## RECEIVED FEC MAIL CENTER

20	HULLIB	AM. IS
Committee Name:		,
VA 7th for Progress		
if registered, FEC ID:		
Today's Date:		
10/8/17		
Federal Election Commission 999 E Street, N.W.		
Washington, D.C. 20463		
Re: Form 1, Statement of Organization—Unlimited Cont	ributions	

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:	•
Cheuxuare	, Treasurer
cheryl Ware	

## 2017 : 10 : 18 : 0N : 00178111

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2017 OCT 18 AM 7: 48

Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
NA TIH FOR	PROGRESS		
	<del></del>		
ADDRESS (number and street)	PO BOX 7119	7.8.5	
(Check if address is changed)			
• ,	HENRICO		MA 23255- L ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)	VATTHURRO		HLaCOM
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)	WATTH4PRO	GRESIS LICIOM	
2. DATE 10 6	2017		
3. FEC IDENTIFICATION NU	JMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·
1 certify that I have examined th	is Statement and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Cheryl N	Jare	
Signature of Treasurer	lheyle-		Date 10 08 2017
NOTE: Submission of false, errone	ous, or incomplete information m		this Statement to the penalties of 52 U.S.C. §30109. NITHIN 10 DAYS.
Office Use		For further information c Federal Election Commissi Toll Free 800-424-9530	

I LC POII	ii i (nevised 02/2009)
TYPE OF CO	
Candidate	Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliatio	Office State  Sought: House Senate President  District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Com	mittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Political Ad	ction Committee (PAC):
(ө)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
, .	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	raising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Comr	nittees Participating in Joint Fundraiser
1,	FEC ID number C
2.	FEC ID number C
<b>3</b> .	FEC ID number C
4.	FEC ID number C
	the state of the s

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Write or Type Committee Nam	ne	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
IVIAI ITITH ICION	ICIERNIED ICITILIZIANSI, IING I I	
Mailing Address	1294441 IM 1PIOI 1BIOIX 1401211111	
	GLEN ALLUEN I I I I I I	1A 1230581-1
		TATE ZIP CODE
Relationship: X Connec	ted Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
	البين لين	Morali
Custodian of Records: lo books and records.	lentify by name, address (phone number optional) and position of	of the person in possession of committee
Full Name CH. R	CYISITIAL HALL DIDIYILE	
Mailing Address	129111 MURANO WAY	
	<b>6</b>	
	GLEN ALLEN	VIAI 1230591-LIII
Title or Position	CITY STA	ATE ZIP CODE
0- FIDIMINDER	Telephone number	1811-11-18-17-11-16-9-1-8
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the con , assistant treasurer).	mmittee; and the name and address of
Full Name of Treasurer	ryl Ware	、 <del>-Ĭ゠Ĭ゠Ĭ゠ヹ゠゙゚゠ヺ゠ヹ゠ヹ゠ヹ゠</del>
Mailing Address	18306 University Place	
		<u> </u>
	Henrico	IA 13229-LII
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	/ Co-Founder Telephone number	18,04-13871-138,06

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FEC Form	n 1 (Revised 02/2009)	Page 4	<u> </u>
Full Name of Designated Agent			-
Mailing Address			1
			1
	CITY STATE ZIP	CODE	1
Title or Position	Telephone number	_ -	
safety deposit bo	r <b>Depositories</b> : List all banks or other depositories in which the committee deposits funds, holds ac oxes or maintains funds. Depository, etc.	counts, rents	
safety deposit bo	oxes or maintains funds.	counts, rents	_
safety deposit bo	oxes or maintains funds.  Depository, etc.  ISONA BANK.	counts, rents	
safety deposit bo	oxes or maintains funds.  Depository, etc.  SONA BANK  PO BOX 2075	counts, rents	
safety deposit bo	oxes or maintains funds.  Depository, etc.  ISONA BANK.		
safety deposit bo Name of Bank, [	Oxes or maintains funds.  Depository, etc.    S_IO_IN_A B AN_K   IP_IO_I B O_IX_120_7_5   IP_IO_I B O_IX_120_7_5   IP_IO_I B O_IX_120_0		
safety deposit bo Name of Bank, [	Oxes or maintains funds.  Depository, etc.    S_IO_IN_A B AN_K   IP_IO_IB_O_IX_12_O_T_5   IV_A   IV_	<u> </u>	
safety deposit bo Name of Bank, [	Oxes or maintains funds.  Depository, etc.    S_IO_IN_A B AN_K   IP_IO_IB_O_IX_12_O_T_5   IV_A   IV_	<u> </u>	
safety deposit bo Name of Bank, [ Mailing Address  Name of Bank, [	Oxes or maintains funds.  Depository, etc.    S_IO_IN_A	<u> </u>	
safety deposit bo	Oxes or maintains funds.  Depository, etc.    S_IO_IN_A	<u> </u>	
safety deposit bo Name of Bank, [ Mailing Address  Name of Bank, [	Oxes or maintains funds.  Depository, etc.    S_IO_IN_A	<u> </u>	

13 OCT 2017 PM 1.1.

Federal Elections Commission 999 E. Street NW Washington, BC 20463

## **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. Date of Receipt **Hand Delivered** Postmarked Date of Receipt USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify): 10/18/17

DATE PREPARED

(3/2015)