Image# 14952600653 PAGE 1 / 9

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	monzea Committee	Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, typover the lines.	De 12FE4M5
Progressive Womens A	Iliance of West Mic	higan 	
ADDRESS (number and street)	PO Box 1315		
Check if different			
than previously reported. (ACC)	Grand Rapids		MI 49501-1315
2. FEC IDENTIFICATION NUM	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00400432		IS THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Ap	r 20 (M4) Jul 20	Year Only)
April 15 Quarterly Report (Q1			
July 15 Quarterly Report (Q2	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	X General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q3	3)		
January 31 Year-End Report (YE	Electi	on on 11 04	in the State of MI
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	on on	in the State of
5. Covering Period 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of	f my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasurer	Kathleen M. Ley		
Signature of Treasurer Kathlee	en M. Ley	[Electronically Filed	Date 11 23 2014
NOTE: Submission of false, erroned	ous, or incomplete information	on may subject the person sig	gning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name		
-	Progressive Womens Alliance of W	est Michigan	
R	deport Covering the Period: From:	0 / 01 / 2014 To:	10 / D D / 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	353.92	
	(c) Total Receipts (from Line 19)	1500.00	13899.45
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1853.92	14027.57
7.	Total Disbursements (from Line 31)	1500.00	13673.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	353.92	353.92
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3500.00	
	This committee has qualified as a multica		
	1	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

Report Covering the Period: From: 10	01 2014 To		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	1500.00	10293.65	
(i) Itemized (use Schedule A)	7	7	
(ii) Unitemized	0.00	3605.00	
(iii) TOTAL (add	, J		
Lines 11(a)(i) and (ii)▶	1500.00	13898.65	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	1500.00	13898.65	
Totals to Line 33, page 5) Transfers From Affiliated/Other	1000.00	7	
Party Committees	0.00	0.00	
Turty Committees	0.00		
. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts		0.00	
(Dividends, Interest, etc.)	0.00	0.80	
. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(IIOIII COIIOGGIO TIO)		0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(b) Leviii i ulius (liviii ochedule 113)		0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
	7		
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	1500.00	13899.45	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	1500.00	13899.4	

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	
۱.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinal Tour to Buto	
	(i) Federal Share	0.00	43.65	
	``			
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating Expenditures	0.00	0.00	
	(c) Total Operating Expenditures	, , ,	3.00	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	43.65	
	Transfers to Affiliated/Other Party			
	CommitteesContributions to	0.00	0.00	
	Federal Candidates/Committees and Other Political Committees	1500.00	13500.00	
	Independent Expenditures	0.00	0.00	
	(use Schedule E)		0.00	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	Loan Repayments Made	0.00	0.00	
	Loans MadeRefunds of Contributions To:	0.00	0.00	
	(a) Individuals/Persons Other	0.00	0.00	
	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	
	Other Disbursements	0.00	130.00	
	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(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	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))	1500.00	13673.65	
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1500.00	13673.65	

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)	1500.00	13898.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1500.00	13898.65
66. 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
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	43.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 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) Founders Trust Bank Date of Receipt Mailing Address 5200 Cascade Road SE 03 2014 10 City State Zip Code Transaction ID: SA11AI.5680 **Grand Rapids** MI 49546 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Transfer from PWA state account (funds from PayPal) Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.80 Other (specify) Full Name (Last, First, Middle Initial) B. Noreen Myers Date of Receipt Mailing Address 1019 E. Main 10 03 2014 City State Zip Code Transaction ID: SA11AI.5680.0 MI Lowell 49331 Amount of Each Receipt this Period FEC ID number of contributing 242.45 federal political committee. Play sponsorship Name of Employer Occupation Self Attorney Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 617.45 Other (specify) Full Name (Last, First, Middle Initial) c. Sarah Riley Howard Date of Receipt Mailing Address 939 Franklin Ave. 03 10 2014 City State Zip Code Transaction ID: SA11AI.5680.5 MI Grand Haven 49417 Amount of Each Receipt this Period FEC ID number of contributing 33.68 С federal political committee. Play ticket Name of Employer Occupation Warner Norcross & Judd Attorney Receipt For: [MEMO ITEM] Aggregate Year-to-Date ▼ Primary General 308.68 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 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) Mary Alice Williams Date of Receipt Mailing Address 338 Auburn Ave SE 2014 10 03 City State Zip Code Transaction ID: SA11AI.5680.6 **Grand Rapids** MI 49506 Amount of Each Receipt this Period FEC ID number of contributing C 242.45 federal political committee. Play sponsorship Name of Employer Occupation Nokomis Foundation Director Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 367.45 Other (specify) Full Name (Last, First, Middle Initial) B. Joanne Patterson Date of Receipt Mailing Address 9385 Ottawa House Dr. 10 03 2014 City State Zip Code Transaction ID: SA11AI.5680.7 West Olive MI 49460 Amount of Each Receipt this Period FEC ID number of contributing 242.45 federal political committee. LGBT event sponsotship Name of Employer Occupation Holland Public Schools Teacher Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 242.45 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 1500.00 TOTAL This Period (last page this line number only).....

