Image# 14978182444 PAGE 1 / 9

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An A	uthorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
Progressive Womens A	Alliance of West Mi	ichigan		
ADDRESS (number and street)	PO Box 1315			
V				
Check if different than previously reported. (ACC)	Grand Rapids		MI	49501-1315
2. FEC IDENTIFICATION NU	JMBER ▼	CITY	STATE ▲	ZIP CODE ▲
C C00400432	3.	IS THIS REPORT X (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q		Apr 20 (M4) Jul	20 (M7) Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day	Primary (12P)	General ((12G) Runoff (12R)
Cotober 15	Report for the	: Convention (120	Special (12S)
Quarterly Report (Q January 31 Year-End Report (Y)		ction on	D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	` '	Runoff (3	OR) Special (30S)
Termination Report (TER)	Ele	ction on	* D / Y * Y * Y * Y	in the State of
5. Covering Period 07		4 through	M M / D D /	2014
I certify that I have examined thi	is Report and to the best	of my knowledge and beli	ef it is true, correct and	I complete.
Type or Print Name of Treasurer	r Kathleen M. Ley			
Signature of Treasurer Kathle	leen M. Ley	[Electronically Fi	led] Date 10	/ D D / Y Y Y Y Y 2014
NOTE: Submission of false, errone	eous, or incomplete informa	ation may subject the person	signing this Report to th	e penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004
l Only l	1 1	1	1 1	

SHMMARY DAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		. 430 -
Progressive Womens Alliance	of West Michigan	
Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		128.12
(b) Cash on Hand at Beginning of Reporting Period	504.29	
(c) Total Receipts (from Line 19)	1880.00	13929.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2384.29	14057.94
7. Total Disbursements (from Line 31)	558.44	12232.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1825.85	1825.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3500.00	
This committee has qualified as a m	nulticandidate 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 Womens Alliance of West Michigan

utions (other than loans) From: ividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized	1285.00	10078.65
an Political Committees Itemized (use Schedule A) Unitemized		10078.65
Itemized (use Schedule A)		10078.65
Unitemized		10070.00
	505.00	
	595.00	3850.00
(
Lines 11(a)(i) and (ii)▶	1880.00	13928.65
itical Party Committees	0.00	0.00
	0.00	0.00
a)(iii), (b), and (c)) (Carry		
als to Line 33, page 5)▶	1880.00	13928.65
ommittees	0.00	0.00
ns Received	0.00	0.00
anaymanta Dassiyad	0.00	0.00
		0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
Committees	0.00	0.00
ederal Receipts		
nds, Interest, etc.)	0.00	1.17
rs from Non-Federal and Levin Funds		
m Schedule H3)	0.00	0.00
n Funds (from Schedule H5)	0.00	0.00
Tundo (nom consulto no, minim		
Transfers (add 18(a) and 18(b))	0.00	0.00
	ilitical Party Committees	inter a factor and committees in the political Committee in the political Committees in the political Committee

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Admirit (from Schodule III)		Calonida Tour to Date
Activity (from Schedule H4) (i) Federal Share	0.00	43.65
(i) I oderar chare		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	43.65
Transfers to Affiliated/Other Party		0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	500.00	12000.00
Independent Expenditures	, , ,	
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i)		
Loan Repayments Made	0.00	0.00
Lacra Mada	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(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	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	58.44	188.44
Fadaval Flacking Activity (0.11.0.0, 0404(00))	, ,	
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	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	558.44	12232.09
Total Fodoral Dishuraamenta		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	558.44	12232.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1880.00	13928.65	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1880.00	13928.65	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	43.65	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	43.65	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)						:	PAGE	:	6	OF	9
	(0	che	ck only	or	ne)						
		X	11a		11b		11c		12		
			13		14		15		16	,	17

Detailed Summary Page 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 Womens Alliance of West Michigan Full Name (Last, First, Middle Initial) Noreen Myers Date of Receipt Mailing Address 1019 E. Main 2014 City State Zip Code Transaction ID: SA11AI.5623 Lowell MI 49331 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Sponsorship for play Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joanne Patterson Date of Receipt Mailing Address 9385 Ottawa House Dr. 09 17 2014 City State Zip Code Transaction ID: SA11AI.5625 West Olive MI 49460 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Direct contribution Name of Employer Occupation Holland Public Schools Teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sarah Riley Howard Date of Receipt Mailing Address 939 Franklin Ave. 2014 09 19 City State Zip Code Transaction ID: SA11AI.5629 MI Grand Haven 49417 Amount of Each Receipt this Period FEC ID number of contributing 35.00 С federal political committee. Ticket for play Name of Employer Occupation Warner Norcross & Judd Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) 535.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 16 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 Womens Alliance of West Michigan Full Name (Last, First, Middle Initial) Bettegail Shively Date of Receipt

м	Dellegan Onivery		Date of neceipt
N	Mailing Address 4146 Baywood SE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mary Alice Williams Mailing Address 338 Auburn Ave SE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Nokomis Foundation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ellyn Wolfson Mailing Address 7923 Loral Pines Drive		09 13 2014
(City	State Zip Code	Transaction ID : SA11AI.5633
	Grand Rapids	MI 49546	Amount of Each Receipt this Period
	•	С	250.00
1	Name of Employer	Occupation	Direct contribution
F	Retired	Retired	
_	Receipt For:	Aggregate Year-to-Date ▼	
		250.00	
			Date of Receipt
_			09 17 2014
(City	State Zip Code	Transaction ID : SA11AI.5632
_(Grand Rapids	MI 49506	Amount of Each Receipt this Period
	•	C	250.00
		Occupation	Play sponsorship
١	Nokomis Foundation	Director	
Ē	Primary General	Aggregate Year-to-Date ▼ 375.00	
			Date of Receipt
_	,		09 19 2014
(Dity	State Zip Code	Transaction ID : SA11AI.5630
	Ada	MI 49301	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С	250.00
1	Name of Employer	Occupation	Play sponsorship
1	None	Homemaker	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate real-to-Date ▼	
		>	750.00 1285.00
TO	ITAL This Pariod (last nage this line number	r only)	1200.00

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

SCHEDULE B (FEC Form 3X)	Llos conorate cohedula/a	FOR LINE	PAGE 8 OF 9				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗶 23	24 25 26 28c 29 30			
Any information copied from such Reports and Staten	pente may not be cold or	ed by any perso					
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions	from such committee.			
NAME OF COMMITTEE (In Full)							
Progressive Womens Alliance of W	est Michigan						
Full Name (Last, First, Middle Initial)							
A. Pam Byrnes for Congress			Date of Disbursen				
Mailing Address PO BOX 485			2014				
,	State Zip Code		Transaction ID : SB23.5641				
Dexter Purpose of Disbursement	MI 48130						
Campaign contribution			Amount of Each D	Disbursement this Period			
Candidate Name		Category/		500.00			
Pam Byrnes for Congress Office Sought: House Disbursen	nent For: 2014	Туре		300.00			
	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) B.			Date of Disbursen	ant			
J.			Date of Dispursein				
Mailing Address		M - M / B - L					
City	State Zip Code						
Purpose of Disbursement			-				
			Amount of Each D	Disbursement this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:						
	Primary General						
State: President State:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursen				
Mailing Address			M M / D C	/			
City	State Zip Code						
Purpose of Disbursement							
rurpose or bisbursement			Amount of Each [isbursement this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	,,					
	Primary General						
State: District:	Other (specify) ▼						
2.5							
SUBTOTAL of Disbursements This Page (optional)				500.00			
		·		500.00			
TOTAL This Period (last page this line number only)				300.00			

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 9 OF 9
FOR LINE 13 OF FORM 3X

		Detailed Sumi	mary Page	'	OIT LINE	13 01 1 011	IVI OX
AME OF COMMITTEE (In Full)	oct Michigan		Trans	saction II	D : SC/10.4	706	
Progressive Womens Alliance of W	esi wiichigan						
LOAN SOURCE Full Name (Last, First, Midd	dle Initial)		1	Election	1:		
Joan Bowman	- ·····/				nary		
					neral		
Mailing Address 220 W Saginaw Hwy					er (specify)	_	
#A-6					(-p-2-1)	•	
	State MI ZIP Co	de 48837					
Original Amount of Loan	Cumulative Payment To		Balaı	nce Outs	tanding at (Close of Th	is Period
3500.00		0.00	╛┕			3500	0.00
TERMS Date Incurred	Date Due	Int	toroot Boto			Secured:	
		YYY	terest Rate			Secureu.	
01 20 2005	.				% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to	Loan Source						
Full Name (Last, First, Middle Initial)		Name of Emplo	yer				
Mailing Address		Occupation					
		Amount					_
City State	ZIP Code	Guaranteed Outstanding:		7	-,		
2. Full Name (Last, First, Middle Initial)		Name of Emplo	yer				
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed					
		Outstanding:		7	7		
3. Full Name (Last, First, Middle Initial)		Name of Emplo	yer				
Mailing Address		Occupation					
		Amount					_
City State	ZIP Code	Guaranteed					
		Outstanding:		7	7		_
4. Full Name (Last, First, Middle Initial)		Name of Emplo	yer				
Mailing Address		Occupation					
		Coapation					
		Amount					
City State	ZIP Code	Guaranteed					
		Outstanding:		7	7	1 (8)	-
		1					
SUBTOTALS This Period This Page (optional)			· L.			3500	.00
					,		
OTALS This Period (last page in this line only)			<u> </u>			3500	0.00
Carry outstanding balance only to LINE 3, Sche	edule D, for this line. If	no Schedule D,	carry forw	ard to a	ppropriate	line of Su	mmary.