

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

BergmanforCongress

ADDRESS (number and street)

3585 Bunker Hill Rd

#434

Check if different  
than previously  
reported. (ACC)

Acme

MI

49610

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00614214

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

MI

01

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)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

Date

M M /

D D /

Y Y Y Y

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**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**BergmanforCongress**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	188280.02	566842.98
(b) Total Contribution Refunds (from Line 20(d)) .....	4100.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	184180.02	566042.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	174967.34	506825.47
(b) Total Offsets to Operating Expenditures (from Line 14) .....	1025.53	2794.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	173941.81	504031.46
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	539433.54	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BergmanforCongress

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

84433.00

180000.45

(ii) Unitemized .....

26497.02

62992.53

(iii) TOTAL of contributions  
from individuals ▶

110930.02

242992.98

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

77350.00

323850.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

188280.02

566842.98

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

109249.84

322223.97

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

1025.53

2794.01

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

298555.39

891860.96

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	174967.34	506825.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	1817.00	11933.35
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	4100.00	800.00
(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 20(a), (b), and (c)).....	4100.00	800.00
21. OTHER DISBURSEMENTS .....	5500.00	27663.74
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	186384.34	547222.56

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	427262.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	298555.39
25. SUBTOTAL (add Line 23 and Line 24).....	725817.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	186384.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	539433.54

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 216

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ANDERSON, JENNIFER, L., MRS.,

A. Mailing Address 2991 ALBERENE CHURCH LANE

City  
ESMONTState  
VAZip Code  
22937-1518FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11A.89851

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANDERSON, PHILMORE, B., MR.,

B. Mailing Address 2991 ALBERENE CHURCH LN

City  
ESMONTState  
VAZip Code  
22937-1518FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAVIGATORS GLOBALOccupation  
OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11A.89850

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

APEL, RONALD, H., MR,

C. Mailing Address PO BOX 159

City  
VINEMONTState  
ALZip Code  
35179-0159FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2025

Transaction ID : SA11A.89205

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

2600.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

APEL, RONALD, H., MR,

A. Mailing Address PO BOX 159

City  
VINEMONTState  
ALZip Code  
35179-0159FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

Transaction ID : SA11A.89629

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ARKO, ELIZABETH, MAY, MS,

B. Mailing Address 272 CABRILLO ST APT A

City  
COSTA MESAState  
CAZip Code  
92627-7597FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	5

Transaction ID : SA11A.89691

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BADENOCH, SCOTT, W., MR.,

C. Mailing Address 3012 CLAWSON AVENUE

City  
ROYAL OAKState  
MIZip Code  
48073-3095FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEARS LLCOccupation  
GOVERNMENT AFFAIRS

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11A.89531

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTION

1700.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BAIRD, DALE, L., MAJ,

Mailing Address 110 VANTAGE VIEW DR

City  
PETOSKEYState  
MIZip Code  
49770-9211FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89609

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BAIRD, DALE, L., MAJ,

Mailing Address 110 VANTAGE VIEW DR

City  
PETOSKEYState  
MIZip Code  
49770-9211FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89917

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARN, BARBARA, K., MS,

Mailing Address 11337 MORGAN AVE

City  
PLYMOUTHState  
MIZip Code  
48170-4436FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89715

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

400.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BARNEY, PAUL, M., DR.,

A. Mailing Address 8232 SKYHILLS DRIVE

City  
ANCHORAGEState  
AKZip Code  
99502-3987FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89504

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BECKER, MICHAEL, S., MR.,

B. Mailing Address 1347 SPRINGWOOD LANE

City  
ROCHESTER HILLSState  
MIZip Code  
48309-2608FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89510

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BENJAMIN, MARK, E., MR.,

C. Mailing Address 3688 HOLIDAY VILLAGE ROAD

City  
TRAVERSE CITYState  
MIZip Code  
49686-3914FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89541

Amount of Each Receipt this Period

375.00

☐ Memo Item  
CONTRIBUTION

1175.00

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

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



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BERGSTROM, HANS, , ,

A.

