

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 DEC -8 A 9 01

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Progressive Womens Alliance of West Michigan

ADDRESS (number and street) P.O. Box 1315

(Check if address is changed) Grand Rapids MI 49501-1315  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS bowman.joan@comcast.net (Treasurer)

COMMITTEE'S WEB PAGE ADDRESS (URL) www.progressivewomensalliance.org

COMMITTEE'S FAX NUMBER

2. DATE 12 01 2006

3. FEC IDENTIFICATION NUMBER C00400432

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joan G. Bowman

Signature of Treasurer [Handwritten Signature] Date 12 01 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

26039292697

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

26039292698

Write or Type Committee Name

Progressive Womens Alliance of abst Michigan

7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.

Full Name | Joan G. Bowman

Mailing Address | 509 Scarlett Lane Apt 822  
Lansing MI 48917

Title or Position | CITY | STATE | ZIP CODE | Telephone number 517-230-8110

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | Joan G. Bowman

Mailing Address | 509 Scarlett Lane Apt 822  
Lansing MI 48917

Title or Position | CITY | STATE | ZIP CODE | Telephone number 517-230-8110

Full Name of Designated Agent

Mailing Address

Title or Position | CITY | STATE | ZIP CODE | Telephone number

260392926699

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Founders Trust Personal Bank

Mailing Address

5200 Cascade Road  
Grand Rapids MI 49506

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039292700

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*sec*  
 PREPARER  
 (3/2005)

*12/8/06*  
 DATE PREPARED

26039292701