

**FEC
FORM 3X**

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

RECEIVED

2013 APR 15 AM 9:34

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4NREC MAIL CENTER
URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 257
Check if different than previously reported. (ACC) WALTERBORO, SC 29488

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00528661

3. IS THIS REPORT NEW (N) OR AMENDED (A)
 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 04 02 2013 in the State of SC

(d) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 03 14 2013 through 03 30 2013

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 BRIDGET L. MURRAY

Signature of Treasurer *Bridget L. Murray* Date 03 30 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

13031053988

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **03^M' 14^D' 2013^Y** To: **03^M' 30^D' 2013^Y**

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 0000	,	,	00.00
(b) Cash on Hand at Beginning of Reporting Period.....	,	,	00.00
(c) Total Receipts (from Line 19).....	,	,	00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	,	,	00.00
7. Total Disbursements (from Line 31).....	,	,	00.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	,	,	00.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,	00.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,	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

1303105398

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **03 ' 14 ' 2013** To: **03 ' 30 ' 2013**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	00.00	00.00
(ii) Unitemized	00.00	00.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	00.00	00.00
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)).....▶	00.00	00.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	00.00	00.00

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DETAILED SUMMARY PAGE

of Disbursements

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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	,
(ii) Non-Federal Share.....	,	00.00	,
(b) Other Federal Operating Expenditures	,	00.00	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	00.00	,
22. Transfers to Affiliated/Other Party Committees.....	,	00.00	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	00.00	,
24. Independent Expenditures (use Schedule E)	,	00.00	,
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	00.00	,
26. Loan Repayments Made.....	,	00.00	,
27. Loans Made.....	,	00.00	,
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	,	00.00	,
(b) Political Party Committees	,	00.00	,
(c) Other Political Committees (such as PACs).....	,	00.00	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	▶	00.00	,
29. Other Disbursements	,	00.00	,
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	,	00.00	,
(ii) "Levin" Share.....	,	00.00	,
(b) Federal Election Activity Paid Entirely With Federal Funds	,	00.00	,
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	▶	00.00	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	,	00.00	,
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	00.00	,

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)	00.00	00.00
34. Total Contribution Refunds (from Line 28(d))	00.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00.00	00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00.00	00.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00.00	00.00

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**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

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

, , *00.00*

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

, , *00.00*

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**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"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

, , 00.00

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

, , 00.00

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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)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y

% (apr) Yes 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:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

, , 00.00

TOTALS This Period (last page in this line only)..... ▶

, , 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.

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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>URBAN PROGRESS POLITICAL ACTION COMMITTEE</i>	FEC IDENTIFICATION NUMBER <i>C00528661</i>
---	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____, _____, _____	Interest Rate (APR) _____%
---	---------------------------------------	-------------------------------

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 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the value of this collateral? _____, _____, _____
	Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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). Date account established: ____/____/____	Location of account: 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 ____/____/____
---	------------------------

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 ____/____/____
Title _____	

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

13031053997

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

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)..... ▶	,	,	00.00
2) TOTALS This Period (last page this line number only)..... ▶	,	,	00.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	,	,	00.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	,	,	00.00

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

NAME OF COMMITTEE (In Full) <i>URBAN PROGRESS POLITICAL ACTION COMMITTEE</i>	FEC IDENTIFICATION NUMBER ▼ <i>C:00528661</i>
---	--

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

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<u>0000</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<u>0000</u>
(c) TOTAL Independent Expenditures.....▶	<u>0000</u>

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.

Bridget L. Murray
Signature

Date 03 / 30 / 2013

13031053998

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
(2 U.S.C. §441a(d))

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

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

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	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type
Mailing Address				Date		
City		State	Zip Code	M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type
Mailing Address				Date		
City		State	Zip Code	M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type
Mailing Address				Date		
City		State	Zip Code	M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				, , .		

