

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

ADDRESS (number and street)

1630 R STREET NW #703

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20009

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00458000

3. IS THIS  
REPORT☐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  
Quarterly 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

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the  
State of

5. Covering Period

10

14

2010

through

11

22

2010

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

Adam Green

Signature of Treasurer

Electronically Filed by Adam Green

Date

12

10

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	431760.24
(b) Cash on Hand at Beginning of Reporting Period .....	294792.14	
(c) Total Receipts (from Line 19) .....	291327.45	957326.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	586119.59	1389086.79
7. Total Disbursements (from Line 31) .....	213758.77	1016725.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	372360.82	372360.82
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	10729.94	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	97.68	

☒ 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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	42436.00	92625.00
(ii) Unitemized .....	215487.60	780664.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	257923.60	873289.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	257923.60	873289.85
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	30355.56	79479.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2922.47	2922.47
17. Other Federal Receipts (Dividends, Interest, etc.) .....	125.82	1634.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	291327.45	957326.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	291327.45	957326.55

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	169130.62	899257.67	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	169130.62	899257.67	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22790.14	43793.89	
24. Independent Expenditure (use Schedule E) .....	21493.00	21493.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	276.00	376.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	276.00	376.00	
29. Other Disbursements.....	69.01	51805.41	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	213758.77	1016725.97	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	213758.77	1016725.97	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	257923.60	873289.85
34. Total Contribution Refunds (from Line 28(d)) .....	276.00	376.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	257647.60	872913.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	169130.62	899257.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	30355.56	79479.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	138775.06	819777.72

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 314

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stan Altan

Mailing Address 1917 Arlington Ave

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnson & JohnsonOccupation  
Statistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15438

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stan Altan

Mailing Address 1917 Arlington Ave

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnson & JohnsonOccupation  
Statistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15439

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rosemarie Amendolia

Mailing Address 12 Fuller Dr

City

Corinth

State

NY

Zip Code

12822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16045

Amount of Each Receipt this Period

5.00

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

205.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Eric Anderson

Mailing Address 650 Castro St #120-315

City

Mountain View

State

CA

Zip Code

94041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.15342

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

David Arnow

Mailing Address 671 E. 17th St

City

Brooklyn

State

NY

Zip Code

11230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooklyn College (CUNY)

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15570

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David Arnow

Mailing Address 671 E. 17th St

City

Brooklyn

State

NY

Zip Code

11230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooklyn College (CUNY)

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15571

Amount of Each Receipt this Period

4.00

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

1224.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Arnow

Mailing Address 671 E. 17th St

City

Brooklyn

State

NY

Zip Code

11230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooklyn College (CUNY)

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15572

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

David Arnow

Mailing Address 671 E. 17th St

City

Brooklyn

State

NY

Zip Code

11230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooklyn College (CUNY)

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15573

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

David Arnow

Mailing Address 671 E. 17th St

City

Brooklyn

State

NY

Zip Code

11230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooklyn College (CUNY)

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15574

Amount of Each Receipt this Period

10.00

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

45.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Adrian Bennett

Mailing Address 415 Randall Ave

City

DePere

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16201

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Adrian Bennett

Mailing Address 415 Randall Ave

City

DePere

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16185

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Adrian Bennett

Mailing Address 415 Randall Ave

City

DePere

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.16134

Amount of Each Receipt this Period

25.00

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

60.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Adrian Bennett

Mailing Address 415 Randall Ave

City

DePere

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16112

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Bernard

Mailing Address 56 Mildred St.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15711

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Bernard

Mailing Address 56 Mildred St.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15712

Amount of Each Receipt this Period

15.00

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

65.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Bernard

Mailing Address 56 Mildred St.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15713

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

John Bernard

Mailing Address 56 Mildred St.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15714

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Klaus Bibl

Mailing Address 1010 Waltham St.  
Apt.: F-24

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of Mass. Lowell

Occupation

Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.16136

Amount of Each Receipt this Period

50.00

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

80.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Miriam Blatt

Mailing Address 316 Central Ave

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Microsystems

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15511

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

stephanie blesofsky

Mailing Address 18 cleveland street

City

valhalla

State

NY

Zip Code

10595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15387

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Block-Schwenk

Mailing Address 92 Gordon St. Apt. 403

City

Brighton

State

MA

Zip Code

02135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berklee College of Music

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.33

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.16122

Amount of Each Receipt this Period

100.00

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

450.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Boettner

Mailing Address 9039 Fremont Ave N

City

Seattle

State

WA

Zip Code

98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept Natural Resources

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16228

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

jeffrey bostwick

Mailing Address 1047 bridgeton hill rd, po box 152

City

upper black eddy

State

PA

Zip Code

18972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bristol Myers-Squibb Comp-  
any

Occupation  
scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15358

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

bradley Braun

Mailing Address 3109 W Palmer Blvd

City

Chicago

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16229

Amount of Each Receipt this Period

25.00

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

775.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

bradley Braun

Mailing Address 3109 W Palmer Blvd

City

Chicago

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16117

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Janis Breidenbach

Mailing Address 1490 Avon Park Terrace

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Southern CA

Occupation  
Adj. Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15454

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Janis Breidenbach

Mailing Address 1490 Avon Park Terrace

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Southern CA

Occupation  
Adj. Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15455

Amount of Each Receipt this Period

50.00

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

175.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Janis Breidenbach

Mailing Address 1490 Avon Park Terrace

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Southern CA

Occupation

Adj. Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.34

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15456

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

geraldine brodsky

Mailing Address 9 cedar drive

City

rhinebeck

State

NY

Zip Code

12572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

speech pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15497

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

geraldine brodsky

Mailing Address 9 cedar drive

City

rhinebeck

State

NY

Zip Code

12572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

speech pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15498

Amount of Each Receipt this Period

5.00

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

188.34

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

geraldine brodsky

Mailing Address 9 cedar drive

City

rhinebeck

State

NY

Zip Code

12572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

speech pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15499

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Roland Buck

Mailing Address 1125 Old Flemingsburg Rd., Apt. 3

City

Morehead

State

KY

Zip Code

40351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morehead State University

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15489

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Roland Buck

Mailing Address 1125 Old Flemingsburg Rd., Apt. 3

City

Morehead

State

KY

Zip Code

40351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morehead State University

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15490

Amount of Each Receipt this Period

50.00

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

200.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Roland Buck

Mailing Address 1125 Old Flemingsburg Rd., Apt. 3

City

Morehead

State

KY

Zip Code

40351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morehead State University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.15491

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Irene Budoff

Mailing Address 667 Cobb St

City

Athens

State

GA

Zip Code

30606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.15864

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Buhler

Mailing Address 601 N Eutaw St  
Apt 708

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Park Avenue Group

Occupation  
therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15955

Amount of Each Receipt this Period

50.00

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

100.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mitch Buszek

Mailing Address P.O. Box 23051

City

Santa Fe

State

NM

Zip Code

87502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&G Mortgagebanc

Occupation

Mortgage Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15479

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mitch Buszek

Mailing Address P.O. Box 23051

City

Santa Fe

State

NM

Zip Code

87502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&G Mortgagebanc

Occupation

Mortgage Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15480

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mitch Buszek

Mailing Address P.O. Box 23051

City

Santa Fe

State

NM

Zip Code

87502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&G Mortgagebanc

Occupation

Mortgage Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15481

Amount of Each Receipt this Period

50.00

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

155.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mitch Buszek

Mailing Address P.O. Box 23051

City

Santa Fe

State

NM

Zip Code

87502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&G Mortgagebank

Occupation

Mortgage Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15482

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

David Canaday

Mailing Address 1929 Five Iron Dr.

City

Castle Rock

State

CO

Zip Code

80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Colorado, Dept.  
of Law

Occupation

legal assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.15893

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Roger Carpenter

Mailing Address 93 Easy St

City

Farmingdale

State

ME

Zip Code

04344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15402

Amount of Each Receipt this Period

175.00

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

245.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Roger Carpentter

Mailing Address 93 Easy St

City

Farmingdale

State

ME

Zip Code

04344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.15403

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Carter

Mailing Address 109 Smithfield Drive

City

Endicott

State

NY

Zip Code

13760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Vestal, NY

Occupation  
library clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.15779

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Rosalind Cartwright

Mailing Address 680 N. Lake Shore Dr.Apt.1101  
Chicago

City

Chicago

State

IL

Zip Code

60611-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.16138

Amount of Each Receipt this Period

25.00

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

95.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Charles Cather

Mailing Address 10705 Rhinestone Drive

City

Colorado Springs

State

CO

Zip Code

80908-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15515

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

james w ceithaml

Mailing Address 815 Oakley Av

City

Elgin

State

IL

Zip Code

60123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
elgin community college

Occupation

teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15400

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Choi

Mailing Address 1708 147th Street

City

Whitestone

State

NY

Zip Code

11357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tradition/FXDD

Occupation

Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16184

Amount of Each Receipt this Period

30.00

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

155.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 314

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jean M Churchill

Mailing Address 283 Lapla Rd

City

Kingston

State

NY

Zip Code

12401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bard CollegeOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.15350

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Clueit

Mailing Address 963 Red Tail Lane

City

Bellingham

State

WA

Zip Code

98226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willow Technology, Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.15391

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Congleton

Mailing Address 6801 Carolina Beach Rd

City

Wilmington

State

NC

Zip Code

28412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEOccupation  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.15395

Amount of Each Receipt this Period

250.00

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

1000.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Conlee

Mailing Address 16 W 16th ST APT 4VN

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15361

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Rex Cook

Mailing Address 5924 melvin ave

City

tarzana

State

CA

Zip Code

91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AvatarLabs

Occupation  
business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16211

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rex Cook

Mailing Address 5924 melvin ave

City

tarzana

State

CA

Zip Code

91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AvatarLabs

Occupation  
business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16114

Amount of Each Receipt this Period

100.00

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

500.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Coolbaugh

Mailing Address 241 Brinkwood Rd

City

Brookeville

State

MD

Zip Code

20833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16175

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Pedro Cuatrecasas

Mailing Address 7912 Entrada De Luz E  
San Diego

City

San Diego

State

CA

Zip Code

92127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.15665

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Dickey

Mailing Address 318 Brookdale Drive

City

Vacaville

State

CA

Zip Code

95687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.16236

Amount of Each Receipt this Period

50.00

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

125.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

marie dixon

Mailing Address P O Box 795

City

winchester

State

OR

Zip Code

97495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.15660

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

David Dolgen

Mailing Address 734 Glorietta Blvd.

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dolgen Ventures

Occupation  
Real Estate Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.16203

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Duhaime

Mailing Address 12151 Melody Dr  
202

City

Westminster

State

CO

Zip Code

80234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avaya, Inc.

Occupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.16142

Amount of Each Receipt this Period

50.00

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

175.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ruth Dyke

Mailing Address 6045 McKeon Ponderosa Way

City

State

Zip Code

Forest Hill

CA

95631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.16235

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Erickson

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16252

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Erickson

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16251

Amount of Each Receipt this Period

100.00

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

215.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Alexei Evdokimov

Mailing Address 1008 Paradise Rd., Apt.3-F

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Microsoft

Occupation

Software Design Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15354

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Farnilant

Mailing Address 2350 E Elm St

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16212

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Farnilant

Mailing Address 2350 E Elm St

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16115

Amount of Each Receipt this Period

100.00

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

700.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

hedwig feit

Mailing Address 4 cranberry court

City

princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baruch college

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.15874

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Harriet Finkelstein

Mailing Address 1572 Euclid Ave

City

Berkeley

State

CA

Zip Code

94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Educational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.15951

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Toni Fisher

Mailing Address 5805 NORTHGAP STREET

City

San Antonio

State

TX

Zip Code

78239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16250

Amount of Each Receipt this Period

25.00

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

100.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Fleck

Mailing Address 39 White Oak Road

City

Waban

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15369

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL S FLETCHER

Mailing Address 2 DIANA ROAD

City

WEST HARTFORD

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartford Financial Services Group

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15375

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Charlotte Flynn

Mailing Address 7710 West Rim Dr.

City

Austin

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.15556

Amount of Each Receipt this Period

25.00

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

525.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Charlotte Flynn

Mailing Address 7710 West Rim Dr.

City

Austin

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.15557

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Charlotte Flynn

Mailing Address 7710 West Rim Dr.

City

Austin

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15558

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Elly Friedman

Mailing Address 1 Page Avenue  
Apt. 402

City

Asheville

State

NC

Zip Code

28801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.16241

Amount of Each Receipt this Period

250.00

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

300.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Javier Garcia

Mailing Address 15 4th St.  
Apt. 2

City State Zip Code  
Brooklyn NY 11231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wireless Generation

Occupation  
software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.83

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16119

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Claire Gaudiani

Mailing Address 11 East First St  
#923

City State Zip Code  
New York NY 10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gaudiani Associates

Occupation  
researcher/ published author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15536

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

John Gilbert

Mailing Address 69 Naples Rd

City State Zip Code  
Brookline MA 02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Habsel, Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15356

Amount of Each Receipt this Period

500.00

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

700.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Walter Gilbert

Mailing Address 15 Gray Gardens West

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioVentures Investors

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.16222

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Walter Gilbert

Mailing Address 15 Gray Gardens West

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioVentures Investors

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16220

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Walter Gilbert

Mailing Address 15 Gray Gardens West

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioVentures Investors

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16172

Amount of Each Receipt this Period

50.00

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

1450.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elfrid Gioumousis

Mailing Address 992 Loma Verde Avenue

City

Palo Alto

State

CA

Zip Code

94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15793

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Judy Green

Mailing Address 3883 Connecticut Ave NW #715

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

mathematician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15364

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Debra Greenwood

Mailing Address 1240 Bullock PI SW

City

Lilburn

State

GA

Zip Code

30047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlanta's Best Home Nursi-  
ng Care

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.16129

Amount of Each Receipt this Period

50.00

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

325.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

robert hall

Mailing Address 17671 irvine blvd. #103

City

tustin

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.15381

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Hanauer

Mailing Address 95 Forest Lane

City

Berkeley

State

CA

Zip Code

94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nonsmokers' Righ-  
ts Foundation

Occupation  
Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15460

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

marlona harting

Mailing Address 6826 laysan teal cove

City

ft wayne

State

IN

Zip Code

46845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
parkview health

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.15389

Amount of Each Receipt this Period

250.00

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

750.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Amanda Hawes

Mailing Address 465 S. 15th St

City

San Jose

State

CA

Zip Code

95112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alexander Hawes LLP

Occupation  
lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.16146

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

barbara hayworth

Mailing Address 8205 stoneham dr

City

ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15942

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

barbara hayworth

Mailing Address 8205 stoneham dr

City

ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15943

Amount of Each Receipt this Period

10.00

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

40.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

barbara hayworth

Mailing Address 8205 stoneham dr

City

ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15944

Amount of Each Receipt this Period

3.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Helper

Mailing Address 305 Overlook Park Dr

City

Cleveland

State

OH

Zip Code

44110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Case Western Reserve Univ-  
ersity

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15344

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

julie hermelin

Mailing Address 2000 N. Hobart Blvd.

