

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2020 JUN 25 AM 10:35
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) 321 HIGH SCHOOL RD NE
 SUITE D3-220
 Check if different than previously reported. (ACC) 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY 01 / 01 / 2020 through MM / DD / YYYY 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 *Sophia Avent*

Date MM / DD / YYYY 05 / 11 / 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.

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="460.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="460.00"/> | |
| (c) Total Receipts (from Line 19)..... | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (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="460.00"/> | <input type="text" value="460.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="200.00"/> | <input type="text" value="200.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="260.00"/> | <input type="text" value="260.00"/> |
| 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
1050 First Street, N.E.
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 01 / 01 / 2020 To: 03 / 31 / 2020

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|-----|-----|
| 11. Contributions (other than loans) From: <input checked="" type="checkbox"/> | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 000 | 000 |
| (ii) Unitemized..... | 000 | 000 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 000 | 000 |
| (b) Political Party Committees..... | 000 | 000 |
| (c) Other Political Committees (such as PACs)..... | 000 | 000 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 000 | 000 |
| 12. Transfers From Affiliated/Other Party Committees..... | 000 | 000 |
| 13. All Loans Received..... | 000 | 000 |
| 14. Loan Repayments Received..... | 000 | 000 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 000 | 000 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 000 | 000 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 000 | 000 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 000 | 000 |
| (b) Levin Funds (from Schedule H5)..... | 000 | 000 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 000 | 000 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 000 | 000 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 000 | 000 |

NON-FEDERAL RECEIPTS

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)) .. | 20000 | 20000 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 000 | 000 |

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

| 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)..... | 0 0 0 | 0 0 0 |
| 34. Total Contribution Refunds (from Line 28(d))..... | 0 0 0 | 0 0 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)..... | 0 0 0 | 0 0 0 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶ | 0 0 0 | 0 0 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0 0 0 | 0 0 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶ | 0 0 0 | 0 0 0 |

NOV 10 10 00 AM '16

**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

011

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **WA**

District: **06**

Date of Disbursement

03 / 19 / 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

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1004

EXPECTED DELIVERY DAY: 05/14/20

SHIP TO:
WASHINGTON DC 20463

USPS TRACKING® NUMBER



9505 5154 6612 0132 4530 56

AVENT
9175 Ferncliff Ave NE
Bainbridge Island, WA 98110

RECEIVED
FEDERAL MAIL CENTER
2500 JUL 25 AM 10:34

FEDERAL ELECTION COMMISSION
1050 FIRST STREET NE
WASHINGTON, DC 20463

WASHINGTON MAIL ROOM NO. 10000000

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 type="checkbox"/> USPS First Class Mail | Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input checked="" type="checkbox"/> USPS Priority Mail | Postmarked 5/11/20 |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <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"/> |
| <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 |

PREPARER *SPM*

7/6/20
DATE PREPARED

2015 RELEASE UNDER E.O. 13526