Mailing Address 7303 NORTHEAST 8TH DRIVE

City

BOCA RATON

State

FL

Zip Code

33487-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11A.89800

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

SEE REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

BERGSTROM, HANS, , ,

Mailing Address 7303 NORTHEAST 8TH DRIVE

City

BOCA RATON

State

FL

Zip Code

33487-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11A.89848

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

BERGSTROM, HANS, , ,

Mailing Address 7303 NORTHEAST 8TH DRIVE

City

BOCA RATON

State

FL

Zip Code

33487-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11A.89849

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

7000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 216

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BIEBER, ALBERT, G., MR,

A. Mailing Address PO BOX 207

City  
CHINAState  
TXZip Code  
77613-0207FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 11 2025

Transaction ID : SA11A.89331

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTIONB. Full Name (Last, First, Middle Initial)  
BIEBER, ALBERT, G., MR,  
Mailing Address PO BOX 207City  
CHINAState  
TXZip Code  
77613-0207FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.89724

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTIONC. Full Name (Last, First, Middle Initial)  
BINK, ROBERT, N., ,  
Mailing Address 404 S 29TH STCity  
ESCANABAState  
MIZip Code  
49829-1229FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89731

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

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

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 216

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**BOETTCHER, EDGAR, , MR., III**

**A.** Mailing Address 11476 CABANA SHORE

City

**WILLIAMSBURG**

State

**MI**

Zip Code

**49690-9559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ATLANTICUS**

Occupation  
**COMMISSIONER**

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**300.00**

Date of Receipt

**09 / 02 / 2025**

**Transaction ID : SA11A.89538**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

**BOONE, DAN, W., MR, III**

**B.** Mailing Address 4123 SPRING IS

City

**OKATIE**

State

**SC**

Zip Code

**29909-4041**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**07 / 18 / 2025**

**Transaction ID : SA11A.89288**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

**BURNS, CHRISTINE, M., MS,**

**C.** Mailing Address N12790 SAWYER LAKE RD

City

**CHANNING**

State

**MI**

Zip Code

**49815-9705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**HOMEMAKER**

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**08 / 06 / 2025**

**Transaction ID : SA11A.89652**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item  
**CONTRIBUTION**

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

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

**1400.00**

**1400.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**BURNS, CHRISTINE, M., MS,**

**A.** Mailing Address N12790 SAWYER LAKE RD

City  
CHANNING

State  
MI

Zip Code  
49815-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 08 2025

Transaction ID : SA11A.89950

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BUSCHE, TAI, HUA, MRS,**

**B.** Mailing Address 405 WOODTON KNL

City  
STOCKBRIDGE

State  
GA

Zip Code  
30281-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 15 2025

Transaction ID : SA11A.90036

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CASEY, WILLIAM, R., MR,**

**C.** Mailing Address 153 LOBLOLLY LN

City  
BASTROP

State  
TX

Zip Code  
78602-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFF

Occupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2025

Transaction ID : SA11A.89378

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CASEY, WILLIAM, R., MR,

A.

Mailing Address 153 LOBLOLLY LN

City

BASTROP

State

TX

Zip Code

78602-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2025D D / Y Y Y Y Y  
04 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.89707

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CASEY, WILLIAM, R., MR,

Mailing Address 153 LOBLOLLY LN

City

BASTROP

State

TX

Zip Code

78602-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2025D D / Y Y Y Y Y  
28 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.89753

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHAMBERLAIN, GARY, G., MR,

Mailing Address 4850 ALTON CT

City

TROY

State

MI

Zip Code

48085-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2025D D / Y Y Y Y Y  
10 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.89146

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

200.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)  
CHAMBERLAIN, GARY, G., MR.,

Mailing Address 4850 ALTON CT

City  
TROYState  
MIZip Code  
48085-5044FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89899

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
CLAFLIN, SEAN, R., MR.,

Mailing Address 613 FLORAL AVE.

City  
CANON CITYState  
COZip Code  
81212-5025FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89503

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
CLARK, THOMAS, L., MR.,

Mailing Address 2735 S WAGNER RD UNIT 83

City  
ANN ARBORState  
MIZip Code  
48103-8736FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89971

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

700.00

$\times$	11a		11b		11c		11d		
	12		13a		13b		14		15

FEC Schedule A (Form 3) (Revised 05/2016)

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

DOMSIC, MICHAEL, E., MR,

A. Mailing Address PO BOX 267

City  
CENTRAL LAKEState  
MIZip Code  
49622-0267FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89734

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTIONB. Full Name (Last, First, Middle Initial)  
DOMSIC, MICHAEL, E., MR,  
Mailing Address PO BOX 267City  
CENTRAL LAKEState  
MIZip Code  
49622-0267FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 04 2025

Transaction ID : SA11A.90032

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTIONC. Full Name (Last, First, Middle Initial)  
DRESNER, LINDA, , MS,  
Mailing Address 970 SHIRLEY RDCity  
BIRMINGHAMState  
MIZip Code  
48009-3730FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 30 2025

Transaction ID : SA11A.89208

Amount of Each Receipt this Period

7000.00

☐ Memo Item  
CONTRIBUTION  
SEE REDESIGNATION

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

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

7070.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 216

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

DRESNER, LINDA, , MS,

**A.**

Mailing Address 970 SHIRLEY RD

City

BIRMINGHAM

State

MI

Zip Code

48009-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 30 2025

Transaction ID : SA11A.89444

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

DRESNER, LINDA, , MS,

**B.**

Mailing Address 970 SHIRLEY RD

City

BIRMINGHAM

State

MI

Zip Code

48009-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 30 2025

Transaction ID : SA11A.89445

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

DWIGHT, GARY, , MR.,

**C.**

Mailing Address 465 BAY ST.

