

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
PROGRESSIVE CHOICES PAC

ADDRESS (number and street) P.O. BOX 58
 Check if different than previously reported. (ACC) EVANSTON IL 60204

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00381806

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 08 / 31 / 2016

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 Karen Lennon

Signature of Treasurer

Karen Lennon

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 09 / 06 / 2016

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)

Page 2

Write or Type Committee Name

PROGRESSIVE CHOICES PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="56224.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="95302.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15500.00"/>	<input type="text" value="95000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="110802.50"/>	<input type="text" value="151224.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40981.31"/>	<input type="text" value="81402.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69821.19"/>	<input type="text" value="69821.19"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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)

Write or Type Committee Name

PROGRESSIVE CHOICES PAC

Report Covering the Period: From: 08 / 01 / 2016 To: 08 / 31 / 2016

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).....	5500.00	53000.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5500.00	53000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	42000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	15500.00	95000.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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))..... ▶	15500.00	95000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15500.00	95000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	981.31	3402.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	981.31	3402.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	76500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	1000.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	40981.31	81402.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40981.31	81402.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	15500.00	95000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15500.00	95000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	981.31	3402.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	981.31	3402.92

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<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 CHOICES PAC

A. Marjorie Benton
Full Name (Last, First, Middle Initial)
Mailing Address 581 Ingleside Pk.
City Evanston State IL Zip Code 60201
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Philanthropist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : SA11AI.4419
Amount of Each Receipt this Period 500.00
 Memo Item

B. Ellen Stone-Belic
Full Name (Last, First, Middle Initial)
Mailing Address 418 W. Webster
City Chicago State IL Zip Code 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Occupation Teacher
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA11AI.4421
Amount of Each Receipt this Period 5000.00
 Memo Item

C.
Full Name (Last, First, Middle Initial)
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

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	5500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE CHOICES PAC

Full Name (Last, First, Middle Initial)
A. AFSCME PEOPLE

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA11C.4422

Amount of Each Receipt this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. AFSCME PEOPLE

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016
Transaction ID : SA11C.4424

Amount of Each Receipt this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Intl. Brotherhood of Electrical Workers PAC

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA11C.4423

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 Akard Street

City Dallas State TX Zip Code 75202

Purpose of Disbursement Telephone and Internet

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2016

Transaction ID : SB21B.4425

Amount of Each Disbursement this Period

44.56

Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Card Services

Mailing Address PO Box 53084

City Atlanta State GA Zip Code 30353

Purpose of Disbursement Itemized Transactions Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2016

Transaction ID : SB21B.4426

Amount of Each Disbursement this Period

936.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address P.O. Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2016

Transaction ID : SB21B.4426.1

Amount of Each Disbursement this Period

195.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

981.31

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. Osteria Morini

Mailing Address 301 Water Street SE #109

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SB21B.4426.3

Amount of Each Disbursement this Period

487.50

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

981.31

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Contribution

Candidate Name

AMERISH BERA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SB23.4438

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANGIE CRAIG FOR CONGRESS

Mailing Address PO BOX 22116

City EAGAN State MN Zip Code 55122

Purpose of Disbursement
Contribution

Candidate Name

ANGELA DAWN CRAIG

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SB23.4447

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement
Contribution

Candidate Name

BRAD ASHFORD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SB23.4437

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. BRYAN CAFORIO FOR CONGRESS

Mailing Address 24307 MAGIC MOUNTAIN PARKWAY
#548

City VALENCIA State CA Zip Code 91355

Purpose of Disbursement
Contribution

Candidate Name
BRYAN CAFORIO

Office Sought: House
 Senate
 President
State: CA District: 25

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4441**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAIN FOR CONGRESS

Mailing Address PO BOX 1523

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Contribution

Candidate Name
EMILY CAIN

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4445**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CARROLL FOR COLORADO

Mailing Address PO BOX 470783

City AURORA State CO Zip Code 80047

Purpose of Disbursement
Contribution

Candidate Name
MORGAN L. CARROLL

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4442**

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PL
#208

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement
Contribution

Candidate Name
COLLEEN DEACON

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4469**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement
Contribution

Candidate Name
DEBBIE WASSERMAN SCHULTZ

Office Sought: House
 Senate
 President
State: FL District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 24 / 2016

Transaction ID : **SB23.4475**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 26 / 2016

