

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Progress & Justice Political Action Committee

ADDRESS (number and street)

25 Broad Street



(Check if address is changed)

#4R

New York

CITY ▲

NY

STATE ▲

10004

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

rlevine@mindspring.com

Optional Second E-Mail Address

mpatal32@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY
06 / 16 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00647941

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Levine, Risa, A.,

Signature of Treasurer Levine, Risa, A.,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 16 / 2017

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

Write or Type Committee Name

Progress & Justice Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Emrick, John, , ,

Mailing Address

Hamilton Campaign Network LLC

5030 Broadway, Suite 810

New York

NY

10034

Title or Position

CITY

STATE

ZIP CODE

consultant

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Levine, Risa, A, ,

Mailing Address

25 Broad Street

#4R

New York

NY

10004

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

917

747

9171

Full Name of
Designated
Agent

Emrick, John, , ,

Mailing Address

Hamilton Campaign Network LLC

5030 Broadway, Suite 810

New York

CITY

NY

STATE

10034

ZIP CODE

Title or Position
consultant

Telephone number

646

912

9960

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank

Mailing Address

51 West 51st Street

New York

CITY

NY

STATE

10019

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE