

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 WOMEN'S ALLIANCE OF WEST MICHIGAN

ADDRESS (number and street) **PO BOX 1315**
Check if different than previously reported. (ACC) **GRAND RAPIDS MI 49501**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00400432 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:
 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 / / in the State of

5. Covering Period / / 2020 through / / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Leipham Ellis, Arielle, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Leipham Ellis, Arielle, , ,* [Electronically Filed] Date / / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN

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="2020"/>	<input type="text"/>	<input type="text" value="6586.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6586.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10925.00"/>	<input type="text" value="10925.00"/>
(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="17511.92"/>	<input type="text" value="17511.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="14000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3511.92"/>	<input type="text" value="3511.92"/>
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

Write or Type Committee Name

PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN

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

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).....	9800.00	9800.00
(ii) Unitemized	1125.00	1125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	10925.00	10925.00
(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)	10925.00	10925.00
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)).....▶	10925.00	10925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10925.00	10925.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	14000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	14000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	10925.00	10925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10925.00	10925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 13
(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 WOMEN'S ALLIANCE OF WEST MICHIGAN

A. BILL AND SUSAN LEWIS CHARITABLE TRUST FOUNDATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 IDEMA DR SE
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2020
Transaction ID : SA11AI.4150
 Amount of Each Receipt this Period 1000.00
 Memo Item
DONATION

B. BURNET, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 MORRIS AVE SE
 City GRAND RAPIDS State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AGILE SAFETY DISTRIBUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2020
Transaction ID : SA11AI.4156
 Amount of Each Receipt this Period 250.00
 Memo Item
DONATION

C. Ellis, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Prospect Ave NE
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Grand Valley State University Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2020
Transaction ID : SA11AI.4118
 Amount of Each Receipt this Period 500.00
 Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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: (check only one)	PAGE 7 OF 13
<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 WOMEN'S ALLIANCE OF WEST MICHIGAN

A. HEJNA, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 256 GRACEWOOD

City GRAND RAPIDS	State MI	Zip Code 49506
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2020

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
300.00

Memo Item
DONATION

B. Idema, Margaret, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7213 Bronson St SE

City Ada	State MI	Zip Code 49301
-------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2020

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
250.00

Memo Item
Donation

C. Myers, Noreen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1050 Monterey Dr SE

City East Grand Rapids	State MI	Zip Code 49506
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Noreen K. Myers Attorney at La	Occupation (for Individual) Attorney
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2020

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period
250.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional).....	800.00
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: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN

A. NELSON, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 HONEY CREEK AVE
 City GRAND RAPIDS State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2020
Transaction ID : SA11AI.4154
 Amount of Each Receipt this Period 1000.00
 Memo Item
 DONATION

B. PAINE-MCGOVERN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2445 HALL ST SE
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KENT SCHOOL SERVICES NETWORK Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 14 / 2020
Transaction ID : SA11AI.4148
 Amount of Each Receipt this Period 1500.00
 Memo Item
 DONATION

C. SCHLATTER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 TIMBER POINT DR SE
 City ADA State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STEPHANIE SCHLATTER ART Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 06 / 2020
Transaction ID : SA11AI.4142
 Amount of Each Receipt this Period 3000.00
 Memo Item
 DONATION

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN

A. TURNER-THOLE, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 WOODSHIRE AVE SE
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) TURNER-THOLE LLC Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2020
Transaction ID : SA11AI.4152
 Amount of Each Receipt this Period 500.00
 Memo Item
 DONATION

B. WHITE, BRIDGET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2563 SUMMIT RIDGE DR NE
 City GRAND RAPIDS State MI Zip Code 49505
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2020
Transaction ID : SA11AI.4138
 Amount of Each Receipt this Period 500.00
 Memo Item
 DONATION

C. WOLFSON, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7923 LORAL PINES DR SE
 City GRAND RAPIDS State MI Zip Code 49301
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2020
Transaction ID : SA11AI.4164
 Amount of Each Receipt this Period 500.00
 Memo Item
 DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 10 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ZIVI, JEFF, , ,