Transaction ID: SB23.5692 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Progressive Womens Alliance of West Michigan Full Name (Last, First, Middle Initial) Pam Byrnes for Congress Mailing Address PO BOX 485 City Dexter Purpose of Disbursement Campaign contribution Candidate Name Pam Byrnes for Congress Office Sought: House President State Disbursement For: 2014 Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category/ Type Date of Disbursement this Period Category/ Type Transaction ID: S823.5692 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Candidate Name President State: Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Firmary General Other (specify) Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Llon concrete ask study (-)	I	IE NUMBER: PAGE 8 OF 9		
Amy 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) Pam Byrnes for Congress Mailing Address PO BOX 485 City Dester Mi 48130 Purpose of Disbursement Campaign contribution Cardidate Name President State: Disfrict: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Cardidate Name	ITEMIZED DISBURSEMENTS		21b	22 🗙 23		
r 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) Pam Byrnes for Congress Mailing Address PO BOX 485 City State Zip Code Purpose of Disbursement Candidate Name Pam Byrnes for Congress District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' ▼ Disbursement Candidate Name Category' Type Office Sought: House Perisdent State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Other (specify) ▼ Date of Disbursement this Period Category' Type Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼ Date of Disbursement this Period Category' Type Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼	Any information copied from such Reports and Statem	lents may not be sold or us				
Progressive Womens Alliance of West Michigan Full Name (Last, First, Middle Initial) Pam Byrnes for Congress Mailing Address PO BOX 485 City State Zip Code Deuter Mil 48130 Purpose of Disbursement Campaign contribution Candidate Name Priname (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement this Period Category' Type Office Sought: House President Other (specify) Prinary General Prinary General Prinary General Prinary General President Other (specify) Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) Purpose of Disbursement Candidate Name Category' Office Sought: House President Other (specify) Purpose of Disbursement Candidate Name Category' Type Office Sought: House President Other (specify) Purpose of Disbursement Candidate Name Category' Type Office Sought: House President Other (specify) Purpose of Disbursement Candidate Name Category' Type Office Sought: House President Other (specify) Purpose of Disbursement This Period Category' Type Office Sought: House President Other (specify) Purpose of Disbursement Disbursement For: Senate President Other (specify) Purpose of Disbursement Dis	or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions fr	rom such committee.	
Mailing Address PO BOX 485 City State Zip Code Mil 48130 Prupose of Disbursement Candidate Name Candidate Name President Candidate Name Candidate Name Candidate Name Candidate Name President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Mil 48130 Transaction ID : SB23.5692 Amount of Each Disbursement this Period Category/ 1500.00 Transaction ID : SB23.5692 Amount of Each Disbursement this Period Category/ 1500.00 Transaction ID : SB23.5692 Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Senate Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type C		est Michigan				
Mailing Address PO BOX 485 City State Zip Code MI 48130 Pam Byrnes for Congress Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House Senate Primary General Primary General President Disbursement Tor: Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Primary General President Disbursement Tor: Senate President Disbursement Tor: Senate President Disbursement Tor: Category/ Type Office Sought: House Senate Primary General Primary General Primary General Disbursement Tor: Senate President Disbursement Tor: S	Full Name (Last, First, Middle Initial)					
City State Zip Code Mil 48130 City State Zip Code Mil 48130 Transaction ID: SB23.5692 Amount of Each Disbursement this Period Candidate Name Pam Byrnes for Congress Other Sought: House President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement Candidate Name Cottegory/ Office Sought: President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Other (specify) ▼ Date of Disbursement this Period Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Other (specify) ▼ Amount of Each Disbursement Category/ Type Other (specify) ▼ Date of Disbursement Candidate Name Category/ Type Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Disbursement Type Office Sought: House Disbursement For: Senate Primary General Disbursement Type Office Sought: House Disbursement Primary General Disbursement Type Senate Primary General Disbursement Type Office Sought: House Disbursement Primary General Disbursement Type Senate Primary General Disbursement Type Office Sought: House Disbursement For: Senate Primary General	Pam Byrnes for Congress					
Dexter	Mailing Address PO BOX 485					
Purpose of Disbursement Campaign contribution Candidate Name Pam Byrnes for Congress Office Sought: House President Primary General Purpose of Disbursement Post President Candidate Name Category/ Type Disbursement Primary General District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Primary General President Primary General President Primary General President Primary General President Primary General Purpose of Disbursement Category/ Type District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Primary General Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Amount of Each Disbursement State Disbursement State Disbursement Category/ Type Office Sought: House Disbursement Senate Primary General Primary General Other (specify) ▼ Substotal of Disbursement This Page (optional)				Transaction ID :	SB23.5692	
Candidate Name Pam Byrnes for Congress Office Sought:	Purpose of Disbursement	40130				
Pam Byrnes for Congress Office Sought: House President Primary General Primary House President Primary General Primary President Primary House President Primary General Pri			011	Amount of Each Di	isbursement this Period	
Office Sought:					1500.00	
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City State Zip Code Purpose of Disbursement Candidate Name City Senate Primary General Other (specify) ▼ City State Zip Code Purpose of Disbursement this Period Category/ Type Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement Category/ Type City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Disbursement For: Senate President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional) → 1500.00						
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Candidate Name Category/ Type	City	State Zip Code				
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Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	,,			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: 1500.00						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	C.	Date of Disbursem	ent			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substotal of Disbursements This Page (optional)	Mailing Address			M = M / D = D	/	
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)	City	State Zip Code				
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional)	Purpose of Disbursement					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name					
SOBTOTAL OF DISDUISCHICHES THIS 1 age (Optional)	Senate President	Primary General				
SOBTOTAL OF DISDUISCHICHES THIS 1 age (Optional)	SURTOTAL of Disbursements This Page (ontional)				1500.00	
	ODFOTAL OF DISBUISCHICKS THIS Tage (Optional)					