City

HARBOR SPRINGS

State

MI

Zip Code

49740-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89536

Amount of Each Receipt this Period

1200.00

☐ Memo Item

CONTRIBUTION

1200.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

ELLIS, JOE, E., MR.,

**A.**

Mailing Address 109 W 5TH ST.

City  
BENTONState  
KYZip Code  
42025-1123FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89507

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

EVANS, HAROLD, L., LT COL,

Mailing Address 3013 BEETHOVEN WAY

City  
SILVER SPRINGState  
MDZip Code  
20904-6861FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89614

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

EVANS, HAROLD, L., LT COL,

Mailing Address 3013 BEETHOVEN WAY

City  
SILVER SPRINGState  
MDZip Code  
20904-6861FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 09 2025

Transaction ID : SA11A.89919

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 216

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)  
FAIRBANKS, RICHARD, W., MR.,

Mailing Address 406 OLD ORCHARD RD

City  
BALTIMORE

State  
MD

Zip Code  
21229-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2025

Transaction ID : SA11A.89132

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
FAIRBANKS, RICHARD, W., MR.,

Mailing Address 406 OLD ORCHARD RD

City  
BALTIMORE

State  
MD

Zip Code  
21229-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : SA11A.89883

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
FEEHELEY, JEANETTE, A., MS,

Mailing Address PO BOX 1570

City  
FRANKFORT

State  
MI

Zip Code  
49635-1570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 08 2025

Transaction ID : SA11A.89618

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

480.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

BergmanforCongress

Full Name (Last, First, Middle Initial)

FLEMING, WILLIAM, A., CHAPLAIN, III

A.

Mailing Address 175 CARTWRIGHT FARM LN APT 134

City

COLLIERVILLE

State

TN

Zip Code

38017-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89787

Amount of Each Receipt this Period

225.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FLEMING, WILLIAM, A., CHAPLAIN, III

Mailing Address 175 CARTWRIGHT FARM LN APT 134

City

COLLIERVILLE

State

TN

Zip Code

38017-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : SA11A.89788

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FLOSKY, KURT, A., MR.,

Mailing Address 6207 SEVEN MILE ROAD

City

SOUTH LYON

State

MI

Zip Code

48178-9651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89537

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2375.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 216

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

FORD, J., GREGORY, DR.,

**A.**

Mailing Address 498 NORTH LAKE DRIVE

City

CALEDONIA

State

MI

Zip Code

49316-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST MICHIGAN EYE CARE

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89505

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRENCH, JACK, A., MR,

**B.**

Mailing Address 7876 W GILFORD RD

City

REESE

State

MI

Zip Code

48757-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.90058

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GOEDERS, CALVIN, N., MR,

**C.**

Mailing Address 2712 GEORGETOWN DR

City

MIDLAND

State

MI

Zip Code

48642-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2025

Transaction ID : SA11A.89201

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

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

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

1100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

GOEDERS, CALVIN, N., MR,

A. Mailing Address 2712 GEORGETOWN DR

City  
MIDLANDState  
MIZip Code  
48642-3920FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 07 2025

Transaction ID : SA11A.89625

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GOEDERS, CALVIN, N., MR,

B. Mailing Address 2712 GEORGETOWN DR

City  
MIDLANDState  
MIZip Code  
48642-3920FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 11 2025

Transaction ID : SA11A.89931

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GRECH-CUMBO, LOUIS, W., MR.,

C. Mailing Address 300 RIVERFRONT DR.  
UNIT 11KCity  
DETROITState  
MIZip Code  
48226-4573FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ART MORAN BUICK GMCOccupation  
EVC

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89535

Amount of Each Receipt this Period

2400.00

☐ Memo Item  
CONTRIBUTION

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

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

2700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**HARDIE, JAMES, D., MR.,**

**A.**

Mailing Address 6616 SUMMERLYN BOULEVARD

City

LAMBERTVILLE

State

MI

Zip Code

48144-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINNACLE EYE GROUP

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89508

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HARRISON, CURTIS, A., MR.,**

