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2009 OCT 21 AM 11: 30

FEC FORM 1		STATEME ORGANIZ			Office Use Only		
NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5		
DEMOCE	ACY, /	ACTION .		<u> </u>			
1		<u> </u>					
ADDRESS (number a	nd street)	79 Bax 4	J3495	<u> </u>			
(Check if a		an Franc	Cil.Sc.0	<u>LA</u>	<u> 44142+</u>		
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only one	e-mail address)				
W. w	L	NA	1	1 1 1 1 1			
(Check if address is changed)							
COMMITTEE'S WEB	DAGE ADODE	:ee (IIDL)					
(Check if	address		ocracyactio	7.059	}		
2. DATE	0 (19	2009					
3. FEC IDENTIFIC	CATION NUME	BER C.C	0413419		·		
4. IS THIS STATE	MENT	NEW (N) OR	AMENDED (A)				
I certify that I have	examined this S	Statement and to the bes	st of my knowledge and belief	it is true, corre	oct and complete.		
Type or Print Name	of Treasurer	Joh	in Morse		nonnonganganinos kaja aliangga kalalangga kalalangga alalangga kalalangga kalalangga kalalangga kalalangga kal		
Signature of Treasure	er	John/	hu	Date !	0 (9 2009		
NOTE: Submission of		-	n may subject the person signing		to the penalties of 2 U.S.C. §437g.		
Office			For further information Federal Election Commis		FEC FORM 1		

	Office			For further information contact:	FEC FORM 1
1	Use		1 1	Federal Election Commission Toll Free 800-424-9530	(Revised 02/2009)
<u></u>	Only	1	<u> </u>	Local 202-694-1100	(11011000 0212000)

		1 age 2				
		OMMITTEE				
		e Committee:				
	>	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) 5	4	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candida						
Candida Party Af		Office State State Sought: House Senate President District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party (Con	nmittee:				
(d)	3 -: : : :	This committee is a (National, State (Democratic, Republican, etc.) Party.				
Politica	al A	ction Committee (PAC):				
(e)		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)	X	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 F	und	Iraising Representative:				
(g) 📲	- 17,0 - 1	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) 5	4∙. 3 . ∮	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.				
c	Com	mittees Participating in Joint Fundraiser				
1	1.	FEC ID number C				
2	2.	FEC ID number C				
3	3.	FEC ID number C				
4	1 .	FEC ID number C				

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name	3		
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundrai	ising Representative, or Lea	dership PAC Sponsor
PROGRESSIV	E: DEMOCRATS OF AN	MERICALLI	<u> </u>
Mailing Address	RO. BOX 1150664		
			!
	GRAIND RAPIDS	MI 4	9515-16 BLOA
	CITY	STATE	ZIP CODE
Relationship:	d Organization Affiliated Committee	undraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional)	and position of the person i	n possession of committee
Full Name			
Mailing Address			
			1 1 1 1 1 1 1
		نا لنا لنا	
Title or Position	CITY	STATE	ZIP CODE
<u> </u>	Teler	phone number	
B. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasu assistant treasurer).	urer of the committee; and the	ne name and address of
Full Name of Treasurer	IN MORSE	<u> </u>	
Mailing Address	145 DORE STREET		
	SAN FRANCISIO		410,3, [, , ,] ZIP CODE
Title or Position [TREGS: URE, R	<u></u>	phone number 913	-1549-112841

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

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.				
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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Nex	t Business Day Delivery			
Received from House Records & Registration Of	Date of Receipt fice			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
(a)	10/21/09			
PREPARER (3/2005)	DATE PREPARED			