City

Los Angeles

State

CA

Zip Code

90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.16244

Amount of Each Receipt this Period

500.00

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

1503.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gretchen Herrmann

Mailing Address 433 Bostwick Road

City

Ithaca

State

NY

Zip Code

14850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Cortland

Occupation  
librarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15971

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Erich Holtmann

Mailing Address 1171 Tilson Drive

City

Concord

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Contra Costa Community Co-  
llege District

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.16139

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Cheryl Howard

Mailing Address PO Box 4200

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15385

Amount of Each Receipt this Period

250.00

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

295.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Megan Hull

Mailing Address 2226 Hall Pl. NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16209

Amount of Each Receipt this Period

3250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Huntington

Mailing Address 2705 Sycamore Grove Place

City

San Jose

State

CA

Zip Code

95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
aic

Occupation  
software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16188

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Huntington

Mailing Address 2705 Sycamore Grove Place

City

San Jose

State

CA

Zip Code

95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
aic

Occupation  
software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16178

Amount of Each Receipt this Period

4.00

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

3259.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stephen Huntington

Mailing Address 2705 Sycamore Grove Place

City

San Jose

State

CA

Zip Code

95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
a/c

Occupation

software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.16159

Amount of Each Receipt this Period

1.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Huntington

Mailing Address 2705 Sycamore Grove Place

City

San Jose

State

CA

Zip Code

95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
a/c

Occupation

software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.16126

Amount of Each Receipt this Period

3.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Johnston

Mailing Address 4690 Pioneer Rd

City

Medford

State

OR

Zip Code

97501-9685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16210

Amount of Each Receipt this Period

50.00

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

54.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Thomas Johnston

Mailing Address 4690 Pioneer Rd

City

Medford

State

OR

Zip Code

97501-9685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16113

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Karasek

Mailing Address 3603 Paesanos Pkwy, #100

City

San Antonio

State

TX

Zip Code

78231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16227

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Roberta Kirkhart

Mailing Address Box 26867

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.15368

Amount of Each Receipt this Period

250.00

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

350.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Carol Klopf

Mailing Address 1191 Eastwood Lane

City

Fairbanks

State

AK

Zip Code

99712-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15502

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

John Koehler

Mailing Address 11401 Westridge Circle

City

Chardon

State

OH

Zip Code

44024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15518

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bonnie Korman

Mailing Address PO BOX 80

City

TAOS

State

NM

Zip Code

87571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

retailer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15908

Amount of Each Receipt this Period

20.00

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

420.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Anna Kuhn

Mailing Address 815 Emerson Street NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arca Foundation

Occupation

Foundation Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15803

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Lamkin

Mailing Address 2963 Hudson Aurora Rd

City

Hudson

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Retina Group of North-  
east Ohio

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16199

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Lane

Mailing Address 8239 SW Cline Street

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.16135

Amount of Each Receipt this Period

20.00

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

95.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 43 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Chuck Lapine

Mailing Address 4701 Willard Ave

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.15990

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Allan Larson

Mailing Address 2160 Century Park East # 1702

City

Los Angeles

State

CA

Zip Code

90067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15612

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Ledes

Mailing Address 186 Riverside Drive #11E-F

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Filmmaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15362

Amount of Each Receipt this Period

300.00

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

415.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16190

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16109

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Phillip Letson

Mailing Address 721 E. Montebello Ave. #112

City

Phoenix

State

AZ

Zip Code

85014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Phoenix

Occupation  
waste water plant O & M tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16213

Amount of Each Receipt this Period

100.00

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

120.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 45 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Phillip Letson

Mailing Address 721 E. Montebello Ave. #112

City State Zip Code  
 Phoenix AZ 85014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Phoenix

Occupation  
waste water plant O & M tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16214

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joel Levine

Mailing Address 3780 King Ranch Road

City State Zip Code  
 Ukiah CA 95482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.15743

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Joel Levine

Mailing Address 3780 King Ranch Road

City State Zip Code  
 Ukiah CA 95482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15744

Amount of Each Receipt this Period

20.00

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

95.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Thomas Lewis

Mailing Address POB 60976

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
semi-retired

Occupation

semi-retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16195

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret Lieberman

Mailing Address 1221 Las Lomas Rd. NE

City

Albuquerque

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of New Mexico

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.16007

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mini Liu

Mailing Address 135 Eastern Parkway #13I

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYC Health and Hospital  
Corporation

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.15773

Amount of Each Receipt this Period

100.00

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

165.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Joann Loehr

Mailing Address 5837 Hill St.

City

Port Townsend

State

WA

Zip Code

98368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15359

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Joann Loehr

Mailing Address 5837 Hill St.

City

Port Townsend

State

WA

Zip Code

98368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15360

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Emmanuel Logiadis

Mailing Address 18 Middle Road

City

Hamden

State

CT

Zip Code

06517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16130

Amount of Each Receipt this Period

15.00

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

415.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ralph G Long

Mailing Address 49 Corsica Dr

City

Newport Be3ach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.16145

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne Lyman

Mailing Address 163 East 81st St.

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16207

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Alexander MacInnis

Mailing Address 809B Cuesta Drive, #182

City

Mountain View

State

CA

Zip Code

94040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Broadcom Corp

Occupation  
Engineering manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.15928

Amount of Each Receipt this Period

25.00

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

85.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 49 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Nellie Maney

Mailing Address 4619 NE 112th Ave Apt S205

City

Vancouver

State

WA

Zip Code

98682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.15346

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16232

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.16140

Amount of Each Receipt this Period

10.00

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

1015.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 50 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.16127

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.16125

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16120

Amount of Each Receipt this Period

5.00

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

40.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 314

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

M L McCarthy

Mailing Address p. o. box 785

City

green harbor

State

MA

Zip Code

02041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Create Write Now

Occupation

Journaling Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15602

Amount of Each Receipt this Period

4.00

**B.**

Full Name (Last, First, Middle Initial)

M L McCarthy

Mailing Address p. o. box 785

City

green harbor

State

MA

Zip Code

02041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Create Write Now

Occupation

Journaling Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15603

Amount of Each Receipt this Period

3.00

**C.**

Full Name (Last, First, Middle Initial)

M L McCarthy

Mailing Address p. o. box 785

City

green harbor

State

MA

Zip Code

02041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Create Write Now

Occupation

Journaling Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15604

Amount of Each Receipt this Period

5.33

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

12.33

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 52 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

M L McCarthy

Mailing Address p. o. box 785

City

green harbor

State

MA

Zip Code

02041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Create Write Now

Occupation

Journaling Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.33

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15605

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

M L McCarthy

Mailing Address p. o. box 785

City

green harbor

State

MA

Zip Code

02041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Create Write Now

Occupation

Journaling Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.33

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15606

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16215

Amount of Each Receipt this Period

50.00

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

100.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 53 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16221

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16208

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.16204

Amount of Each Receipt this Period

50.00

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

150.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 54 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16196

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16197

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16187

Amount of Each Receipt this Period

50.00

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

225.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 55 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16179

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16180

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16173

Amount of Each Receipt this Period

50.00

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

150.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 56 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16176

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.16168

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16162

Amount of Each Receipt this Period

10.00

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

110.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 57 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16153

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
iridex

Occupation  
sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15715

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
iridex

Occupation  
sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15716

Amount of Each Receipt this Period

5.00

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

60.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 58 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15717

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15718

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15719

Amount of Each Receipt this Period

14.00

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

39.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 59 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15720

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15721

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15722

Amount of Each Receipt this Period

22.00

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

132.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 60 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15723

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15724

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15725

Amount of Each Receipt this Period

30.00

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

50.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 61 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15726

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Mertin

Mailing Address 5324 Locust St

City

Kansas City

State

MO

Zip Code

64110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Paul School of Theo-  
logy

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15383

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Meyer-Strom

Mailing Address 4723 SW 50th

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16056

Amount of Each Receipt this Period

15.00

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

280.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 62 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Eiji Miki

Mailing Address 3 Kevin Rd

City

Nashua

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15393

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jolina Mitchell

Mailing Address 13700 Marina Pointe Drive  
Apt. 1921

City

Marina Del Rey

State

CA

Zip Code

90292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Paul Mitchell Systems

Occupation  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16088

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Moldaw

Mailing Address 29 Jacona Road

City

Santa Fe

State

NM

Zip Code

87506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.16166

Amount of Each Receipt this Period

250.00

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

515.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 63 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Mooney

Mailing Address 531 Westmount Drive

City

West Hollywood

State

CA

Zip Code

90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SuperNutrition

Occupation  
Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16151

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Paul Nelson

Mailing Address 4 Tall Tree Way

City

Georgetown

State

MA

Zip Code

01833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.15675

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Nelson

Mailing Address 4 Tall Tree Way

City

Georgetown

State

MA

Zip Code

01833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15676

Amount of Each Receipt this Period

25.00

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

62.50

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 64 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Joy Newmann

Mailing Address 741 Jenifer St

City

Madison

State

WI

Zip Code

53703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15540

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Joy Newmann

Mailing Address 741 Jenifer St

City

Madison

State

WI

Zip Code

53703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15541

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Hugh Nini

Mailing Address 5427 Mercedes Avenue

City

Dallas

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denton Ballet

Occupation

Ballet Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15634

Amount of Each Receipt this Period

25.00

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

100.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 314

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Hugh Nini

Mailing Address 5427 Mercedes Avenue

City

Dallas

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denton Ballet

Occupation

Ballet Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	1	0

Transaction ID: SA11AI.15635

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Anne Oakes

Mailing Address 145 Merrill Road

City

Ludlow

State

VT

Zip Code

05149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed - retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.15531

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Anne Oakes

Mailing Address 145 Merrill Road

City

Ludlow

State

VT

Zip Code

05149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed - retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.15532

Amount of Each Receipt this Period

50.00

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

150.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 66 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Thomas OKeefe II

Mailing Address 175 Quincy Shore Dr.  
Apt B-78

City State Zip Code  
Quincy MA 02171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Faulkner Hospital

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16224

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Pavelchek

Mailing Address 15545 Westview Rd

City State Zip Code  
Poway CA 92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E-band Communications

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16249

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Pavelchek

Mailing Address 15545 Westview Rd

City State Zip Code  
Poway CA 92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E-band Communications

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.16248

Amount of Each Receipt this Period

30.00

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

145.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 67 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

George Pellettieri

Mailing Address 199 Old Pumpkin Hill Road

City

Warner

State

NH

Zip Code

03278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pellettieri Associates,  
Inc.

Occupation

landscape architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.34

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16106

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

lynn pettton

Mailing Address 2937 Springer Drive

City

McKinleyville

State

CA

Zip Code

95519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.16206

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

lynn pettton

Mailing Address 2937 Springer Drive

City

McKinleyville

State

CA

Zip Code

95519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16161

Amount of Each Receipt this Period

3.00

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

33.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 68 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

lynn pettton

Mailing Address 2937 Springer Drive

City

McKinleyville

State

CA

Zip Code

95519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.16133

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Phelps

Mailing Address 17238 10th Ave. NW

City

Shoreline

State

WA

Zip Code

98177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15877

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy Press

Mailing Address 2902 SW Fairmount Boulevard

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Health & Science  
University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15922

Amount of Each Receipt this Period

100.00

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

230.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 69 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Pyrovolakis

Mailing Address 60 sutton place south 14GS

City

new york

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PSN Consulting

Occupation  
consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15960

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Rader

Mailing Address 316 River Road

City

Dauphin

State

PA

Zip Code

17018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15758

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

William Rader

Mailing Address 316 River Road

City

Dauphin

State

PA

Zip Code

17018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.15759

Amount of Each Receipt this Period

25.00

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

85.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 70 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16095

Amount of Each Receipt this Period

37.50

**B.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16099

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15448

Amount of Each Receipt this Period

100.00

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

197.50

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 71 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16096

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15449

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16097

Amount of Each Receipt this Period

100.00

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

300.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 72 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.15450

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Ramsey

Mailing Address 70 Larkspur Drive

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Holyoke College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16098

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Rasmussen

Mailing Address PO Box 10191

City

Berkeley

State

CA

Zip Code

94709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16219

Amount of Each Receipt this Period

250.00

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

350.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 73 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sue Ravenscroft

Mailing Address 455 Westwood

City

Ames

State

IA

Zip Code

50014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa State University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.16202

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16177

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.16144

Amount of Each Receipt this Period

10.00

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

85.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 74 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.16124

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15420

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15421

Amount of Each Receipt this Period

50.00

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

150.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 75 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.15422

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15423

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15424

Amount of Each Receipt this Period

50.00

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

400.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 76 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.15425

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15426

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15427

Amount of Each Receipt this Period

50.00

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

130.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 77 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15428

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15429

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15430

Amount of Each Receipt this Period

50.00

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

100.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 78 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15431

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15432

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.15433

Amount of Each Receipt this Period

100.00

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

200.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 79 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Resnik

Mailing Address 5508 Hoover Street

City

Bethesda

State

MD

Zip Code

20817-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.15434

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15461

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15462

Amount of Each Receipt this Period

25.00

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

130.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 80 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15463

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15464

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15465

Amount of Each Receipt this Period

25.00

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

75.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 81 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15466

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15467

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15468

Amount of Each Receipt this Period

25.00

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

75.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 82 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15469

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.15472

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Reyerson

Mailing Address 1303 K Ave

City

Anacortes

State

WA

Zip Code

98221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16189

Amount of Each Receipt this Period

25.00

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

75.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 83 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jim Reyerson

Mailing Address 1303 K Ave

City

Anacortes

State

WA

Zip Code

98221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.16169

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Jim Reyerson

Mailing Address 1303 K Ave

City

Anacortes

State

WA

Zip Code

98221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.16121

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Rice

Mailing Address 27515 S.E. 154th Place

City

Issaquah

State

WA

Zip Code

98027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

International Business Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16193

Amount of Each Receipt this Period

50.00

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

90.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 84 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Richard Riemer

Mailing Address 553 29th Street

City

Oakland

State

CA

Zip Code

94609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.15377

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Roberts

Mailing Address 60 Bateman Avenue

City

Newport

State

RI

Zip Code

02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.15618

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Roberts

Mailing Address 60 Bateman Avenue

City

Newport

State

RI

Zip Code

02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15619

Amount of Each Receipt this Period

25.00

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

300.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Barbara Roberts

Mailing Address 60 Bateman Avenue

City

Newport

State

RI

Zip Code

02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15620

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Robinson

Mailing Address 3629b Evanston Ave N

City

Seattle

State

WA

Zip Code

98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Microsoft

Occupation

Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.17

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16152

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Robinson

Mailing Address 625 Olima Street

City

Sausalito

State

CA

Zip Code

94965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dolby Laboratories

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.15639

Amount of Each Receipt this Period

100.00

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

150.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Scott Robinson

Mailing Address 625 Olima Street

City

Sausalito

State

CA

Zip Code

94965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dolby Laboratories

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.15640

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15843

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15844

Amount of Each Receipt this Period

20.00

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

55.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15845

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15846

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15847

Amount of Each Receipt this Period

20.00

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

60.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15848

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15849

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15850

Amount of Each Receipt this Period

25.00

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

55.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15851

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15852

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15853

Amount of Each Receipt this Period

20.00

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

60.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 90 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.15854

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Rosnel

Mailing Address 8395 S. Ivanhoe Street

City

Palmer

State

AK

Zip Code

99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16233

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Rosnel

Mailing Address 8395 S. Ivanhoe Street

City

Palmer

State

AK

Zip Code

99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.16234

Amount of Each Receipt this Period

50.00

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

80.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 91 / 314

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Polly Rothstein

Mailing Address 140 Lincoln Ave.

