

# PC 10 Statement of Independent Expenditures

rev 1/12

→ Please type or print legibly in black or blue ink; list only one entry per line

Name of Individual or Organization making the Independent Expenditure (use full name)

Progressive Kick

Address, Street/Route 1904 Franklin Street, Suite 725	City Oakland	State CA	Zip Code 94612
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Work Phone Number  
(510) 893-9200

Name of Person Responsible for filing PC 10

Joshua Grossman

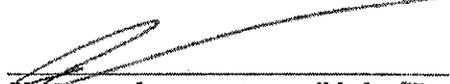
Address, Street/Route 1904 Franklin Street, Suite 725	City Oakland	State CA	Zip Code 94612
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Date	Name and Address of Payee* <small>*address includes city, or county if no city, and state</small>	Purpose & Support/Oppose Information	A/P	Amount of Expenditure	Paid to A/P
1 10/02/2012	Mandate Media, 2014 Southeast 39th, Portland, OR 972142	Consulting & web services Oppose Patrick Sheehan, HD 51	<input type="radio"/>	\$ \$1,500	<input type="radio"/>
2			<input type="radio"/>	\$	<input type="radio"/>
3			<input type="radio"/>	\$	<input type="radio"/>
4			<input type="radio"/>	\$	<input type="radio"/>
5			<input type="radio"/>	\$	<input type="radio"/>
6			<input type="radio"/>	\$	<input type="radio"/>
7			<input type="radio"/>	\$	<input type="radio"/>
8			<input type="radio"/>	\$	<input type="radio"/>
9			<input type="radio"/>	\$	<input type="radio"/>
10			<input type="radio"/>	\$	<input type="radio"/>

RECEIVED  
 2012 OCT 5 AM 11 40  
 KATE BROWN  
 SECRETARY OF THE STATE

I hereby certify the above listed expenditures were made for the candidates or measures specified. By signing this document I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

for office use only

  
 Signature of person responsible for filing PC 10

10/9/12  
 Date Signed

