

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Coalition for Progress

ADDRESS (number and street) 231 Tenth Avenue
Apt 7B c/o Bari Mattes
New York NY 10011
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00582841 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Rivas, Ana, , ,
Type or Print Name of Treasurer

Signature of Treasurer Rivas, Ana, , , [Electronically Filed] Date 07 / 31 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Coalition for Progress

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		3238173.91
(b) Cash on Hand at Beginning of Reporting Period.....	3238173.91	
(c) Total Receipts (from Line 19)	7573.22	7573.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3245747.13	3245747.13
7. Total Disbursements (from Line 31).....	40420.84	40420.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3205326.29	3205326.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Coalition for Progress

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

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7573.22	7573.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7573.22	7573.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7573.22	7573.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	40420.84	40420.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40420.84	40420.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40420.84	40420.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40420.84	40420.84

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40420.84	40420.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40420.84	40420.84

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input 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 checked="" 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)
Coalition for Progress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TD Bank		Date of Receipt
Mailing Address 200 West 26th Street		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4903
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1036.04"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="1036.04"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TD Bank		Date of Receipt
Mailing Address 200 West 26th Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4904
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1219.27"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="2255.31"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TD Bank		Date of Receipt
Mailing Address 200 West 26th Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4905
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1350.43"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Interest
Aggregate Year-to-Date ▼ <input type="text" value="3605.74"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="3605.74"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 7 OF 10
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Coalition for Progress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TD Bank		Date of Receipt
Mailing Address 200 West 26th Street		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4906
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1307.42"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="4913.16"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TD Bank		Date of Receipt
Mailing Address 200 West 26th Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4907
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1351.55"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="6264.71"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TD Bank		Date of Receipt
Mailing Address 200 West 26th Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4908
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1308.51"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Interest
Aggregate Year-to-Date ▼ <input type="text" value="7573.22"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="3967.48"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="7573.22"/>

**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)

<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)
Coalition for Progress

Full Name (Last, First, Middle Initial) A. Bari Mattes D/B/A Mattes Consulting		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 231 Tenth Avenue Apt. 7B		FEC Identification Number C [] Transaction ID : SB21B.4898 Amount of Each Disbursement this Period 12500.00
City New York	State NY	Zip Code 10011
Purpose of Disbursement Political Management Consulting Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Bari Mattes D/B/A Mattes Consulting		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 231 Tenth Avenue Apt. 7B		FEC Identification Number C [] Transaction ID : SB21B.4899 Amount of Each Disbursement this Period 12500.00
City New York	State NY	Zip Code 10011
Purpose of Disbursement Political Management Consulting Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Bari Mattes D/B/A Mattes Consulting		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address 231 Tenth Avenue Apt. 7B		FEC Identification Number C [] Transaction ID : SB21B.4900 Amount of Each Disbursement this Period 12500.00
City New York	State NY	Zip Code 10011
Purpose of Disbursement Political Management Consulting Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

37500.00

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

**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)

<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)
Coalition for Progress

A. Bari Mattes D/B/A Mattes Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 231 Tenth Avenue
Apt. 7B

City New York State NY Zip Code 10011

Purpose of Disbursement Expense Reimbursement for AIPAC Policy Conference

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4901

Amount of Each Disbursement this Period: 982.83

Memo Item

B. Washington Marriott at Metro Center

Full Name (Last, First, Middle Initial)

Mailing Address 775 12th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Reimbursement of hotel stay for B. Mattes' trip expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4901.C

Amount of Each Disbursement this Period: 433.55

Memo Item

C. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Reimbursement of transportation for B. Mattes' trip expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4901.

Amount of Each Disbursement this Period: 416.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 982.83

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

**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)

<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)
Coalition for Progress

Full Name (Last, First, Middle Initial)

A. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4895
Amount of Each Disbursement this Period
502.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4896
Amount of Each Disbursement this Period
376.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4897
Amount of Each Disbursement this Period
1059.01

Memo Item

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

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

1938.01
40420.84