City

State

Zip Code

Purchase

NY

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
not employed

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16148

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Royce

Mailing Address 4 Williams Path

City

State

Zip Code

Kingston

NH

03848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agilent Technologies, Inc.

Occupation  
sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.16171

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

James Rucker

Mailing Address 1076 S Van Ness Ave

City

State

Zip Code

San Francisco

CA

94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15340

Amount of Each Receipt this Period

2000.00

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

2275.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 92 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Runyan

Mailing Address 254 Patterson Street

City

Memphis

State

TN

Zip Code

38111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Memphis

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16165

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Sagner

Mailing Address 293 Eisenhower Parkway

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.15338

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Sagner

Mailing Address 67 Valley View Ave

City

Summit

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sagner Companies

Occupation

social worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16225

Amount of Each Receipt this Period

2000.00

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

4010.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Janice Sakofsky

Mailing Address PO Box 10444

City

Portland

State

OR

Zip Code

97296-0444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16216

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

DANIEL SALGO

Mailing Address P O BOX 190

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16246

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Schultz

Mailing Address PO Box 124

City

Keene

State

NH

Zip Code

03431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pilot Health

Occupation  
Care Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.16147

Amount of Each Receipt this Period

25.00

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

275.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Hilliard Scott

Mailing Address 16 Bob White Way

City

Simsbury

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American International Co-  
llege

Occupation

I.T. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16191

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Hilliard Scott

Mailing Address 16 Bob White Way

City

Simsbury

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American International Co-  
llege

Occupation

I.T. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16110

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Frederic Seamon

Mailing Address 2211 Chanticleer Lane

City

Santa Cruz

State

CA

Zip Code

95062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campbell Applied Physics

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.15652

Amount of Each Receipt this Period

25.00

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

75.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Frederic Seamon

Mailing Address 2211 Chanticleer Lane

City

Santa Cruz

State

CA

Zip Code

95062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campbell Applied Physics

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.15653

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Shaffer

Mailing Address 41 Fells Rd

City

Verona

State

NJ

Zip Code

07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilentz

Occupation

attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.16223

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Parthasarathy Shakkottai

Mailing Address 2622 gardi st

City

duarte

State

CA

Zip Code

91010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
caltech, JPL

Occupation

engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.16170

Amount of Each Receipt this Period

20.00

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

80.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mack Shelley

Mailing Address 3454 Southdale Drive

City

Ames

State

IA

Zip Code

50010-8433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa State University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.15881

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Franklin Simon

Mailing Address 325 riverside drive  
NY

City

NY

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.15813

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Snow

Mailing Address 34 Angela Way

City

Concord

State

NH

Zip Code

03301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth Hitchcock Clinic  
Concord

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16217

Amount of Each Receipt this Period

25.00

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

100.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Soderberg

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15410

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Rachael Solem

Mailing Address 5 Bacon Street

City

State

Zip Code

Wellesley

MA

02482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IRVING HOUSE CORPORATION

Occupation  
HOTELIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.16128

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rachael Solem

Mailing Address 5 Bacon Street

City

State

Zip Code

Wellesley

MA

02482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IRVING HOUSE CORPORATION

Occupation  
HOTELIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16118

Amount of Each Receipt this Period

100.00

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

700.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Allan Soros

Mailing Address 70A Greenwich Ave

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15406

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Del Spiva

Mailing Address 5111 Shenandoah Avenue

City

Ladera Heights

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
freelance

Occupation

Post Production Film Music Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16181

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Del Spiva

Mailing Address 5111 Shenandoah Avenue

City

Ladera Heights

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
freelance

Occupation

Post Production Film Music Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.16158

Amount of Each Receipt this Period

50.00

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

5055.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Del Spiva

Mailing Address 5111 Shenandoah Avenue

City

Ladera Heights

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
freelance

Occupation

Post Production Film Music Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16154

Amount of Each Receipt this Period

3.00

**B.**

Full Name (Last, First, Middle Initial)

Del Spiva

Mailing Address 5111 Shenandoah Avenue

City

Ladera Heights

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
freelance

Occupation

Post Production Film Music Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.16123

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Neal Stender

Mailing Address Flat 2A, 60 Cloudview Road

City

North Point

State

ZZ

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orrick, Herrington & Sutcliffe

Occupation

Lawyer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.16205

Amount of Each Receipt this Period

10.00

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

38.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Stewart

Mailing Address P.O. Box 294

City

State

Zip Code

Igo

CA

96047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

photogarpner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.15586

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Stewart

Mailing Address P.O. Box 294

City

State

Zip Code

Igo

CA

96047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

photogarpner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.15587

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Karen Sullivan

Mailing Address 50 W106 St., Apt. 8B

City

State

Zip Code

New York

NY

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Queens College/CUNY

Occupation

Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.15397

Amount of Each Receipt this Period

250.00

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

312.50

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Summers

Mailing Address PO Box 1862

City

Olympia

State

WA

Zip Code

98507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Marine Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16017

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Sondra Sutton

Mailing Address 3505 E 13th Street

City

Vancouver

State

WA

Zip Code

98661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16183

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Swiger

Mailing Address P.O. Box 179

City

Warfordsburg

State

PA

Zip Code

17267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.15624

Amount of Each Receipt this Period

100.00

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

200.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Swiger

Mailing Address P.O. Box 179

City

Warfordsburg

State

PA

Zip Code

17267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

not employeeed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15625

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Swiger

Mailing Address P.O. Box 179

City

Warfordsburg

State

PA

Zip Code

17267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

not employeeed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.15626

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City

Los Angeles

State

CA

Zip Code

90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16226

Amount of Each Receipt this Period

25.00

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

60.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 103 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.16182

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16164

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.16156

Amount of Each Receipt this Period

100.00

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

165.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Tesler

Mailing Address 351 Grove Drive

City

Portola Valley

State

CA

Zip Code

94028-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15371

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret Tishler

Mailing Address 15304 Carretera Dr.

City

Whittier

State

CA

Zip Code

90605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16091

Amount of Each Receipt this Period

37.50

**C.**

Full Name (Last, First, Middle Initial)

Tomas Torres

Mailing Address 13510 White Oak Landing

City

Houston

State

TX

Zip Code

77065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.15443

Amount of Each Receipt this Period

250.00

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

537.50

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dossevi Trenou

Mailing Address 992 Williamson Lane

City

Snellville

State

GA

Zip Code

30078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hewlett-Packard

Occupation

Chief Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16150

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Valtin

Mailing Address 1524 Dry Creek Road

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
nvidia

Occupation

programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15917

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Valtin

Mailing Address 1524 Dry Creek Road

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
nvidia

Occupation

programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.15918

Amount of Each Receipt this Period

5.00

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

45.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Wallin

Mailing Address 895 Toro Canyon Rd

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self Wallin Studios

Occupation  
artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.15348

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lea R. Ward

Mailing Address P.O. Box 985

City

Sonoita

State

AZ

Zip Code

85637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.16230

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Monica Wehmeier

Mailing Address 12 Old Creek Rd

City

Palos Park

State

IL

Zip Code

60464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15352

Amount of Each Receipt this Period

500.00

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

1525.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Weinberger

Mailing Address 94 Westbourne Terrace

City

State

Zip Code

Brookline

MA

02446-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.15841

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

David Weinberger

Mailing Address 94 Westbourne Terrace

City

State

Zip Code

Brookline

MA

02446-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.15842

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Ian Weiner

Mailing Address 550 Liberty St. Apt. 2410

City

State

Zip Code

Braintree

MA

02184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIT Lincoln Laboratory

Occupation  
Associate Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.16157

Amount of Each Receipt this Period

100.00

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

125.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dan Weissman

Mailing Address 110 Riverside Dr. #11F

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
filmmaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.15373

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

skip welles

Mailing Address pO BOX 25899

City

sILVERTHORNE

State

CO

Zip Code

80497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.15823

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Janet Whitcomb

Mailing Address 5713 S. Harper

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
university of chigo

Occupation  
professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.15379

Amount of Each Receipt this Period

250.00

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

525.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 109 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Harrison White

Mailing Address 205-A Garrett Rd

City

Windsor

State

NY

Zip Code

13865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16192

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Harrison White

Mailing Address 205-A Garrett Rd

City

Windsor

State

NY

Zip Code

13865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16200

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Harrison White

Mailing Address 205-A Garrett Rd

City

Windsor

State

NY

Zip Code

13865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.16186

Amount of Each Receipt this Period

100.00

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

215.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Harrison White

Mailing Address 205-A Garrett Rd

City

Windsor

State

NY

Zip Code

13865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.16149

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Harrison White

Mailing Address 205-A Garrett Rd

City

Windsor

State

NY

Zip Code

13865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16131

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harrison White

Mailing Address 205-A Garrett Rd

City

Windsor

State

NY

Zip Code

13865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16111

Amount of Each Receipt this Period

15.00

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

140.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stephen White

Mailing Address 7738 Sparkling Springs Road

City State Zip Code  
 Singers Glen VA 22850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16218

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen White

Mailing Address 7738 Sparkling Springs Road

City State Zip Code  
 Singers Glen VA 22850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16132

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

laurie wilson

Mailing Address 175 West 12th St 6A

City State Zip Code  
 New York NY 10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
psychoanalyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.17

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.16198

Amount of Each Receipt this Period

25.00

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

100.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 112 / 314

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

laurie wilson

Mailing Address 175 West 12th St 6A

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

psychoanalyst

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

342.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16163

Amount of Each Receipt this Period

33.33

B.

Full Name (Last, First, Middle Initial)

Norman Wolf

Mailing Address 7557 35th Avenue, NE

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation

Scientist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15408

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Zarazael Yovel

Mailing Address 19363 Willamette Drive, #500

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

author, seminar teacher

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.15686

Amount of Each Receipt this Period

25.00

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

558.33

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 113 / 314

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Zarazael Yovel

Mailing Address 19363 Willamette Drive, #500

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

author, seminar teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.15687

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Phillip Zamore

Mailing Address 500 Green Street

City

Northborough

State

MA

Zip Code

01532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Hughes Medical Ins-  
titute

Occupation

scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.15506

Amount of Each Receipt this Period

100.00

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

125.00

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

42436.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 114 / 314

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALEXI FOR ILLINOIS

Mailing Address PO BOX 494

City

CHICAGO

State

IL

Zip Code

60690

FEC ID number of contributing  
federal political committee.

**C**

C00459586

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1897.98

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA15.15238

Amount of Each Receipt this Period

1897.98

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1548.32

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA15.14850

Amount of Each Receipt this Period

37.00

**C.**

Full Name (Last, First, Middle Initial)

BETH KROM FOR CONGRESS

Mailing Address 1212 S VICTORY BLVD

City

BURBANK

State

CA

Zip Code

91502

FEC ID number of contributing  
federal political committee.

**C**

C00459735

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.65

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA15.14880

Amount of Each Receipt this Period

556.65

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

2491.63

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 314

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address PO Box 536447

City	State	Zip Code
Orlando	FL	32853

FEC ID number of contributing  
federal political committee.**C** C00424713

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15.14844

Amount of Each Receipt this Period

1014.36

**B.**Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address PO Box 536447

City	State	Zip Code
Orlando	FL	32853

FEC ID number of contributing  
federal political committee.**C** C00424713

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3809.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA15.14879

Amount of Each Receipt this Period

2795.22

**C.**Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address PO Box 536447

City	State	Zip Code
Orlando	FL	32853

FEC ID number of contributing  
federal political committee.**C** C00424713

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4501.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA15.14890

Amount of Each Receipt this Period

691.60

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

4501.18

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 116 / 314

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address PO Box 536447

City State Zip Code  
Orlando FL 32853

FEC ID number of contributing  
federal political committee.

**C** C00424713

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5620.89

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA15.15065

Amount of Each Receipt this Period

1119.71

**B.**

Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address PO Box 536447

City State Zip Code  
Orlando FL 32853

FEC ID number of contributing  
federal political committee.

**C** C00424713

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5993.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA15.15304

Amount of Each Receipt this Period

372.90

**C.**

Full Name (Last, First, Middle Initial)  
CONWAY FOR SENATE

Mailing Address PO BOX 6168

City State Zip Code  
LOUISVILLE KY 40206

FEC ID number of contributing  
federal political committee.

**C** C00460766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1331.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA15.14901

Amount of Each Receipt this Period

1331.56

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

2824.17

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 117 / 314

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CONWAY FOR SENATE

Mailing Address PO BOX 6168

City

LOUISVILLE

State

KY

Zip Code

40206

FEC ID number of contributing  
federal political committee.