SUBTOTAL of Expenditures This Page (optional).....▶	, ,	00.00
TOTAL This Period (last page this line number only).....▶	, ,	00.00

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

13031054000

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

13031054001

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %

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

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		\$	\$	0
ii) Generic Voter Drive		\$	\$	0
iii) Exempt Activities		\$	\$	0
iv) Direct Fundraising (List Activity or Event Identifier)				
a) _____		\$	\$	0
b) _____		\$	\$	0
c) Total Amount Transferred For Direct Fundraising		\$	\$	0
v) Direct Candidate Support (List Activity or Event Identifier)				
a) _____		\$	\$	0
b) _____		\$	\$	0
c) Total Amount Transferred For Direct Candidate Support		\$	\$	0
vi) Public Communications Referring Only to Party (Made by PAC)		\$	\$	0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	\$	\$	00.00
TOTAL This Period (Generic Voter Drive)	\$	\$	00.00
TOTAL This Period (Exempt Activities)	\$	\$	00.00
TOTAL This Period (Direct Fundraising)	\$	\$	00.00
TOTAL This Period (Direct Candidate Support)	\$	\$	00.00
TOTAL This Period (Public Communications Referring Only to Party)	\$	\$	00.00
TOTAL This Period (Total Amount Transferred)	\$	\$	00.00

13031054002

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____
Activity or Event Identifier:			_____
Date		M M / D D / Y Y Y Y	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____
Activity or Event Identifier:			_____
Date		M M / D D / Y Y Y Y	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____
Activity or Event Identifier:			_____
Date		M M / D D / Y Y Y Y	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____
_____		_____	_____
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))			
FEDERAL SHARE		NONFEDERAL SHARE	TOTAL AMOUNT
_____		_____	_____
_____		_____	_____

13031054003

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

13031054004

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
i) Voter Registration	
Total Amount Transferred for Voter Registration.....	, , .
	VOTER ID
ii) Voter ID	
Total Amount Transferred for Voter ID	, , .
	GOTV
iii) GOTV	
Total Amount Transferred for GOTV	, , .
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	, , .

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
i) Voter Registration	
Total Amount Transferred for Voter Registration.....	, , .
	VOTER ID
ii) Voter ID	
Total Amount Transferred for Voter ID	, , .
	GOTV
iii) GOTV	
Total Amount Transferred for GOTV	, , .
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	, , 00.00
TOTAL This Period (Voter ID)	, , 00.00
TOTAL This Period (GOTV).....	, , 00.00
TOTAL This Period (Generic Campaign Activity).....	, , 00.00
TOTAL This Period (Total Amount of Transfers Received).....	, , 00.00

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement			Date
Category/Type			MM / DD / YYYY
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	, , .

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement			Date
Category/Type			MM / DD / YYYY
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	, , .

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement			Date
Category/Type			MM / DD / YYYY
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	, , .

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , 00.00		, , 00.00	, , 00.00
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
, , 00.00		, , 00.00	, , 00.00
TOTAL This Period for the Levin Share			
		, , 00.00	

13031054005

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

13031054006

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	00.00	00.00
(b) Unitemized	00.00	00.00
(c) Total	00.00	00.00
2. OTHER RECEIPTS	00.00	00.00
3. TOTAL RECEIPTS (Add Lines 1c and 2)	00.00	00.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	00.00	00.00
(b) Voter ID	00.00	00.00
(c) GOTV	00.00	00.00
(d) Generic Campaign	00.00	00.00
(e) Total	00.00	00.00
5. OTHER DISBURSEMENTS	00.00	00.00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	00.00	00.00
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	00.00	00.00
8. RECEIPTS (from Line 3)	00.00	00.00
9. SUBTOTAL (Add Lines 7 and 8)	00.00	00.00
10. DISBURSEMENTS (From Line 6)	00.00	00.00
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	00.00	00.00

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

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

FOR LINE NUMBER:
(check only one) 1a 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

13031054007

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶ , , 00.00

TOTAL This Period (last page this line number only)..... ▶ , , 00.00

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
B. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
C. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
D. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
E. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "

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

\$, \$ " 0000

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

\$, \$ " 0000

13031054008

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
4/1/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]

PREPARER
(3/2005)

4/15/13
DATE PREPARED

13031054009