Mailing Address 81 WILDFLOWER

City MORRISTOWN State NJ Zip Code 07960

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) NEC CORPORATION OF AMERICA Occupation (for Individual) ACCOUNT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2020

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	9800.00

**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"/> 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 WOMEN'S ALLIANCE OF WEST MICHIGAN

A. BRYAN BERGHOEF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5748 141ST AVE

M M M	/	D D D	/	Y Y Y Y Y
08		13		2020

City HOLLAND State MI Zip Code 49423

FEC Identification Number

Purpose of Disbursement
DISBURSEMENT

011
Category/ Type

C C00712950

Transaction ID : SB23.4192

Amount of Each Disbursement this Period

1000.00

Candidate Name

BRYAN BERGHOEF FOR CONGRESS

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 02

Memo Item

B. BRYAN BERGHOEF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5748 141ST AVE

M M M	/	D D D	/	Y Y Y Y Y
09		03		2020

City HOLLAND State MI Zip Code 49423

FEC Identification Number

Purpose of Disbursement
DISBURSEMENT

011
Category/ Type

C C00712950

Transaction ID : SB23.4181

Amount of Each Disbursement this Period

500.00

Candidate Name

BRYAN BERGHOEF FOR CONGRESS

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 02

Memo Item

C. BRYAN BERGHOEF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5748 141ST AVE

M M M	/	D D D	/	Y Y Y Y Y
09		29		2020

City HOLLAND State MI Zip Code 49423

FEC Identification Number

Purpose of Disbursement
DISBURSEMENT

011
Category/ Type

C C00712950

Transaction ID : SB23.4174

Amount of Each Disbursement this Period

500.00

Candidate Name

BRYAN BERGHOEF FOR CONGRESS

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 02

Memo Item

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

2000.00

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

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**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"/> 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 WOMEN'S ALLIANCE OF WEST MICHIGAN

A. Jon Hoadley for Congress

Full Name (Last, First, Middle Initial)
Jon Hoadley for Congress

Date of Disbursement: MM / DD / YYYY
09 / 03 / 2020

Mailing Address PO Box 51165

City: KALAMAZOO State: MI Zip Code: 49005

Purpose of Disbursement: DISBURSEMENT
Category/Type: 011

Candidate Name: Jon Hoadley for Congress

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼

State: MI District: 06

FEC Identification Number: C00701599
Transaction ID : SB23.4184
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. PETERS FOR MICHIGAN

Full Name (Last, First, Middle Initial)
PETERS FOR MICHIGAN

Date of Disbursement: MM / DD / YYYY
08 / 12 / 2020

Mailing Address PO BOX 226

City: BLOOMFIELD HILLS State: MI Zip Code: 48303

Purpose of Disbursement: DISBURSEMENT
Category/Type: 011

Candidate Name: PETERS FOR MICHIGAN

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼

State: MI District:

FEC Identification Number: C00437889
Transaction ID : SB23.4188
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Scholten for Congress

Full Name (Last, First, Middle Initial)
Scholten for Congress

Date of Disbursement: MM / DD / YYYY
08 / 13 / 2020

Mailing Address PO Box 6233

City: Grand Rapids State: MI Zip Code: 49510

Purpose of Disbursement: DISBURSEMENT
Category/Type: 011

Candidate Name: Scholten for Congress

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼

State: MI District: 03

FEC Identification Number: C00711317
Transaction ID : SB23.4191
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

9000.00

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"/> 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 WOMEN'S ALLIANCE OF WEST MICHIGAN

Full Name (Last, First, Middle Initial)

A. Scholten for Congress

Mailing Address PO Box 6233

City Grand Rapids State MI Zip Code 49510

Purpose of Disbursement
DISBURSEMENT

011
Category/
Type

Candidate Name
Scholten for Congress

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2020

FEC Identification Number

C C00711317

Transaction ID : SB23.4187

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scholten for Congress

Mailing Address PO Box 6233

City Grand Rapids State MI Zip Code 49510

Purpose of Disbursement
Disbursement

011
Category/
Type

Candidate Name
Scholten for Congress

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2020

FEC Identification Number

C C00711317

Transaction ID : SB23.4169

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

3000.00

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

14000.00