**C**

C00460766

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3197.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA15.15049

Amount of Each Receipt this Period

1866.26

**B.**

Full Name (Last, First, Middle Initial)

FEINGOLD SENATE COMMITTEE

Mailing Address PO BOX 620062

City

MIDDLETON

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

**C**

C00279901

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1501.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA15.15209

Amount of Each Receipt this Period

1501.65

**C.**

Full Name (Last, First, Middle Initial)

FEINGOLD SENATE COMMITTEE

Mailing Address PO BOX 620062

City

MIDDLETON

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

**C**

C00279901

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1861.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA15.15274

Amount of Each Receipt this Period

360.00

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

3727.91

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 314

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
HEDRICK FOR CONGRESS

Mailing Address P.O. Box 2855

City	State	Zip Code
Corona	CA	92878

FEC ID number of contributing  
federal political committee.**C** C00436758

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19879.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA15.14661

Amount of Each Receipt this Period

2691.25

**B.**Full Name (Last, First, Middle Initial)  
KILROY FOR CONGRESSMailing Address P.O. Box 2582  
Ste 305

City	State	Zip Code
Columbus	OH	43216

FEC ID number of contributing  
federal political committee.**C** C00416156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA15.15211

Amount of Each Receipt this Period

840.00

**C.**Full Name (Last, First, Middle Initial)  
NEW HAMPSHIRE DEMOCRATIC PARTY

Mailing Address 105 NORTH STATE STREET

City	State	Zip Code
CONCORD	NH	03301

FEC ID number of contributing  
federal political committee.**C** C00178038

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3581.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	1	0

Transaction ID: SA15.15064

Amount of Each Receipt this Period

3581.62

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

7112.87

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 119 / 314

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW HAMPSHIRE DEMOCRATIC PARTY

Mailing Address 105 NORTH STATE STREET

City

CONCORD

State

NH

Zip Code

03301

FEC ID number of contributing  
federal political committee.

**C**

C00178038

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8453.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA15.15277

Amount of Each Receipt this Period

4871.38

**B.**

Full Name (Last, First, Middle Initial)

Tigerdirect.com

Mailing Address 7795 West Flagler Street

City

Miami

State

FL

Zip Code

33144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.97

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA15.14851

Amount of Each Receipt this Period

249.97

**C.**

Full Name (Last, First, Middle Initial)

Tigerdirect.com

Mailing Address 7795 West Flagler Street

City

Miami

State

FL

Zip Code

33144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.96

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA15.15202

Amount of Each Receipt this Period

199.99

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

5321.34

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA15.15072

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.95

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA15.15073

Amount of Each Receipt this Period

499.95

**C.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.20

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA15.15081

Amount of Each Receipt this Period

200.25

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

1000.20

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 121 / 314

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1298.55

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA15.15082

Amount of Each Receipt this Period

298.35

**B.**

Full Name (Last, First, Middle Initial)  
Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4198.55

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA15.15310

Amount of Each Receipt this Period

2900.00

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

3198.35

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

30177.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 122 / 314

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HEDRICK FOR CONGRESS

Mailing Address P.O. Box 2855

City

Corona

State

CA

Zip Code

92878

FEC ID number of contributing  
federal political committee.

**C** C00436758

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22570.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA16.14896

Amount of Each Receipt this Period

2691.25

Repayment of In-Kind Contribution

**B.**

Full Name (Last, First, Middle Initial)

HEDRICK FOR CONGRESS

Mailing Address P.O. Box 2855

City

Corona

State

CA

Zip Code

92878

FEC ID number of contributing  
federal political committee.

**C** C00436758

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22801.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA16.15278

Amount of Each Receipt this Period

231.22

Repayment of In-Kind Contribution

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

2922.47

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

2922.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 123 / 314

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1511.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA17.14849

Amount of Each Receipt this Period

0.36

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1582.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA17.15333

Amount of Each Receipt this Period

34.63

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1673.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA17.15334

Amount of Each Receipt this Period

90.83

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

125.82

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

125.82

# **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 124 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Act Blue Technical Services

Mailing Address 11 Arrow Street

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9356.62

B.

Full Name (Last, First, Middle Initial)

Administrative Business Services

Mailing Address 6312 Seven Corners Center

City  
Falls Church

State  
VA

Zip Code  
22044

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14868

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5068.50

C.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City  
Seattle

State  
WA

Zip Code  
98101

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15204

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.13

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

14440.25

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

# **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 125 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Apple Store</p> <p>Mailing Address 400 Commons Way</p> <p>City Bridgewater State NJ Zip Code 08807</p> <p>Purpose of Disbursement Computer Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15280</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>15</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>316.94</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sadina D. Arnette</p> <p>Mailing Address 805 Ablemarle Street</p> <p>City Charlottesville State VA Zip Code 22902</p> <p>Purpose of Disbursement Phonebanking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14767</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>15</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>25.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Avis Rent-a-Car</p> <p>Mailing Address 1722 M Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14842</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>19</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>367.31</div> </p>

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

**709.25**

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-a-Car	<b>Transaction ID:</b> SB21B.15244 <b>Date of Disbursement</b>																				
Mailing Address 1722 M Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Car Rental	<table border="1"> <tr> <td colspan="10">216.08</td> </tr> </table>	216.08																			
216.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B.14665 <b>Date of Disbursement</b>																				
Mailing Address 3 Dupont Circle, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Charges	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B.14846 <b>Date of Disbursement</b>																				
Mailing Address 3 Dupont Circle, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Charges	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

253.08

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

# **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 127 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14855

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14872

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

0.65

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14876

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

25.00

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

50.65

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

# **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 128 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14883

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14884

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14892

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

25.00

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

60.00

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



# **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 129 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15052

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15203

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

174.70

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15287

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

25.00

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

224.70

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

# **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 130 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jonathan Bosscher

Mailing Address 1610 Park Road, NW

City  
Washington

State  
DC

Zip Code  
20010

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14827

Date of Disbursement

10 / 17 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Bosscher

Mailing Address 1610 Park Road, NW

City  
Washington

State  
DC

Zip Code  
20010

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15236

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City  
Springfield

State  
MO

Zip Code  
65802

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14822

Date of Disbursement

10 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

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

1850.00

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

# **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 131 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City Springfield State MO Zip Code 65802

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15074

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City Springfield State MO Zip Code 65802

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15083

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

102.40

C.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City Springfield State MO Zip Code 65802

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15301

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

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

3102.40

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

# **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 132 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Callfire.com

Mailing Address 1335 4th Street

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement  
Phones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15316

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Callfire.com

Mailing Address 1335 4th Street

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement  
Phones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15318

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Carefirst

Mailing Address PO Box 14114

City Lexington State KY Zip Code 40512

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15066

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

2429.00

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

2729.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Derrek Carter Mailing Address 338 Hager Lane	<b>Transaction ID:</b> SB21B.14928 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Roseland State VA Zip Code 22967 Purpose of Disbursement Phonebanking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>62.50</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Catalist, LLC Mailing Address 1101 Vermont Avenue, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Voter File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.15307 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>997.50</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice Mailing Address 1494 Minor Ridge Court City Charlottesville State VA Zip Code 22901 Purpose of Disbursement Phonebanking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.14752 <b>Date of Disbursement</b> <div> <div>10</div> <div>15</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>49.67</div>

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

1109.67

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

# **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 134 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB21B.14951 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">32.49</td> </tr> </table>	32.49																			
32.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB21B.15144 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">193.70</td> </tr> </table>	193.70																			
193.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB21B.15327 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">336.67</td> </tr> </table>	336.67																			
336.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**562.86**

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

# **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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Jvonna Clore Mailing Address 422 Garrett Street	<b>Transaction ID:</b> SB21B.14977 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22902 Purpose of Disbursement Phonebanking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>160.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Jvonna Clore Mailing Address 422 Garrett Street City Charlottesville State VA Zip Code 22902 Purpose of Disbursement Phonebanking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.15161 <b>Date of Disbursement</b> <div> <div>11</div> <div>02</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>225.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jvonna Clore Mailing Address 422 Garrett Street City Charlottesville State VA Zip Code 22902 Purpose of Disbursement Phonebanking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.15226 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>55.00</div>

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

**440.00**

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15322

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

339.58

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID SEGAL; THE

Mailing Address PO BOX 1103

City  
PROVIDENCE

State  
RI

Zip Code  
02903

Purpose of Disbursement  
Reimburse for Predictive Dialer Payment

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: SB21B.15270

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DEMOCRACY FOR AMERICA

Mailing Address PO Box 8313  
SUITE 300

City  
Burlington

State  
VT

Zip Code  
05402

Purpose of Disbursement  
Reimburse for Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15271

Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

112.50

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

1452.08

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



# **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 137 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ashley N. Dorman

Mailing Address 426 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

143.42

B.

Full Name (Last, First, Middle Initial)

Ashley N. Dorman

Mailing Address 426 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15227

Date of Disbursement

/   /

Amount of Each Disbursement this Period

215.03

C.

Full Name (Last, First, Middle Initial)

Ashley N. Dorman

Mailing Address 426 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15323

Date of Disbursement

/   /

Amount of Each Disbursement this Period

339.58

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

698.03

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

# **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 138 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB21B.14765 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>15</div> <div>/</div> <div><sup>Y</sup>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking Candidate Name	<div>50.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB21B.15005 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>28</div> <div>/</div> <div><sup>Y</sup>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking Candidate Name	<div>150.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB21B.15150 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div><sup>M</sup>11</div> <div>/</div> <div><sup>D</sup>02</div> <div>/</div> <div><sup>Y</sup>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking Candidate Name	<div>203.60</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

403.60

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

# **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 139 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Mailing Address 1125 James Madison Hwy

City State Zip Code  
Gordonsville VA 22942

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15224

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

140.07

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City State Zip Code  
Palo Alto CA 94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14565

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

40.69

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City State Zip Code  
Palo Alto CA 94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14664

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

36.63

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

217.39

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

# **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 140 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14834

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

34.05

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14835

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

35.81

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14836

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

35.84

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

105.70

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

# **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 141 / 314

<input checked="" 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)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14840

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

27.26

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14848

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

30.73

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14852

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

38.60

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

96.59

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

# **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 142 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14861

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

35.84

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14873

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

25.14

C.

Full Name (Last, First, Middle Initial)

FedexKinkos

Mailing Address 2020 K Street, NW

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15302

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

68.58

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

129.56

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

# **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 143 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Godaddy.com

Mailing Address 14455 N. Hayden Road

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14832

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

15.17

B.

Full Name (Last, First, Middle Initial)

Godaddy.com

Mailing Address 14455 N. Hayden Road

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14833

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

22.84

C.

Full Name (Last, First, Middle Initial)

Godaddy.com

Mailing Address 14455 N. Hayden Road

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14847

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

22.84

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

60.85

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

# **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 144 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Godaddy.com	<b>Transaction ID:</b> SB21B.14874 <b>Date of Disbursement</b>
Mailing Address 14455 N. Hayden Road	<div> <div>10</div> <div>25</div> <div>2010</div> </div>
City Scottsdale State AZ Zip Code 85260	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Website	<div>27.34</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Godaddy.com	<b>Transaction ID:</b> SB21B.14891 <b>Date of Disbursement</b>
Mailing Address 14455 N. Hayden Road	<div> <div>10</div> <div>27</div> <div>2010</div> </div>
City Scottsdale State AZ Zip Code 85260	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Website	<div>10.97</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Godaddy.com	<b>Transaction ID:</b> SB21B.14893 <b>Date of Disbursement</b>
Mailing Address 14455 N. Hayden Road	<div> <div>10</div> <div>27</div> <div>2010</div> </div>
City Scottsdale State AZ Zip Code 85260	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Website	<div>24.64</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**62.95**

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



# **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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Godaddy.com	<b>Transaction ID:</b> SB21B.15241 <b>Date of Disbursement</b>
Mailing Address 14455 N. Hayden Road	<div> <div>11</div> <div>08</div> <div>2010</div> </div>
City Scottsdale State AZ Zip Code 85260	Amount of Each Disbursement this Period
Purpose of Disbursement Website	<div>12.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Godaddy.com	<b>Transaction ID:</b> SB21B.15248 <b>Date of Disbursement</b>
Mailing Address 14455 N. Hayden Road	<div> <div>11</div> <div>08</div> <div>2010</div> </div>
City Scottsdale State AZ Zip Code 85260	Amount of Each Disbursement this Period
Purpose of Disbursement Website	<div>25.98</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Google	<b>Transaction ID:</b> SB21B.15207 <b>Date of Disbursement</b>
Mailing Address 1600 Amphitheatre Parkway	<div> <div>11</div> <div>04</div> <div>2010</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>253.61</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**291.76**

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

# **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 146 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Google	<b>Transaction ID:</b> SB21B.15245 <b>Date of Disbursement</b>																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Mountain View State CA Zip Code 94043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">1105.17</td> </tr> </table>	1105.17																			
1105.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Google	<b>Transaction ID:</b> SB21B.15250 <b>Date of Disbursement</b>																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Mountain View State CA Zip Code 94043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">1357.33</td> </tr> </table>	1357.33																			
1357.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Google	<b>Transaction ID:</b> SB21B.15251 <b>Date of Disbursement</b>																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Mountain View State CA Zip Code 94043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">1751.23</td> </tr> </table>	1751.23																			
1751.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

4213.73

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

# **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 147 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15261

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

795.37

B.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15263

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

1567.57

C.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15264

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

1627.38

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

3990.32

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

# **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 148 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15265

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

1689.27

B.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15266

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

866.98

C.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15267

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1108.99

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

3665.24

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

# **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 149 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15268</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1932.92"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Green</p> <p>Mailing Address 1630 R Street, NW #703</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14672</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2323.34"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Green</p> <p>Mailing Address 1630 R Street, NW #703</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14673</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="501.00"/></p>

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

**4757.26**

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

# **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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW  
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15061

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

2323.35

B.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW  
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15288

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

2323.34

C.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW  
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15289

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

501.00

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

5147.69

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14674

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1527.35

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15060

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

1527.35

C.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15252

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

130.00

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

3184.70

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15282

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

34.96

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15290

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

1527.35

C.

Full Name (Last, First, Middle Initial)

HEDRICK FOR CONGRESS

Mailing Address P.O. Box 2855

City  
Corona

State  
CA

Zip Code  
92878

Purpose of Disbursement  
Reimburse Overpayment for Calls

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 44

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15279

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

52.21

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

1614.52

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



# **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 153 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ryan Hill

Mailing Address 2111 Jefferson Park Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15230

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

215.03

B.

Full Name (Last, First, Middle Initial)

Ryan Hill

Mailing Address 2111 Jefferson Park Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15328

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

340.00

C.

