Image# 201904309149605277			_	PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Check if name	Example:If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
PROGRESSIVE	FUTURE FUND			
	68-3907 PANIOLO AVENUE			
ADDRESS (number and street)	#1202			
is changed)				
				738
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	JDBRANUM@GMAIL.	СОМ		
is changed)				
	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE A (Check if address	DDRESS (URL)			
is changed)				
2. DATE 04	30 / Y Y Y Y 2019			
3. FEC IDENTIFICATION	NUMBER ► C C	00635359		
	_			
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 i	t is true correct and	d complete
Type or Print Name of Treasu	rer Branum, James, Donald, ,			
Signature of Treasurer	num, James, Donald, ,	[Electronically Filed]	Date 04	30 / Y Y Y Y 30 2019
NOTE: Submission of false, erro	neous, or incomplete information	may subject the person signing	this Statement to the	penalties of 2 U.S.C. §437g.
		ON SHOULD BE REPORTED V		
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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I	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPI	E OF C	OMMITTEE	
Can	ndidate	e 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. (Complet information below.)	e the candidate
Nam Cano	le of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Canc	e of didate		
Par	ty Con	nmittee:	
(d)			mocratic, publican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## **PROGRESSIVE FUTURE FUND**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE						
Mailing Address			CITY			
Relationship:		d Organization	Affiliated Committee	_	g Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Re books and record</li> </ol>		ntify by name, ad	dress (phone number	optional) and posi	tion of the person in	possession of committee
Full Name						
Mailing Address						
Title or Position			CITY		STATE	ZIP CODE
				Telephone nui	mber	
8. <b>Treasurer:</b> List the any designated a	e name an gent (e.g., a	d address (phone assistant treasure	e number optional) of t r).	the treasurer of the	e committee; and the	name and address of
Full Name of Treasurer		ames, Donald, ,				
Mailing Address		P.O. Box 38418	4			
		Waikoloa	CITY		HI 96738 STATE	
Title or Position Treasurer			<u> </u>	Telephone nur	nber 808 –	319 0888

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Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(								STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

l	First Hawaiian Bank		
Mailing Address	P.O. Box 383250		
	Waikoloa	HI 96738	
	CITY	STATE ZIP CODE	
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	