date Incurred			Interest Rate	Secured: "Yes No	
List All Endorsers or Guarantors	(if any) to	Loan Source			
1. Full Name (Last, First, Middle II	nitial)		Name of Employer		
Mailing Address		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle II	nitial)		Name of Employer		
Mailing Address			Occupation	.;	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , ,	
3. Full Name (Last, First, Middle II	nitial)		Name of Employer	ì	
Mailing Address			Occupation		
City .	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle II	nitial)		Name of Employer	•	
Mailing Address			Occupation	·	
City	State	ZIP Code	Amount Guaranteed Outstanding:	-92-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
SUBTOTALS This Period This Page	(optional)		·····	2000	
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to L	INE 3, Sch	edule D, for this line. If	no Schedule D, carry forwa	ard 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

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER						
Pathway to Progress Class.3.495						
LENDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)					
Full Name	<u></u> %					
Mailing Address						
	Date Incurred or Established					
City State Zip Code	Date Due					
A. Has loan been restructured? No Yes	If yes, date originally incurred					
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:					
C. Are other parties secondarily liable for the debt inc	curred? s 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: Does the lender have a perfected se interest in it? No Yes						
E. Are any future contributions or future receipts of in collateral for the loan? No Yes If ye	what is the estimated value? See specify:					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).						
Date account established:	Address:					
	City, State, Zip:					
	was pledged for this loan, or if the amount pledged does not equal or exceed oan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER	DATE					
Typed Name Signature						
H. Attach a signed copy of the loan agreement.						
 TO BE SIGNED BY THE LENDING INSTITUTION: 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. 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. 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	DATE					
Typed Name Signature	Title MVM / DVD / PVVVVV					
	Annual Control of the					

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SCHEDULE D (FEC Form 3X)				(Use separate PAGE		
DEBTS AND OBLIGATIONS			schedu	ile(s)	FOR LINE NUM	
xcluding Loans			for e numbere		(check only one) 9
NAME OF COMMITTEE (In Full)	way	to P				1
A. Full Name (Last, First, Middle Initial) of Debtor		(0)	U _{Na}	ture of D	ebt (Purpose):	1
(222)					oo. (. o.pooo).	!
Mailing Address						1
O'	LOS	1 7:- O-d-				t
City	State	Zip Code				
Outstanding Balance Beginning This Period						· · · · · · · · · · · · · · · · · · ·
Amount Incurred This Period	Dave	nent This Period	,). dotom dire	on Balance at Cla	as of This Davis
Amount incurred This Period	rayii	V V V V	- ⊶ }	Juisianuii	ng Balance at Clo	Se of this ren
	برنسي	<u></u>	اليب	ســــــــــــــــــــــــــــــــــــــ	-273^ <u>^</u> 273	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Na	ture of D	ebt (Purpose):	7
						ŧ
Mailing Address						
Maning Address			1			1
City	State	Zip Code				
	_1	1	1			
Outstanding Balance Beginning This Period						•
			,			x
Amount Incurred This Period Payment This Period					ng Balance at Clo	
					<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
C. Full Name (Lett First Middle Initial) of Debter	or Craditor		I NI		- ht (D)	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		·	iture of D	ebt (Purpose):	í
						€ T
Mailing Address						
City	State	Zip Code				1
						•
Outstanding Balance Beginning This Period						1
					,	
Amount Incurred This Period	Payn	nent This Period	(Dutstandir	ng Balance at Clo	se of This Peri
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		<u></u>	البي			^
-					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A A A
SUBTOTALS This Period This Page (optional)			>			, <u>), U. U</u> C
2) TOTALS This Period (last page this line number	only)		▶			0.00
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	▶			,0,0,0,0
) ADD 2) and 3) and carry forward to appropriate I	ine of Summan	y Page (last page or	nly) ▶		417 N B 413	50.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Pathway to	Progress	000633495
Ch	neck if 24-hour report 48-hour report New	v report Amends report file	d on MTM / DTD / TTTTT
	Full Name of Payee	☐ Memo Item	Date of Public Distribution Dissemination
ļ			May (Larel)
	Mailing Address		Amount
	City State	Zip Code	
	City	Zip oode	
	Purpose of Expenditure	Catagory (C)	Date of Disbursement or Obligation
		Category/ Type	
	Name of Federal Candidate:	Support Offi	ce Sought: House +District:
		Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought		bursement For:
	Full Name of Payee	☐ Memo Item	Date of Public Distribution Dissemination
			الممممميل ٬ لعمق ، لشمسا
	Mailing Address		Amount
			Allouni and a second a second and a second a
	City State	Zip Code	<u>Lunana</u>
	Purpose of Expenditure		Date of Disbursement or Obligation
	· ·	Category/ Type	
	Name of Federal Candidate:		ce Sought: House District:
		Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	Dis	bursement For: Primary General
			Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	>	0.0.0.0
	(b) SUBTOTAL of Unitemized Independent Expenditures	······································	<u> </u>
	(c) TOTAL Independent Expenditures		,,.0.0.0.0
	Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or authoracty committee) any political party committee or its agent.		
		Date	(2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	Signature	Date	LE LELL LECLATI

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

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE							PAGE OF		OF
	(To be used only	by Po	litical Comm	ittees in the Gene	ral Election)F(OR LINE		F FORM 3X
NA	ME OF COMMITTEE (In Full)		•				-	r L	
	·							ı	
	s your committee been designated to make	Full N	Full Name of Subordinate Committee)	
CO	ordinated expenditures by a political party committee? YES NO								
If YES, name the designating committee:			Mailing Address						
					State ZIP Code				
		City				Jiaie	'	_,	
	Full Name (Last, First, Middle Initial) of Each Payee			☐ Memo Item	Purpose of	Expendi	iture		
								•	Category/
Mailing Address					D-2-				Type
	City State		Zip Code		Date [שיעייייין]	/ [15]	च्ना / ट	· ***	<u> </u>
	Name of Federal Candidate Supported Office Sough	ht:	House Senate	State:	Amount				
		_H	Senate Presidential	District:		\- \ -	 _		
	Aggregate General Election					<u></u>	<u>^</u> 1		المسالسة: عد
	Expenditure for this Candidate ▶								
	Full Name (Last, First, Middle Initial) of Each Payee					Expend	iture	1	
								*	Catacon.
	Mailing Address							· · ·	Category/ Type
City State			Zip Code	Date ראייים	, <u>स्म</u> हत्त्र	- 'দুনা / ঢ	: - 	₽₩₩ ₩₩	
			ip Joue			ا لي		1	
	Name of Federal Candidate Supported Office Sough	ht: 🔲	House	State:	Amount				
		H	Senate Presidential	District:			***************************************		
	Aggregate General Election		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>	<u></u>		<u></u>	<u></u>
	Expenditure for this Candidate ▶	<u></u>	<u> </u>	الل				ı	
	Full Name (Last, First, Middle Initial) of Each Payee					Expend	iture	1	<u>———</u>
								1	
	Mailing Address					Category/ Type			
	City State		Zip Code	-	Date			1	
			Lip Code			/ [6-7		—• ▲ <u>^</u>	~ ~~~
	Name of Federal Candidate Supported Office Sough	ht:	House	State:	Amount			,	
		H	Senate Presidential	District:		~~			
	Aggregate General Election					<u></u>	<u></u>	<u>, —, , , , , , , , , , , , , , , , , , </u>	<u></u>
	Expenditure for this Candidate ▶	<u></u>	3) .	الل					
									
s	SUBTOTAL of Expenditures This Page (optional)	سيا	<u> </u>		<u></u> _				
T	OTAL This Period (last page this line number only)								
_	(page and me member only)	<u>~_~</u>			<u> </u>	<u>~_~~</u>			

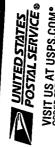
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Postmark Illegible	n u u							
No Postmark	p A							
Overnight Delivery Service (Specify):	Shipping Date							
Next Business	ţ							
Received from House Records & Registration Office	Date of Receipt							
Received from Senate Public Records Office	Date of Receipt							
Received from Electronic Filing Office	Date of Receipt							
Other (Specify):	ceipt or Postmarked							
PREPARER	DATE PREPARED							
(3/2015)	DATE PREPARED							