Transaction ID : **SB23.4481**

Amount of Each Disbursement this Period

15000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

17000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PETE GALLEGO

Mailing Address 10715 GULFDAL ST STE 235

City State Zip Code
SAN ANTONIO TX 78216

Purpose of Disbursement
Contribution

Candidate Name
PETE GALLEGO

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: TX District: 23

Date of Disbursement

/ /

Transaction ID : **SB23.4450**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LON JOHNSON FOR CONGRESS

Mailing Address PO BOX 2028

City State Zip Code
TRAVERSE CITY MI 49685

Purpose of Disbursement
Contribution

Candidate Name
LONNIE BARTON JOHNSON

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: MI District: 01

Date of Disbursement

/ /

Transaction ID : **SB23.4446**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MONICA VERNON FOR CONGRESS

Mailing Address PO BOX 1635

City State Zip Code
CEDAR RAPIDS IA 52406

Purpose of Disbursement
Contribution

Candidate Name
MONICA W VERNON

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: IA District: 01

Date of Disbursement

/ /

Transaction ID : **SB23.4443**

Amount of Each Disbursement this Period

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. MOWRER FOR IOWA

Mailing Address PO BOX 13470

City DES MOINES State IA Zip Code 50310

Purpose of Disbursement
Contribution

Candidate Name
JIM MOWRER

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4462**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NELSON FOR WISCONSIN

Mailing Address PO BOX 348

City KAUKAUNA State WI Zip Code 54130

Purpose of Disbursement
Contribution

Candidate Name
TOM NELSON

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4452**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE

Mailing Address PO BOX 1041

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement
Contribution

Candidate Name
RICHARD M. NOLAN

Office Sought: House
 Senate
 President
State: MN District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4440**

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. OWENS FOR CONGRESS

Mailing Address PO BOX 2786

City State Zip Code
SALT LAKE CITY UT 84110

Purpose of Disbursement
Contribution

Candidate Name
H DOUGLAS OWENS

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: UT District: 04

Date of Disbursement

/ /

Transaction ID : **SB23.4451**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY
#440-177

City State Zip Code
HENDERSON NV 89074

Purpose of Disbursement
Contribution

Candidate Name
JACKY ROSEN

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement

/ /

Transaction ID : **SB23.4449**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RUBEN KIHUEN FOR CONGRESS

Mailing Address P.O. BOX 458

City State Zip Code
LAS VEGAS NV 89125

Purpose of Disbursement
Contribution

Candidate Name
RUBEN KIHUEN

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NV District: 04

Date of Disbursement

/ /

Transaction ID : **SB23.4459**

Amount of Each Disbursement this Period

Memo Item

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. SANTARSIERO FOR CONGRESS

Mailing Address P.O. BOX 249

City NEWTON State PA Zip Code 18940

Purpose of Disbursement
Contribution

Candidate Name

STEVEN J SANTARSIERO

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4472**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement
Contribution

Candidate Name

BRADLEY SCOTT SCHNEIDER

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4444**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHANIE MURPHY FOR CONGRESS

Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement
Contribution

Candidate Name

STEPHANIE MURPHY

Office Sought: House
 Senate
 President
State: FL District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4456**

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. SUOZZI 2016

Mailing Address 410 JERICHO TURNPIKE SUITE 200

City State Zip Code
JERICHO NY 11753

Purpose of Disbursement
Contribution

Candidate Name
THOMAS SUOZZI

Office Sought: House Senate President
State: NY District: 03
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4468**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI BONOFF FOR CONGRESS

Mailing Address 807 BROADWAY STREET NE
#125

City State Zip Code
MINNEAPOLIS MN 55413

Purpose of Disbursement
Contribution

Candidate Name
TERRI BONOFF

Office Sought: House Senate President
State: MN District: 03
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4448**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM O'HALLERAN FOR CONGRESS

Mailing Address PO BOX 20375

City State Zip Code
SEDONA AZ 86341

Purpose of Disbursement
Contribution

Candidate Name
TOM O'HALLERAN

Office Sought: House Senate President
State: AZ District: 01
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : **SB23.4453**

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. ZEPHYR TEACHOUT FOR CONGRESS

Mailing Address PO BOX 491

City ROSENDALE State NY Zip Code 12472

Purpose of Disbursement
Contribution

Candidate Name
ZEPHYR TEACHOUT

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SB23.4478

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1000.00

39000.00

**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)

<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 CHOICES PAC

Full Name (Last, First, Middle Initial)

A. Hale for Indiana

Mailing Address P.O. Box 441078

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SB29.4435

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

1000.00