

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

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2020 JUN 25 AM 10:34  
Office Use Only

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

WOMEN FOR GOOD GOVERNANCE

ADDRESS (number and street) 3211 HIGH SCHOOL BLVD NE  
SUITE 123-220  
BAINBRIDGE ISLAND WA 98110

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

C00688333

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 MM / DD / YYYYYY in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)


Election on MM / DD / YYYYYY in the State of  

5. Covering Period: MM / DD / YYYYYY through MM / DD / YYYYYY

01 / 01 / 2020 through 03 / 31 / 2020

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 SOPHIA AVENT

Signature of Treasurer  Date MM / DD / YYYYYY

04 / 08 / 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**

Write or Type Committee Name

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" value="46000"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46000"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="000"/>	<input type="text" value="000"/>
(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="46000"/>	<input type="text" value="000"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000"/>	<input type="text" value="20000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26000"/>	<input type="text" value="26000"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



**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 .....	000	000
(ii) Non-Federal Share .....	000	000
(b) Other Federal Operating Expenditures .....	000	000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	000	000
22. Transfers to Affiliated/Other Party Committees .....	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	20000	20000
24. Independent Expenditures (use Schedule E) .....	000	000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	000	000
26. Loan Repayments Made .....	000	000
27. Loans Made .....	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	000	000
(b) Political Party Committees .....	000	000
(c) Other Political Committees (such as PACs) .....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	000	000
29. Other Disbursements (Including Non-Federal Donations) .....	000	000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	000	000
(ii) "Levin" Share .....	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	000	000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	20000	20000

NON-FEDERAL AND OTHER DISBURSEMENTS

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	000	000
34. Total Contribution Refunds (from Line 28(d)) .....	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	000	000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	000	000

NONPROFIT ORGANIZATION

**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)

**WOMEN FOR GOOD GOVERNANCE**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH FOR CONGRESS**

Mailing Address

**PO BOX 1452**

City

**GIG HARBOR**

State

**WA**

Zip Code

**98335**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**ELIZABETH KREISELMAIER**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **WA**

District: **06**

**011**  
Category/  
Type

Date of Disbursement

**03 / 01 / 2020**

FEC Identification Number

**C00726513**

Amount of Each Disbursement this Period

**20000**

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

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

FEC Identification Number

**C**

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

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

**20000**

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

**20000**

AVENUE  
321 HIGH SCHOOL RD NE  
SUITE D3-220  
BAIN BRIDGE ISLAND WA 98110

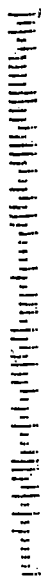
FEDERAL ELECTION COMMISSION  
1050 1ST ST NE  
WASHINGTON DC 20463

SEATTLE WA 98101  
15 APR 2020 PM 3:10



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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
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*SPM*

PREPARER  
(3/2015)

7/6/20  
DATE PREPARED

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