Full Name (Last, First, Middle Initial)

Himalayan Fusion

Mailing Address 520 E. Main Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement

Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15243

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

54.74

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

609.77

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

# **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 154 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sharzad Hosseinborn	<b>Transaction ID:</b> SB21B.15173 <b>Date of Disbursement</b>																				
Mailing Address 1900 Jefferson Park Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">185.42</td> </tr> </table>	185.42																			
185.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sharzad Hosseinborn	<b>Transaction ID:</b> SB21B.15229 <b>Date of Disbursement</b>																				
Mailing Address 1900 Jefferson Park Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">215.03</td> </tr> </table>	215.03																			
215.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Sharzad Hosseinborn	<b>Transaction ID:</b> SB21B.15319 <b>Date of Disbursement</b>																				
Mailing Address 1900 Jefferson Park Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">339.58</td> </tr> </table>	339.58																			
339.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**740.03**

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

# **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 155 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14996

Date of Disbursement

/   /

Amount of Each Disbursement this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15162

Date of Disbursement

/   /

Amount of Each Disbursement this Period

162.10

C.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14774

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

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

312.10

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

# **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 156 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14989

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

170.00

B.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15151

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

189.45

C.

Full Name (Last, First, Middle Initial)

Tonelle Jackson

Mailing Address 4778 Shores Road

City Palmyra State VA Zip Code 22963

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15303

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

130.00

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

489.45

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

# **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 157 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14963

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15164

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

159.60

C.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14745

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

40.00

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

262.10

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

# **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 158 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14983

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

165.00

B.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15142

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

224.85

C.

Full Name (Last, First, Middle Initial)

Jennifer Kirkland

Mailing Address 813 King Street

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15228

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

189.23

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

579.08

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

# **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 159 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jennifer Kirkland

Mailing Address 813 King Street

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15321

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Andrew Kling

Mailing Address 800 E. Illinois Street

City  
Kirksville

State  
MO

Zip Code  
63501

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14678

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1120.35

C.

Full Name (Last, First, Middle Initial)

Andrew Kling

Mailing Address 800 E. Illinois Street

City  
Kirksville

State  
MO

Zip Code  
63501

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15291

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

1510.50

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

2890.85

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

# **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 160 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kos Media, LLC

Mailing Address PO Box 3327

City  
Berkeley

State  
CA

Zip Code  
94703

Purpose of Disbursement  
Online Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15269

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8529.00

B.

Full Name (Last, First, Middle Initial)

Andrei Kulakov

Mailing Address 140 78th Street, Apt B3

City  
North Bergen

State  
NJ

Zip Code  
07047

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14573

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1187.00

C.

Full Name (Last, First, Middle Initial)

Jareesisia Martin

Mailing Address 213 Apple Orchard Rd

City  
Louisa

State  
VA

Zip Code  
23093

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15234

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.03

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

9876.03

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



# **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 161 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14821

Date of Disbursement

10 / 16 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15075

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15300

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

300.00

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

900.00

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

# **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 162 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Cameron Morgan	<b>Transaction ID:</b> SB21B.14574 <b>Date of Disbursement</b>																				
Mailing Address 541 E. 1200 S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Kaysville State UT Zip Code 84037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">345.00</td> </tr> </table>	345.00																			
345.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Cameron Morgan	<b>Transaction ID:</b> SB21B.15043 <b>Date of Disbursement</b>																				
Mailing Address 541 E. 1200 S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Kaysville State UT Zip Code 84037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">264.00</td> </tr> </table>	264.00																			
264.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Cameron Morgan	<b>Transaction ID:</b> SB21B.15258 <b>Date of Disbursement</b>																				
Mailing Address 541 E. 1200 S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Kaysville State UT Zip Code 84037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">253.00</td> </tr> </table>	253.00																			
253.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**862.00**

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

# **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 163 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEW HAMPSHIRE DEMOCRATIC PARTY

Mailing Address 105 NORTH STATE STREET

City  
CONCORD

State  
NH

Zip Code  
03301

Purpose of Disbursement  
Phone Calls - Refund of overreimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15096

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

243.09

B.

Full Name (Last, First, Middle Initial)

Kristina Niederberger

Mailing Address 213 Apple Orchard Road

City  
Louisa

State  
VA

Zip Code  
23093

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15233

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

160.03

C.

Full Name (Last, First, Middle Initial)

Margaret Ogburn

Mailing Address 106 Hartmans Mill Road

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15232

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

215.03

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

618.15

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

# **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 164 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Margaret Ogburn	<b>Transaction ID:</b> SB21B.15286 <b>Date of Disbursement</b>																				
Mailing Address 106 Hartmans Mill Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">-125.42</td> </tr> </table>	-125.42																			
-125.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Margaret Ogburn	<b>Transaction ID:</b> SB21B.15317 <b>Date of Disbursement</b>																				
Mailing Address 106 Hartmans Mill Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">125.42</td> </tr> </table>	125.42																			
125.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Betty Page	<b>Transaction ID:</b> SB21B.14618 <b>Date of Disbursement</b>																				
Mailing Address 1646 Cool Spring Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">99.62</td> </tr> </table>	99.62																			
99.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

99.62

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

# **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 165 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.14731

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

49.40

**B.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15019

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

155.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15137

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

196.55

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

400.95

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

# **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 166 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Betty Page	<b>Transaction ID:</b> SB21B.15223 <b>Date of Disbursement</b>																				
Mailing Address 1646 Cool Spring Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">205.03</td> </tr> </table>	205.03																			
205.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Patrick	<b>Transaction ID:</b> SB21B.15231 <b>Date of Disbursement</b>																				
Mailing Address 740 Prospect Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">215.03</td> </tr> </table>	215.03																			
215.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Patrick	<b>Transaction ID:</b> SB21B.15237 <b>Date of Disbursement</b>																				
Mailing Address 740 Prospect Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">-55.00</td> </tr> </table>	-55.00																			
-55.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

365.06

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2211 North 1st Street</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement Contribution Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15336</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.47"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Perquest</p> <p>Mailing Address 1333 Broadway</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14567</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7011.81"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Perquest</p> <p>Mailing Address 1333 Broadway</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14904</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5575.86"/></p>

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

**13588.14**

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

# **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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Perquest	<b>Transaction ID:</b> SB21B.15281 <b>Date of Disbursement</b>
Mailing Address 1333 Broadway	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>5</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Oakland State CA Zip Code 94612	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Taxes Candidate Name	<div>7742.40</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Holly Ragland-Bickford	<b>Transaction ID:</b> SB21B.14601 <b>Date of Disbursement</b>
Mailing Address 5776 Bell Road	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Dillwyn State VA Zip Code 23936	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking Candidate Name	<div>117.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Holly Ragland-Bickford	<b>Transaction ID:</b> SB21B.14710 <b>Date of Disbursement</b>
Mailing Address 5776 Bell Road	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>5</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Dillwyn State VA Zip Code 23936	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking Candidate Name	<div>39.92</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7899.82

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



# **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 169 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14624

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

109.15

B.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14738

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

49.60

C.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15034

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

170.00

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

328.75

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15131

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

196.10

B.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15222

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

151.77

C.

Full Name (Last, First, Middle Initial)

Rio All Suite Hotel

Mailing Address 3700 W Flamingo Road

City Las Vegas State FL Zip Code 89103

Purpose of Disbursement  
Lodging-VOID CHECK 6/4/10

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.16258

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

-836.64

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

-488.77

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 314

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rio All Suite Hotel

Mailing Address 3700 W Flamingo Road

City Las Vegas State FL Zip Code 89103

Purpose of Disbursement  
Lodging-VOID CHECK 7/23/10

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.16260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-536.00

B.

Full Name (Last, First, Middle Initial)

Major Robinson

Mailing Address 796 Squire Hill Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15284

Date of Disbursement

/   /

Amount of Each Disbursement this Period

142.50

C.

Full Name (Last, First, Middle Initial)

Julia Rosen

Mailing Address 1527 25th Street

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2157.56

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

1764.06

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

# **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 172 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Julia Rosen

Mailing Address 1527 25th Street

City  
Sacramento

State  
CA

Zip Code  
95816

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15056

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

2157.55

B.

Full Name (Last, First, Middle Initial)

Julia Rosen

Mailing Address 1527 25th Street

City  
Sacramento

State  
CA

Zip Code  
95816

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15292

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

2157.56

C.

Full Name (Last, First, Middle Initial)

Jason Rosenbaum

Mailing Address 1718 P Street, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14680

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1842.10

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

6157.21

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jason Rosenbaum

Mailing Address 1718 P Street, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15055

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

1842.09

B.

Full Name (Last, First, Middle Initial)

Jason Rosenbaum

Mailing Address 1718 P Street, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15293

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

1842.10

C.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City  
Crofton

State  
MD

Zip Code  
21114

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15295

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

1601.73

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

5285.92

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

# **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 174 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14613

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

116.83

B.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14724

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14957

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

62.50

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

229.33

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

# **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 175 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15116

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

190.80

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14595

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

117.50

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14703

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

76.90

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

385.20

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

# **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 176 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14971

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

115.00

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15111

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

237.35

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15219

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

167.57

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

519.92

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



# **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 177 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15320

Date of Disbursement

/   /

Amount of Each Disbursement this Period

235.00

B.

Full Name (Last, First, Middle Initial)

Chris Snook

Mailing Address 110 Pear Street

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4800.00

C.

Full Name (Last, First, Middle Initial)

Chris Snook

Mailing Address 110 Pear Street

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15257

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

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

5335.00

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

# **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 178 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14682

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1359.79

B.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14683

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

212.00

C.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phone Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14899

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

224.00

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

1795.79

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

# **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 179 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B.14899.0 <b>Date of Disbursement</b>																				
Mailing Address PO Box 15023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
City Worcester State MA Zip Code 01615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phones	<table border="1"> <tr> <td colspan="10">224.00</td> </tr> </table>	224.00																			
224.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Snook	<b>Transaction ID:</b> SB21B.15054 <b>Date of Disbursement</b>																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	1	0												
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1359.79</td> </tr> </table>	1359.79																			
1359.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Snook	<b>Transaction ID:</b> SB21B.15296 <b>Date of Disbursement</b>																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1359.79</td> </tr> </table>	1359.79																			
1359.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

2719.58

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

# **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 180 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Snook	<b>Transaction ID:</b> SB21B.15297 <b>Date of Disbursement</b>																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td colspan="10">212.00</td> </tr> </table>	212.00																			
212.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B.14570 <b>Date of Disbursement</b>																				
Mailing Address 243 Ridge McIntyre Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Equipment	<table border="1"> <tr> <td colspan="10">4.19</td> </tr> </table>	4.19																			
4.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B.14660 <b>Date of Disbursement</b>																				
Mailing Address 243 Ridge McIntyre Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Equipment	<table border="1"> <tr> <td colspan="10">3.45</td> </tr> </table>	3.45																			
3.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

219.64

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

# **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 181 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14684

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

2464.22

B.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14685

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15053

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

2464.23

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

5429.45

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

# **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 182 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Taylor	<b>Transaction ID:</b> SB21B.15099 <b>Date of Disbursement</b>																				
Mailing Address 1707 Columbia Road, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phone Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">309.56</td> </tr> </table>	309.56																			
309.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	<b>Transaction ID:</b> SB21B.15099.0 <b>Date of Disbursement</b>																				
Mailing Address Glenridge Highlands Two	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Atlanta State GA Zip Code 30342	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phones Candidate Name	<table border="1"> <tr> <td colspan="10">309.56</td> </tr> </table>	309.56																			
309.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie Taylor	<b>Transaction ID:</b> SB21B.15298 <b>Date of Disbursement</b>																				
Mailing Address 1707 Columbia Road, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">2464.22</td> </tr> </table>	2464.22																			
2464.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

2773.78

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

# **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 183 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Taylor	<b>Transaction ID:</b> SB21B.15299 <b>Date of Disbursement</b>																				
Mailing Address 1707 Columbia Road, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td colspan="10">501.00</td> </tr> </table>	501.00																			
501.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Yolanda Terrell	<b>Transaction ID:</b> SB21B.14586 <b>Date of Disbursement</b>																				
Mailing Address 829 Mallside Forest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td colspan="10">117.50</td> </tr> </table>	117.50																			
117.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Yolanda Terrell	<b>Transaction ID:</b> SB21B.14696 <b>Date of Disbursement</b>																				
Mailing Address 829 Mallside Forest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td colspan="10">80.90</td> </tr> </table>	80.90																			
80.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**699.40**

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

# **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 184 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Yolanda Terrell	<b>Transaction ID:</b> SB21B.14944 <b>Date of Disbursement</b>																				
Mailing Address 829 Mallside Forest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">32.50</td> </tr> </table>	32.50																			
32.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Yolanda Terrell	<b>Transaction ID:</b> SB21B.15105 <b>Date of Disbursement</b>																				
Mailing Address 829 Mallside Forest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">244.85</td> </tr> </table>	244.85																			
244.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Yolanda Terrell	<b>Transaction ID:</b> SB21B.15220 <b>Date of Disbursement</b>																				
Mailing Address 829 Mallside Forest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">189.23</td> </tr> </table>	189.23																			
189.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**466.58**

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



# **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 185 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15325

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

332.50

B.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14607

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

116.00

C.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14717

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

52.35

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

500.85

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

# **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 186 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Gay Lynn Tonelli	<b>Transaction ID:</b> SB21B.15026 <b>Date of Disbursement</b>																				
Mailing Address 1354 Villa Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">157.50</td> </tr> </table>	157.50																			
157.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Gay Lynn Tonelli	<b>Transaction ID:</b> SB21B.15125 <b>Date of Disbursement</b>																				
Mailing Address 1354 Villa Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">228.75</td> </tr> </table>	228.75																			
228.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Gay Lynn Tonelli	<b>Transaction ID:</b> SB21B.15221 <b>Date of Disbursement</b>																				
Mailing Address 1354 Villa Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking Candidate Name	<table border="1"> <tr> <td colspan="10">191.73</td> </tr> </table>	191.73																			
191.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

577.98

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

# **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 187 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Tim Turner

Mailing Address 2527 Hydraulic Road

City  
Charlottesville

State  
VA

Zip Code  
22901

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15235

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

VoIP Innovations

Mailing Address 8 Penn Center West  
Suite 101

City  
Pittsburgh

State  
PA

Zip Code  
15276

Purpose of Disbursement  
Phones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.16265

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

550.63

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City  
Somerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14839

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

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

1600.63

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

# **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 188 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14843

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

140.25

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14859

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

556.65

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14860

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

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

1696.90

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Phone Calls</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14864</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Phone Calls</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14865</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Phone Calls</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14866</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

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

**1150.00**

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14867

Date of Disbursement

10 / 24 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14869

Date of Disbursement

10 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14870

Date of Disbursement

10 / 24 / 2010

Amount of Each Disbursement this Period

250.00

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

1750.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14877

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14878

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14882

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

250.00

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

1700.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14885

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14894

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14895

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

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

4000.00

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



# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement Phone Calls</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15044</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>28</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement Phone Calls</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15045</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>28</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>900.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement Phone Calls</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15051</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>29</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>480.00</div> </p>

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

**2380.00**

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15062

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15063

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15067

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

1800.00

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

2600.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15068

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15069

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15070

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

1800.00

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

2660.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15071

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15078

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15079

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

900.00

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

3600.00

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

# **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 197 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement Phone Calls</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15080</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>01</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>900.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement Phone Calls</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15195</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>02</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement Phone Calls</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15196</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>02</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>500.00</div> </p>

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

**2400.00**

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15197

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15198

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.15199

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

135.00

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

885.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15200

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15201

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.16257

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

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

1650.00

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Phone Calls - VOID CHEC 10/28/10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.16261</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>22</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>-1000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Wall</p> <p>Mailing Address 154 Franklin Street</p> <p>City Allston State MA Zip Code 02134</p> <p>Purpose of Disbursement Strategic Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14824</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>17</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1133.32</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Wall</p> <p>Mailing Address 154 Franklin Street</p> <p>City Allston State MA Zip Code 02134</p> <p>Purpose of Disbursement Strategic Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.15076</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>01</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div> </p>

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

1133.32

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



# **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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Matthew Wall

Mailing Address 154 Franklin Street

City  
Allston

State  
MA

Zip Code  
02134

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15309

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City  
Troy

State  
VA

Zip Code  
22974

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14784

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

66.43

C.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City  
Troy

State  
VA

Zip Code  
22974

Purpose of Disbursement  
Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15012

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

152.83

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

1219.26

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

# **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 202 / 314

<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15156

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

212.50

B.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement

Phonebanking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15225

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

181.73

C.

Full Name (Last, First, Middle Initial)

We Also Walk Dogs

Mailing Address 2003 Springside Drive

City Naperville State IL Zip Code 60565

Purpose of Disbursement

Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15077

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

3200.00

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

3594.23

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

# **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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Cedar Wolf

Mailing Address PO Box 2194

City

Crested Butte

State

CO

Zip Code

81224

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB21B.14823

Date of Disbursement

10 / 17 / 2010

Amount of Each Disbursement this Period

518.75

**B.**

Full Name (Last, First, Middle Initial)

Cedar Wolf

Mailing Address PO Box 2194

City

Crested Butte

State

CO

Zip Code

81224

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB21B.15098

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

503.12

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

1021.87

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

165857.86

# **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 204 / 314

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Eric Allen

Mailing Address 2480 Ponderosa Trail

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14587

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

21.25

B.

Full Name (Last, First, Middle Initial)

Sadina D. Arnette

Mailing Address 805 Ablemarle Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14648

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

19.60

C.

Full Name (Last, First, Middle Initial)

Sadina D. Arnette

Mailing Address 805 Ablemarle Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14650

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

60.00

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

100.85

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

# **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 205 / 314

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sadina D. Arnette

Mailing Address 805 Ablemarle Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14651

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Sadina D. Arnette

Mailing Address 805 Ablemarle Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14766

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Derrek Carter

Mailing Address 338 Hager Lane

City Roseland State VA Zip Code 22967

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14639

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

19.60

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

104.60

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Derrek Carter

Mailing Address 338 Hager Lane

City Roseland State VA Zip Code 22967

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14641

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Derrek Carter

Mailing Address 338 Hager Lane

City Roseland State VA Zip Code 22967

Purpose of Disbursement  
Phonebanking

Candidate Name  
JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14670

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

38.30

C.

Full Name (Last, First, Middle Initial)

Derrek Carter

Mailing Address 338 Hager Lane

City Roseland State VA Zip Code 22967

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14753

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5.37

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

88.67

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

# **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 207 / 314

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Derrek Carter	<b>Transaction ID:</b> SB23.14754 <b>Date of Disbursement</b>
Mailing Address 338 Hager Lane	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Roseland State VA Zip Code 22967	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>16.07</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Derrek Carter	<b>Transaction ID:</b> SB23.14755 <b>Date of Disbursement</b>
Mailing Address 338 Hager Lane	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Roseland State VA Zip Code 22967	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>5.34</div>
Candidate Name CAROL SHEA-PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Derrek Carter	<b>Transaction ID:</b> SB23.14756 <b>Date of Disbursement</b>
Mailing Address 338 Hager Lane	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Roseland State VA Zip Code 22967	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>8.04</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**29.45**

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14634 <b>Date of Disbursement</b>
Mailing Address 1494 Minor Ridge Court	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>19.60</div>
Candidate Name THOMAS STUART PRICE PERRIELLO	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14636 <b>Date of Disbursement</b>
Mailing Address 1494 Minor Ridge Court	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>60.00</div>
Candidate Name ALAN MARK GRAYSON	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14637 <b>Date of Disbursement</b>
Mailing Address 1494 Minor Ridge Court	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>30.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

109.60

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 / 314

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14669 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td>38.30</td> </tr> </table>	38.30																			
38.30																					
Candidate Name JOHN WILLIAM (JACK) CONWAY	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14746 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td>8.59</td> </tr> </table>	8.59																			
8.59																					
Candidate Name ANN MCLANE KUSTER	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14747 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
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1	0		1	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td>25.71</td> </tr> </table>	25.71																			
25.71																					
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

72.60

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14748 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>8.55</td> </tr> </table>																				8.55
									8.55												
Candidate Name CAROL SHEA-PORTER	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14749 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>12.86</td> </tr> </table>																				12.86
									12.86												
Candidate Name PAUL W HODES	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14751 <b>Date of Disbursement</b>																				
Mailing Address 1494 Minor Ridge Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phonebanking	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>55.00</td> </tr> </table>																				55.00
									55.00												
Candidate Name ELAINE FOLK MARSHALL	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

76.41

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dennis J. Choice

Mailing Address 1494 Minor Ridge Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.14945

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.88

B.

Full Name (Last, First, Middle Initial)

Dennis J. Choice

Mailing Address 1494 Minor Ridge Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.14946

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.50

C.

Full Name (Last, First, Middle Initial)

Dennis J. Choice

Mailing Address 1494 Minor Ridge Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.14947

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.88

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

11.26

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

# **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 212 / 314

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14948 <b>Date of Disbursement</b>
Mailing Address 1494 Minor Ridge Court	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>3.75</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14949 <b>Date of Disbursement</b>
Mailing Address 1494 Minor Ridge Court	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>32.50</div>
Candidate Name BETH KROM	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J. Choice	<b>Transaction ID:</b> SB23.14950 <b>Date of Disbursement</b>
Mailing Address 1494 Minor Ridge Court	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>60.00</div>
Candidate Name EDWARD III POTOSNAK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

96.25

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

# **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 213 / 314

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dennis J. Choice

Mailing Address 1494 Minor Ridge Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15143

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

B.

Full Name (Last, First, Middle Initial)

Christian's Pizza

Mailing Address 118 W. Main Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
In-Kind Food

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.00

C.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14785

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

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

108.50

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14787

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.59

B.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14788

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

25.71

C.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14789

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.55

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

42.85

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14790

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

12.86

B.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14792

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14972

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

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

68.17

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14973

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

21.25

B.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14974

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

C.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14975

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

10.63

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

37.19

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.14976

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.50

B.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15157

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.50

C.

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15158

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

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

40.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City  
CharlottesvilleState  
VAZip Code  
22902Purpose of Disbursement  
PhonebankingCandidate Name  
PAUL W HODESCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15159

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

**B.**

Full Name (Last, First, Middle Initial)

Jvonna Clore

Mailing Address 422 Garrett Street

City  
CharlottesvilleState  
VAZip Code  
22902Purpose of Disbursement  
PhonebankingCandidate Name  
MARY JO KILROYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15160

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

27.50

**C.**

Full Name (Last, First, Middle Initial)

DEMOCRACY FOR AMERICA

Mailing Address PO Box 8313  
SUITE 300City  
BurlingtonState  
VTZip Code  
05402Purpose of Disbursement  
In-Kind - Phone CallsCandidate Name  
JOHN WILLIAM (JACK) CONWAYCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14662

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

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

1030.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
DEMOCRACY FOR AMERICAMailing Address PO Box 8313  
SUITE 300

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
In-Kind - Phone CallsCandidate Name  
EDWARD III POTOSNAKCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.14862

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Amount of Each Disbursement this Period

80.00

**B.**Full Name (Last, First, Middle Initial)  
Ashley N. Dorman

Mailing Address 426 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14931

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

5.31

**C.**Full Name (Last, First, Middle Initial)  
Ashley N. Dorman

Mailing Address 426 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14933

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

21.25

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

106.56

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ashley N. Dorman

Mailing Address 426 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Ashley N. Dorman

Mailing Address 426 Garrett Street

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14937

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.63

C.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Mailing Address 1125 James Madison Hwy

City Gordonsville State VA Zip Code 22942

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14643

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.40

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

31.34

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB23.14645 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>45.00</div>
Candidate Name ALAN MARK GRAYSON	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB23.14646 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>30.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB23.14759 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>8.59</div>
Candidate Name ANN MCLANE KUSTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**83.59**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stacey M. Evans

**Transaction ID:** SB23.14760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

25.71
-------

City	State	Zip Code
Gordonsville	VA	22942

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Stacey M. Evans

**Transaction ID:** SB23.14761

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

8.55
------

City	State	Zip Code
Gordonsville	VA	22942

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
CAROL SHEA-PORTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

**C.**

Full Name (Last, First, Middle Initial)

Stacey M. Evans

**Transaction ID:** SB23.14762

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

12.86
-------

City	State	Zip Code
Gordonsville	VA	22942

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
PAUL W HODESOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

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

47.12

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB23.14764 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>55.00</div>
Candidate Name ELAINE FOLK MARSHALL	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB23.14997 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>5.31</div>
Candidate Name ANN MCLANE KUSTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Stacey M. Evans	<b>Transaction ID:</b> SB23.14998 <b>Date of Disbursement</b>
Mailing Address 1125 James Madison Hwy	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City State Zip Code Gordonsville VA 22942	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>21.25</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**81.56**

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Transaction ID: SB23.15000

Date of Disbursement

/   /

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

City State Zip Code  
Gordonsville VA 22942

Purpose of Disbursement  
Phonebanking

Category/  
Type

Candidate Name  
CAROL SHEA-PORTER

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

B.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Transaction ID: SB23.15001

Date of Disbursement

/   /

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

City State Zip Code  
Gordonsville VA 22942

Purpose of Disbursement  
Phonebanking

Category/  
Type

Candidate Name  
PAUL W HODES

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

C.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Transaction ID: SB23.15003

Date of Disbursement

/   /

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

City State Zip Code  
Gordonsville VA 22942

Purpose of Disbursement  
Phonebanking

Category/  
Type

Candidate Name  
BETH KROM

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stacey M. Evans

**Transaction ID:** SB23.15004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

60.00
-------

City	State	Zip Code
Gordonsville	VA	22942

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
EDWARD III POTOSNAKOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

**B.**

Full Name (Last, First, Middle Initial)

Stacey M. Evans

**Transaction ID:** SB23.15145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

2.50
------

City	State	Zip Code
Gordonsville	VA	22942

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

**C.**

Full Name (Last, First, Middle Initial)

Stacey M. Evans

**Transaction ID:** SB23.15146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 1125 James Madison Hwy

Amount of Each Disbursement this Period

5.00
------

City	State	Zip Code
Gordonsville	VA	22942

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

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

67.50

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Mailing Address 1125 James Madison Hwy

City State Zip Code  
 Gordonsville VA 22942

Purpose of Disbursement  
 Phonebanking

Candidate Name  
 PAUL W HODES

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15147

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.50

B.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Mailing Address 1125 James Madison Hwy

City State Zip Code  
 Gordonsville VA 22942

Purpose of Disbursement  
 Phonebanking

Candidate Name  
 ALAN MARK GRAYSON

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.15148

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Stacey M. Evans

Mailing Address 1125 James Madison Hwy

City State Zip Code  
 Gordonsville VA 22942

Purpose of Disbursement  
 Phonebanking

Candidate Name  
 MARY JO KILROY

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

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

55.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
In-Kind - Web Advertising

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

237.81

B.

Full Name (Last, First, Middle Initial)

HEDRICK FOR CONGRESS

Mailing Address P.O. Box 2855

City  
Corona

State  
CA

Zip Code  
92878

Purpose of Disbursement  
Contribution

Candidate Name  
WILLIAM EUGENE HEDRICK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 44

Transaction ID: SB23.14898

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2691.25

C.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.59

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

2937.65

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14796

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

25.71

B.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14797

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.55

C.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14798

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

12.86

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

47.12

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14800

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14990

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

C.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14991

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

21.25

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

76.56

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14992

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14993

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

10.63

C.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.14994

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

32.50

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

48.44

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jacqueline Jackson

Mailing Address 505 Harris Road

City State Zip Code  
 Charlottesville VA 22903

Purpose of Disbursement  
 Phonebanking

Candidate Name  
 EDWARD III POTOSNAK

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.14995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City State Zip Code  
 Charlottesville VA 22903

Purpose of Disbursement  
 Phonebanking

Candidate Name  
 ALAN MARK GRAYSON

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14653

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City State Zip Code  
 Charlottesville VA 22903

Purpose of Disbursement  
 Phonebanking

Candidate Name  
 MARY JO KILROY

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14655

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

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

150.00

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Shamika Jackson	<b>Transaction ID:</b> SB23.14768 <b>Date of Disbursement</b>
Mailing Address 758 Orangedale Avenue	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>8.59</div>
Candidate Name ANN MCLANE KUSTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shamika Jackson	<b>Transaction ID:</b> SB23.14769 <b>Date of Disbursement</b>
Mailing Address 758 Orangedale Avenue	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>25.71</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Shamika Jackson	<b>Transaction ID:</b> SB23.14770 <b>Date of Disbursement</b>
Mailing Address 758 Orangedale Avenue	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>8.55</div>
Candidate Name CAROL SHEA-PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**42.85**

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14771

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

12.86

B.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14773

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14984

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

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

73.17

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Shamika Jackson	<b>Transaction ID:</b> SB23.14985 <b>Date of Disbursement</b>
Mailing Address 758 Orangedale Avenue	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>21.25</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shamika Jackson	<b>Transaction ID:</b> SB23.14986 <b>Date of Disbursement</b>
Mailing Address 758 Orangedale Avenue	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>5.31</div>
Candidate Name CAROL SHEA-PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Shamika Jackson	<b>Transaction ID:</b> SB23.14987 <b>Date of Disbursement</b>
Mailing Address 758 Orangedale Avenue	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>10.63</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**37.19**

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shamika Jackson

Mailing Address 758 Orangedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.14988

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

32.50

B.

Full Name (Last, First, Middle Initial)

Tonelle Jackson

Mailing Address 4778 Shores Road

City Palmyra State VA Zip Code 22963

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14810

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

7.16

C.

Full Name (Last, First, Middle Initial)

Tonelle Jackson

Mailing Address 4778 Shores Road

City Palmyra State VA Zip Code 22963

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14812

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

21.42

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

61.08

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Tonelle Jackson Mailing Address 4778 Shores Road	<b>Transaction ID:</b> SB23.14813 <b>Date of Disbursement</b> <div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Palmyra State VA Zip Code 22963 Purpose of Disbursement Phonebanking Candidate Name CAROL SHEA-PORTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01	<b>Amount of Each Disbursement this Period</b> <div>7.12</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Tonelle Jackson Mailing Address 4778 Shores Road City Palmyra State VA Zip Code 22963 Purpose of Disbursement Phonebanking Candidate Name PAUL W HODES Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00	<b>Transaction ID:</b> SB23.14814 <b>Date of Disbursement</b> <div> <div>10</div> <div>15</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.72</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Tonelle Jackson Mailing Address 4778 Shores Road City Palmyra State VA Zip Code 22963 Purpose of Disbursement Phonebanking Candidate Name EDWARD III POTOSNAK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 07	<b>Transaction ID:</b> SB23.15035 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>60.00</div>

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

77.84

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14802

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.59

B.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14804

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

25.71

C.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14805

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.55

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

42.85

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dorenda Johnson	<b>Transaction ID:</b> SB23.14806 <b>Date of Disbursement</b>
Mailing Address 723 Oragedale Avenue	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>12.86</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dorenda Johnson	<b>Transaction ID:</b> SB23.14808 <b>Date of Disbursement</b>
Mailing Address 723 Oragedale Avenue	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>55.00</div>
Candidate Name ELAINE FOLK MARSHALL	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dorenda Johnson	<b>Transaction ID:</b> SB23.14958 <b>Date of Disbursement</b>
Mailing Address 723 Oragedale Avenue	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>5.31</div>
Candidate Name ANN MCLANE KUSTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

73.17

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14959

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

21.25

B.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14960

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

C.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Mailing Address 723 Oragedale Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14961

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

10.63

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

37.19

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Transaction ID: SB23.14962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 723 Oragedale Avenue

Amount of Each Disbursement this Period

60.00
-------

City	State	Zip Code
Charlottesville	VA	22903

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
EDWARD III POTOSNAKOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

B.

Full Name (Last, First, Middle Initial)

Dorenda Johnson

Transaction ID: SB23.15163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 723 Oragedale Avenue

Amount of Each Disbursement this Period

2.50
------

City	State	Zip Code
Charlottesville	VA	22903

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
MARY JO KILROYOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

C.

Full Name (Last, First, Middle Initial)

Juanita Key

Transaction ID: SB23.14625

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Mailing Address 2510 Woodland Drive

Amount of Each Disbursement this Period

19.60
-------

City	State	Zip Code
Charlottesville	VA	22903

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
THOMAS STUART PRICE PERRIELLOOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

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

82.10

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14627

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14667

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

38.30

C.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14739

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.59

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

76.89

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Juanita Key	<b>Transaction ID:</b> SB23.14740 <b>Date of Disbursement</b>
Mailing Address 2510 Woodland Drive	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>25.71</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Juanita Key	<b>Transaction ID:</b> SB23.14741 <b>Date of Disbursement</b>
Mailing Address 2510 Woodland Drive	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>8.55</div>
Candidate Name CAROL SHEA-PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Juanita Key	<b>Transaction ID:</b> SB23.14742 <b>Date of Disbursement</b>
Mailing Address 2510 Woodland Drive	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>12.86</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

47.12

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14744

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14978

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

C.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14979

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

21.25

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

81.56

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14980

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14981

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

10.63

C.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.14982

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

32.50

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

48.44

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15138

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

B.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15139

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
PAUL W HODESCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15140

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

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

10.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Juanita Key

Mailing Address 2510 Woodland Drive

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
MARY JO KILROYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

27.50

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Kirkland

Mailing Address 813 King Street

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15168

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Kirkland

Mailing Address 813 King Street

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15169

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

5.00

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

35.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jennifer Kirkland

Mailing Address 813 King Street

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15170

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

2.50

B.

Full Name (Last, First, Middle Initial)

Andrew Kling

Mailing Address 800 E. Illinois Street

City Kirksville State MO Zip Code 63501

Purpose of Disbursement  
In-Kind Payroll

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14675

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

78.03

C.

Full Name (Last, First, Middle Initial)

Andrew Kling

Mailing Address 800 E. Illinois Street

City Kirksville State MO Zip Code 63501

Purpose of Disbursement  
In-Kind Payroll

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14841

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

312.12

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

392.65

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew Kling	<b>Transaction ID:</b> SB23.15058 <b>Date of Disbursement</b>
Mailing Address 800 E. Illinois Street	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Kirksville State MO Zip Code 63501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind Payroll	<div>1755.71</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Kling	<b>Transaction ID:</b> SB23.15057 <b>Date of Disbursement</b>
Mailing Address 800 E. Illinois Street	<div> <div>10</div> <div>29</div> <div>2010</div> </div>
City Kirksville State MO Zip Code 63501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind Payroll	<div>234.09</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ANN MCLANE KUSTER	<b>Transaction ID:</b> SB23.15059 <b>Date of Disbursement</b>
Mailing Address 331 GOULD HILL ROAD	<div> <div>10</div> <div>29</div> <div>2010</div> </div>
City HOPKINTON State NH Zip Code 03229	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind Payroll	<div>956.65</div>
Candidate Name ANN MCLANE KUSTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2946.45

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Angela D. Legg

Mailing Address 755 Prospect Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
THOMAS STUART PRICE PERRIELLOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14629

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

19.60

**B.**

Full Name (Last, First, Middle Initial)

Angela D. Legg

Mailing Address 755 Prospect Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
MARY JO KILROYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14632

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

21.25

**C.**

Full Name (Last, First, Middle Initial)

Angela D. Legg

Mailing Address 755 Prospect Avenue

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
PhonebankingCandidate Name  
JOHN WILLIAM (JACK) CONWAYCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14668

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

38.30

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

79.15

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Angela D. Legg

Mailing Address 755 Prospect Avenue

City State Zip Code  
Charlottesville VA 22903Purpose of Disbursement  
PhonebankingCandidate Name  
ELAINE FOLK MARSHALLCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City State Zip Code  
Charlottesville VA 22901Purpose of Disbursement  
PhonebankingCandidate Name  
THOMAS STUART PRICE PERRIELLOCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14614

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

21.25

**C.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City State Zip Code  
Charlottesville VA 22901Purpose of Disbursement  
PhonebankingCandidate Name  
ALAN MARK GRAYSONCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

60.00

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

136.25

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14617

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14666

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

38.30

C.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14725

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.59

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

76.89

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Betty Page	<b>Transaction ID:</b> SB23.14726 <b>Date of Disbursement</b>
Mailing Address 1646 Cool Spring Road	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>25.71</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Betty Page	<b>Transaction ID:</b> SB23.14727 <b>Date of Disbursement</b>
Mailing Address 1646 Cool Spring Road	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>8.55</div>
Candidate Name CAROL SHEA-PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Betty Page	<b>Transaction ID:</b> SB23.14728 <b>Date of Disbursement</b>
Mailing Address 1646 Cool Spring Road	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking	<div>12.86</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

47.12

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14730

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15013

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

C.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15014

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

21.25

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

81.56

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.15015

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15016

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

10.63

C.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.15017

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

32.50

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

48.44

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
PhonebankingCandidate Name  
EDWARD III POTOSNAKCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.15018

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15132

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

2.50

**C.**

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15133

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

5.00

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

67.50

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15134

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.50

B.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.15135

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

C.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

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

57.50

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City  
Dillwyn

State  
VA

Zip Code  
23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14596

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

82.50

B.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City  
Dillwyn

State  
VA

Zip Code  
23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14598

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

21.25

C.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City  
Dillwyn

State  
VA

Zip Code  
23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14599

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

60.00

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

163.75

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City Dillwyn State VA Zip Code 23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14600

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City Dillwyn State VA Zip Code 23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14704

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.59

C.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City Dillwyn State VA Zip Code 23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14705

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

25.71

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

64.30

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City  
Dillwyn

State  
VA

Zip Code  
23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14706

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.55

B.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City  
Dillwyn

State  
VA

Zip Code  
23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14707

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

12.86

C.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City  
Dillwyn

State  
VA

Zip Code  
23936

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14709

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

55.00

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

76.41

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB23.14621 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>82.50</div>
Candidate Name JOHN WILLIAM (JACK) CONWAY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB23.14622 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>19.60</div>
Candidate Name THOMAS STUART PRICE PERRIELLO	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB23.14623 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>30.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**132.10**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.14732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

8.59									
------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

B.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.14733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

25.71									
-------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.14734

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

8.55									
------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
CAROL SHEA-PORTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

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

42.85

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.14735

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

12.86
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
PAUL W HODES

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NH District: 00

B.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.14737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

55.00
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ELAINE FOLK MARSHALL

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NC District: 00

C.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.15027

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

5.31
------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTER

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NH District: 02

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

73.17

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB23.15029 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>21.25</div>
Candidate Name NEW HAMPSHIRE DEMOCRATIC PARTY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB23.15030 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>5.31</div>
Candidate Name CAROL SHEA-PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB23.15031 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>10.63</div>
Candidate Name PAUL W HODES	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**37.19**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 264 / 314

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.15032

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

32.50
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
BETH KROMOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

B.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.15033

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

60.00
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
EDWARD III POTOSNAKOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

C.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Transaction ID: SB23.15126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

2.50
------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

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

95.00

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



# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15128

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.50

C.

Full Name (Last, First, Middle Initial)

Christopher David Rigby

Mailing Address 4715 Richmnd Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.15129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

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

35.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Christopher David Rigby

**Transaction ID:** SB23.15130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Mailing Address 4715 Richmnd Road

Amount of Each Disbursement this Period

27.50
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
MARY JO KILROYOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

**B.**

Full Name (Last, First, Middle Initial)

Major Robinson

**Transaction ID:** SB23.15189

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Mailing Address 796 Squire Hill Court

Amount of Each Disbursement this Period

2.50
------

City	State	Zip Code
Charlottesville	VA	22901

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

**C.**

Full Name (Last, First, Middle Initial)

Major Robinson

**Transaction ID:** SB23.15190

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Mailing Address 796 Squire Hill Court

Amount of Each Disbursement this Period

5.00
------

City	State	Zip Code
Charlottesville	VA	22901

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

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

35.00

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Major Robinson	<b>Transaction ID:</b> SB23.15191 <b>Date of Disbursement</b>
Mailing Address 796 Squire Hill Court	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Charlottesville State VA Zip Code 22901	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>2.50</div>
Candidate Name PAUL W HODES	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Major Robinson	<b>Transaction ID:</b> SB23.15192 <b>Date of Disbursement</b>
Mailing Address 796 Squire Hill Court	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Charlottesville State VA Zip Code 22901	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>27.50</div>
Candidate Name MARY JO KILROY	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Greg Ross	<b>Transaction ID:</b> SB23.14681 <b>Date of Disbursement</b>
Mailing Address 1110Soho Court	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>5</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Crofton State MD Zip Code 21114	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind Payroll	<div>2691.25</div>
Candidate Name WILLIAM EUGENE HEDRICK	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2721.25

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14608

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

82.50

B.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14610

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

21.25

C.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14611

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

60.00

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

163.75

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

# **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 269 / 314

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14612

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14718

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

8.59

C.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14719

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

25.71

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

64.30

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14720

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.55

B.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14721

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.86

C.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14723

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.00

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

76.41

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.25

C.

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.31

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

31.87

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Grant Rosson

**Transaction ID:** SB23.14955

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 432 Third Street NE

Amount of Each Disbursement this Period

10.63									
-------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Charlottesville	VA	22902

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
PAUL W HODESOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

**B.**

Full Name (Last, First, Middle Initial)

Grant Rosson

**Transaction ID:** SB23.14956

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 432 Third Street NE

Amount of Each Disbursement this Period

60.00									
-------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Charlottesville	VA	22902

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
EDWARD III POTOSNAKOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

**C.**

Full Name (Last, First, Middle Initial)

Grant Rosson

**Transaction ID:** SB23.15112

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 432 Third Street NE

Amount of Each Disbursement this Period

2.50									
------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Charlottesville	VA	22902

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

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

73.13

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.15113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Grant Rosson

Mailing Address 432 Third Street NE

City State Zip Code  
Charlottesville VA 22902Purpose of Disbursement  
PhonebankingCandidate Name  
PAUL W HODESCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15114

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

**C.**

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City State Zip Code  
Charlottesville VA 22902Purpose of Disbursement  
PhonebankingCandidate Name  
JOHN WILLIAM (JACK) CONWAYCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14590

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

82.50

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

90.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14592

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.25

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14593

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

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

111.25

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14697

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.59

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14698

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.71

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14699

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.55

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

42.85

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14700

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.86

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14965

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.25

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

69.11

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.14966

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
PhonebankingCandidate Name  
CAROL SHEA-PORTERCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14967

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

1.25

**C.**

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
PhonebankingCandidate Name  
PAUL W HODESCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14968

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

2.50

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

8.75

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

# **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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.14969

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

32.50

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
EDWARD III POTOSNAK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.14970

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

37.50

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City  
Charlottesville

State  
VA

Zip Code  
22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15106

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

2.50

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

72.50

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15107

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15109

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

2.50

C.

Full Name (Last, First, Middle Initial)

Mary Eileen Rowan

Mailing Address 250 Blackthorn Lane

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15110

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

27.50

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

35.00

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

In-Kind - Food

Candidate Name

JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14829

Date of Disbursement

10 / 17 / 2010

Amount of Each Disbursement this Period

58.00

B.

Full Name (Last, First, Middle Initial)

Teleroots Technologies, Inc.

Mailing Address 333 Washington Avenue N.

