

FEC FORM 1

STATEMENT OF ORGANIZATION

FEDERAL ELECTION COMMISSIONS CENTER

2004 MAY -4 A 9 42  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12FBAM5

PROGRESSIVE WOMEN'S 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

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04 23 2004

3. FEC IDENTIFICATION NUMBER C

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

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

Type or Print Name of Treasurer Kate P. Wolters

Signature of Treasurer Kate P. Wolters

Date 04 23 2004

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.

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. Names of Any Connected Organization or Affiliated Committee

NONE \_\_\_\_\_

Mailing Address

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

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Progressive Women's Alliance of West 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: TREASURER

Mailing Address:

Title or Position: CITY: STATE: ZIP CODE:

Telephone number:

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

Full Name of Treasurer: KATE PEW WOLTERS

Mailing Address: 2260 CASCADE SPRINGS DR

GRAND RAPIDS MI 49506

Title or Position: CITY: STATE: ZIP CODE:

Telephone number: 616-949-0716

Full Name of Designated Agent:

Mailing Address:

Title or Position: CITY: STATE: ZIP CODE:

Telephone number:

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 SE

GRAND RAPIDS MI 49506

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>clm</i> PREPARER	5-4-04 DATE PREPARED