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

TERMS Date Incurred Date Due Interest Rate Secured: 01		Detailed Summary Page
LOAN SOURCE Full Name (Last, First, Middle Initial) Joan Bowman Primary General Other (specify) ▼		
Joan Bowman		an
Mailing Address 220 W Saginaw Hwy #A-6 City Grand Ledge State MI ZIP Code 48837 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 3500.00 Job Balance Outstanding at Close of This 20 Jate Incurred Date Due Interest Rate Secured: 1 Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Malling Address Occupation Malling Address Occupation Malling Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding:	LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Mailing Address 220 W Saginaw Hwy #A-6 City Grand Ledge State MI ZIP Code 48837 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 3500.00 0.00 3500. TERMS Date Incurred Date Due Interest Rate Secured: "01" 20" 2005 " 20	Joan Bowman	Primary
City Grand Ledge State MI ZIP Code 48837 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 3500.00 TERMS Date Incurred Date Due Interest Rate Secured: O1		General
City Grand Ledge State MI ZIP Code 48837 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 3500,00 TERMS Date Incurred Date Due Interest Rate Secured: O1	Mailing Address 220 W Sociony Hun	Other (specify)
City Grand Ledge State Mi ZiP Code 48837 Cumulative Payment To Date Balance Outstanding at Close of This 3500.00 TERMS Date Incurred Date Due Interest Rate Secured: "01" 20" 7 2005 7 200	- ZZO W Gaginaw riwy	
Original Amount of Loan Secured: Date Incurred Date Due Interest Rate Secured: O1		ZIP Code 48837
TERMS Date Incurred Date Due Interest Rate Secured: 01	3	
TERMS Date Incurred Date Due Interest Rate Secured: 101	Original villount of Edul	Januario Salariani al Cicco di Tilio i cicco
Date Incurred Date Due Interest Rate Secured: 20	3500.00	0.00 3500.00
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carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Sun	arry outstanding balance only to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.