City Minneapolis State MN Zip Code 55401

Purpose of Disbursement

In-Kind Phone Calls

Candidate Name

WILLIAM EUGENE HEDRICK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 44

Transaction ID: SB23.14563

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2308.75

C.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement

Phonebanking

Candidate Name

JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14581

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

82.50

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

2449.25

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14583

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

21.25

B.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14584

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14585

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

30.00

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

111.25

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Yolanda Terrell

**Transaction ID:** SB23.14686

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 829 Mallside Forest Court

Amount of Each Disbursement this Period

7	1	6
---	---	---

City	State	Zip Code
Charlottesville	VA	22901

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

**B.**

Full Name (Last, First, Middle Initial)

Yolanda Terrell

**Transaction ID:** SB23.14688

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 829 Mallside Forest Court

Amount of Each Disbursement this Period

2	1	4	2
---	---	---	---

City	State	Zip Code
Charlottesville	VA	22901

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Yolanda Terrell

**Transaction ID:** SB23.14690

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 829 Mallside Forest Court

Amount of Each Disbursement this Period

7	1	2
---	---	---

City	State	Zip Code
Charlottesville	VA	22901

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
CAROL SHEA-PORTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

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

35.70

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14692

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

10.72

B.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14695

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14938

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1.25

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

66.97

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14939

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14940

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1.25

C.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14941

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2.50

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

8.75

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
PhonebankingCandidate Name  
BETH KROMCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.14942

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

32.50

B.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
PhonebankingCandidate Name  
EDWARD III POTOSNAKCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.14943

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

2.50

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

70.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15102

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15103

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

2.50

C.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
In-Kind - Payroll

Candidate Name  
DEMOCRATIC PARTY OF WISCONSIN

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15332

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

2235.89

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

2243.39

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

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.14602

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

82.50

B.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.14604

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

21.25

C.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.14605

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

60.00

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

163.75

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
CharlottesvilleState  
VAZip Code  
22903Purpose of Disbursement  
PhonebankingCandidate Name  
MARY JO KILROYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
CharlottesvilleState  
VAZip Code  
22903Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.14711

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

6.80

**C.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
CharlottesvilleState  
VAZip Code  
22903Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14712

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

20.35

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

57.15

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



# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14713

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

6.77

B.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14714

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

10.18

C.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14716

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

37.50

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

54.45

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

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15020

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15021

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

21.25

C.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.15022

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.31

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

31.87

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.63

B.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.15024

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.50

C.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
Charlottesville

State  
VA

Zip Code  
22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
EDWARD III POTOSNAK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.15025

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

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

103.13

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
CharlottesvilleState  
VAZip Code  
22903Purpose of Disbursement  
PhonebankingCandidate Name  
ANN MCLANE KUSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15117

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

**B.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
CharlottesvilleState  
VAZip Code  
22903Purpose of Disbursement  
PhonebankingCandidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15119

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City  
CharlottesvilleState  
VAZip Code  
22903Purpose of Disbursement  
PhonebankingCandidate Name  
PAUL W HODESCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15121

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2.50

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

10.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15123

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

B.

Full Name (Last, First, Middle Initial)

Tim Turner

Mailing Address 2527 Hydraulic Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15182

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.50

C.

Full Name (Last, First, Middle Initial)

Tim Turner

Mailing Address 2527 Hydraulic Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15184

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

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

35.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Tim Turner

Mailing Address 2527 Hydraulic Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15186

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.50

B.

Full Name (Last, First, Middle Initial)

Tim Turner

Mailing Address 2527 Hydraulic Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.15187

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.50

C.

Full Name (Last, First, Middle Initial)

U.S. Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
In-Kind - Travel

Candidate Name  
DEMOCRATIC PARTY OF WISCONSIN

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14576

Date of Disbursement

/   /

Amount of Each Disbursement this Period

425.59

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

455.59

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Voter Activation Network	<b>Transaction ID:</b> SB23.14856 <b>Date of Disbursement</b>
Mailing Address 48 Grove Street Suite 202	<div> <div>10</div> <div>21</div> <div>2010</div> </div>
City Somerville State MA Zip Code 02144	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Phone Calls	<div>180.00</div>
Candidate Name BETH KROM	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Voter Activation Network	<b>Transaction ID:</b> SB23.14858 <b>Date of Disbursement</b>
Mailing Address 48 Grove Street Suite 202	<div> <div>10</div> <div>21</div> <div>2010</div> </div>
City Somerville State MA Zip Code 02144	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Phone Calls	<div>263.35</div>
Candidate Name BETH KROM	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Voter Activation Network	<b>Transaction ID:</b> SB23.14875 <b>Date of Disbursement</b>
Mailing Address 48 Grove Street Suite 202	<div> <div>10</div> <div>25</div> <div>2010</div> </div>
City Somerville State MA Zip Code 02144	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Phone Calls	<div>966.45</div>
Candidate Name EDWARD III POTOSNAK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**1409.80**

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
ANN MCLANE KUSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.15046

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15047

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15048

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

30.00

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

120.00

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
ALAN MARK GRAYSON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 08

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.14775

Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.30

B.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
MARY JO KILROY

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.14777

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
ANN MCLANE KUSTER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.14778

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.59

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

86.89

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14779

Date of Disbursement

/    /

Amount of Each Disbursement this Period

25.71

B.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.14780

Date of Disbursement

/    /

Amount of Each Disbursement this Period

8.55

C.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City Troy State VA Zip Code 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.14781

Date of Disbursement

/    /

Amount of Each Disbursement this Period

12.86

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

47.12

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Donnie Washington

**Transaction ID:** SB23.14783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address 1245 Oliver Creek Road

Amount of Each Disbursement this Period

55.00
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ELAINE FOLK MARSHALL

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NC District: 00

**B.**

Full Name (Last, First, Middle Initial)

Donnie Washington

**Transaction ID:** SB23.15006

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 1245 Oliver Creek Road

Amount of Each Disbursement this Period

5.31
------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTER

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NH District: 02

**C.**

Full Name (Last, First, Middle Initial)

Donnie Washington

**Transaction ID:** SB23.15007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 1245 Oliver Creek Road

Amount of Each Disbursement this Period

21.25
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

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

81.56

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City State Zip Code  
Troy VA 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.15008

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.31

B.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City State Zip Code  
Troy VA 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.63

C.

Full Name (Last, First, Middle Initial)

Donnie Washington

Mailing Address 1245 Oliver Creek Road

City State Zip Code  
Troy VA 22974

Purpose of Disbursement  
Phonebanking

Candidate Name  
BETH KROM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.15010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.50

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

48.44

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 301 / 314

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Donnie Washington

**Transaction ID:** SB23.15011

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address 1245 Oliver Creek Road

Amount of Each Disbursement this Period

60.00
-------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
EDWARD III POTOSNAKOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

**B.**

Full Name (Last, First, Middle Initial)

Donnie Washington

**Transaction ID:** SB23.15152

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 1245 Oliver Creek Road

Amount of Each Disbursement this Period

2.50
------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
ANN MCLANE KUSTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

**C.**

Full Name (Last, First, Middle Initial)

Donnie Washington

**Transaction ID:** SB23.15153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Mailing Address 1245 Oliver Creek Road

Amount of Each Disbursement this Period

5.00
------

City	State	Zip Code
Troy	VA	22974

Purpose of Disbursement  
Phonebanking

Category/ Type
-------------------

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTYOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

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

67.50

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Donnie Washington	<b>Transaction ID:</b> SB23.15154 <b>Date of Disbursement</b>
Mailing Address 1245 Oliver Creek Road	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>2.50</div>
Candidate Name PAUL W HODES	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Donnie Washington	<b>Transaction ID:</b> SB23.15155 <b>Date of Disbursement</b>
Mailing Address 1245 Oliver Creek Road	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Troy State VA Zip Code 22974	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>20.00</div>
Candidate Name MARY JO KILROY	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Major Lamont Washington	<b>Transaction ID:</b> SB23.15036 <b>Date of Disbursement</b>
Mailing Address 796 Squire Hill Court	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>8</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Charlottesville State VA Zip Code 22901	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>1.25</div>
Candidate Name ANN MCLANE KUSTER	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**23.75**

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Major Lamont Washington

Mailing Address 796 Squire Hill Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
NEW HAMPSHIRE DEMOCRATIC PARTY

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15038

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Major Lamont Washington

Mailing Address 796 Squire Hill Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
CAROL SHEA-PORTER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.15040

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1.25

C.

Full Name (Last, First, Middle Initial)

Major Lamont Washington

Mailing Address 796 Squire Hill Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.15041

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2.50

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

8.75

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

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Major Lamont Washington	<b>Transaction ID:</b> SB23.15042 <b>Date of Disbursement</b>
Mailing Address 796 Squire Hill Court	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22901	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>20.00</div>
Candidate Name EDWARD III POTOSNAK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Collette Wells	<b>Transaction ID:</b> SB23.14657 <b>Date of Disbursement</b>
Mailing Address 826-F Hardy Drive	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Charlotteville State VA Zip Code 22902	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>19.60</div>
Candidate Name THOMAS STUART PRICE PERRIELLO	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Collette Wells	<b>Transaction ID:</b> SB23.14671 <b>Date of Disbursement</b>
Mailing Address 826-F Hardy Drive	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Charlotteville State VA Zip Code 22902	Amount of Each Disbursement this Period
Purpose of Disbursement Phonebanking	<div>38.30</div>
Candidate Name JOHN WILLIAM (JACK) CONWAY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**77.90**

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cedar Wolf

Mailing Address PO Box 2194

City

Crested Butte

State

CO

Zip Code

81224

Purpose of Disbursement

In-Kind - Strategic Consulting

Candidate Name

JOHN WILLIAM (JACK) CONWAY

Category/  
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: KY

District: 00

Transaction ID: SB23.15097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

50.00

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

50.00

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

22790.14

# **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 306 / 314

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Langan

Mailing Address 58 Holly Oak Drive

City  
Voorhees

State  
NJ

Zip Code  
08043

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.14571

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

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

250.00

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

250.00

# **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)

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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dennis J. Choice

Mailing Address 1494 Minor Ridge Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking - Lynch for Gov. (NH)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.14750

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

4.29

B.

Full Name (Last, First, Middle Initial)

Betty Page

Mailing Address 1646 Cool Spring Road

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking - Lynch for Gov. (NH)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.14729

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

4.29

C.

Full Name (Last, First, Middle Initial)

Holly Ragland-Bickford

Mailing Address 5776 Bell Road

City Dillwyn State VA Zip Code 23936

Purpose of Disbursement  
Phonebanking - Lynch for Gov. (NH)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.14708

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

4.29

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

12.87

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

# **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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher David Rigby	<b>Transaction ID:</b> SB29.14736 <b>Date of Disbursement</b>
Mailing Address 4715 Richmnd Road	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Troy State VA Zip Code 22974	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking - Lynch for Gov. (NH)	<div>4.29</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Grant Rosson	<b>Transaction ID:</b> SB29.14722 <b>Date of Disbursement</b>
Mailing Address 432 Third Street NE	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking - Lynch for Gov. (NH)	<div>4.29</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Eileen Rowan	<b>Transaction ID:</b> SB29.14701 <b>Date of Disbursement</b>
Mailing Address 250 Blackthorn Lane	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phonebanking - Lynch for Gov. (NH)	<div>4.29</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12.87

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

# **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)

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<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 checked="" 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)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Yolanda Terrell

Mailing Address 829 Mallside Forest Court

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Phonebanking - Lynch for Gov. (NH)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.14693

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

3.58

**B.**

Full Name (Last, First, Middle Initial)

Gay Lynn Tonelli

Mailing Address 1354 Villa Way

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Phonebanking - Lynch for Gov. (NH)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.14715

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

3.40

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

6.98

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

32.72

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CONWAY FOR SENATENature of Debt (Purpose):  
Phonebanking

Mailing Address PO BOX 6168

City State ZIP Code  
LOUISVILLE KY 40206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9.16255

Amount Incurred This Period

8511.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

8511.87

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KRYSTAL BALL FOR CONGRESSNature of Debt (Purpose):  
Payroll Expenses

Mailing Address 1703 FRANKLIN STREET

City State ZIP Code  
FREDERICKSBURG VA 22401

Outstanding Balance Beginning This Period

2218.07

Transaction ID: SD9.11513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2218.07

1) **SUBTOTALS** This Period This Page (optional).....

10729.94

2) **TOTALS** This Period (last page this line number only).....

10729.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

10729.94

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 311 / 314

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Adam Green

**Nature of Debt (Purpose):**  
 Food

**Mailing Address** 1630 R Street, NW  
 #703

**City** Washington **State** DC **ZIP Code** 20009

Outstanding Balance Beginning This Period

97.68

Transaction ID: SD10.11923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

97.68

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

97.68

2) **TOTALS** This Period (last page this line number only)..... ▶

97.68

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

97.68

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00458000	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Buying Time LLC		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
Mailing Address 650 Massachusetts Ave., NW		Amount 9995.00	
City State Zip Code Washington DC 20001		Transaction ID: SE.14551	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ROXANNE BARTON CONLIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9995.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Buying Time LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 650 Massachusetts Ave., NW		Amount 2993.00	
City State Zip Code Washington DC 20001		Transaction ID: SE.14561	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ROXANNE BARTON CONLIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16388.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		12988.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
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.			
Adam Green Signature		Date M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0	



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

PAGE 313 / 314

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00458000</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Buying Time LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 650 Massachusetts Ave., NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City State Zip Code Washington DC 20001		<b>Transaction ID:</b> SE.14887 Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure Advertising		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: ROXANNE BARTON CONLIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
21388.00			
Full Name (Last, First, Middle, Initial) of Payee Full Effect Productions		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 21</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 3300 Northbrook Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3100.00</div>	
City State Zip Code Sioux City IA 51105		<b>Transaction ID:</b> SE.14555 Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure Ad Production		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: ROXANNE BARTON CONLIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
13395.00			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8100.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
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.			
Adam Green Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 10</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00458000	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Full Effect Productions		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 3300 Northbrook Drive		Amount 105.00	
City State Zip Code Sioux City IA 51105		Transaction ID: SE.14888	
Purpose of Expenditure Ad Production		Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ROXANNE BARTON CONLIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21493.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Daron Murphy		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 321 President St. #3		Amount 300.00	
City State Zip Code Brookilyn NY 11231		Transaction ID: SE.14553	
Purpose of Expenditure Video Production		Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ROXANNE BARTON CONLIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10295.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		405.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....		21493.00	
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.			
Adam Green Signature		Date MM / DD / YYYY 12 / 10 / 2010	