**B.**

Mailing Address 4640 WILDWINDS DR

City

PETOSKEY

State

MI

Zip Code

49770-8032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 08 2025

Transaction ID : SA11A.89628

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HAWTHORNE, RAYMOND, S., COL.,**

**C.**

Mailing Address 39 VALLEY DR

City

ANNVILLE

State

PA

Zip Code

17003-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 07 2025

Transaction ID : SA11A.89608

Amount of Each Receipt this Period

212.00

☐ Memo Item  
CONTRIBUTION

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

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

1612.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

HEINZ, FREDERICK, C., CPL,

A. Mailing Address 275 WESTERN AVE

City  
BENTON HARBORState  
MIZip Code  
49022-6045FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 11 2025

Transaction ID : SA11A.89296

Amount of Each Receipt this Period

600.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HERDER, DALE, M., CMDR,

B. Mailing Address 103 W DIXON AVE APT 207

City  
CHARLEVOIXState  
MIZip Code  
49720-1812FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.89730

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HIGA, HELEN, K., MRS,

C. Mailing Address 2824 PARK ST

City  
HONOLULUState  
HIZip Code  
96817-1157FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2025

Transaction ID : SA11A.89148

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

840.00

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

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



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

HIGA, HELEN, K., MRS,

A. Mailing Address 2824 PARK ST

City  
HONOLULUState  
HIZip Code  
96817-1157FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2025

Transaction ID : SA11A.89589

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HINTERMAN, RICHARD, M., MR,

B. Mailing Address PO BOX 536

City  
CADILLACState  
MIZip Code  
49601-0536FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.89760

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOFFMAN, TAEKO, O., MRS,

C. Mailing Address 1122 PORTESUELLO AVE

City  
SANTA BARBARAState  
CAZip Code  
93105-4619FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 01 2025

Transaction ID : SA11A.89203

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

400.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

HOFFMAN, TAEKO, O., MRS,

A. Mailing Address 1122 PORTESUELLO AVE

City

SANTA BARBARA

State

CA

Zip Code

93105-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89626

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOOD, PHIL, O., MR,

B. Mailing Address 4763 2ND AVE SE

City

SALEM

State

OR

Zip Code

97302-4926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 11 2025

Transaction ID : SA11A.89166

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOPKINS, MARK, T., MR,

C. Mailing Address 3043 S ROBERTSON RD

City

CASPER

State

WY

Zip Code

82604-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2025

Transaction ID : SA11A.89211

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

250.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

HOPKINS, MARK, T., MR,

A. Mailing Address 3043 S ROBERTSON RD

City  
CASPERState  
WYZip Code  
82604-3621FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89936

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HUNT, WOODY, L., MR.,

B. Mailing Address P.O. BOX 12667

City  
EL PASOState  
TXZip Code  
79913-0667FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNT COMPANIESOccupation  
EXECUTIVE CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2025

Transaction ID : SA11A.89114

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONES, STEPHANIE, , ,

C. Mailing Address 606 6TH STREET

City  
MARQUETTEState  
MIZip Code  
49855-3305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXTHOME SUPERIOR LIVINGOccupation  
REALTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 08 2025

Transaction ID : SA11A.89811

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3850.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

KAISER, ALFRED, R., MR,

**A.**

Mailing Address 1931 OXFORD RD

City

GROSSE POINTE WOOD

State

MI

Zip Code

48236-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2025

Transaction ID : SA11A.89150

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAISER, ALFRED, R., MR,

**B.**

Mailing Address 1931 OXFORD RD

City

GROSSE POINTE WOOD

State

MI

Zip Code

48236-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89900

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAUFMANN, BARBARA, A., MS,

**C.**

Mailing Address 465 QUARRY HILL RD APT 117

City

SOUTH BURLINGTON

State

VT

Zip Code

05403-5980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 11 2025

Transaction ID : SA11A.89406

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

400.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 216

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)  
KAUFMANN, BARBARA, A., MS,

Mailing Address 465 QUARRY HILL RD APT 117

City  
SOUTH BURLINGTONState  
VTZip Code  
05403-5980FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 08 2025

Transaction ID : SA11A.89773

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
KAUFMANN, BARBARA, A., MS,

Mailing Address 465 QUARRY HILL RD APT 117

City  
SOUTH BURLINGTONState  
VTZip Code  
05403-5980FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.90063

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
KEEP, JOHN, C., MR.,

Mailing Address 3971 WEST MACKINAW RIDGE

City  
EMPIREState  
MIZip Code  
49630-8534FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89544

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

KHALIL, RASHID, , ,

**A.**

Mailing Address 1598 CLARENDON ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2025

Transaction ID : SA11A.89454

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

KHAN, MOHAMMAD, YAHYA, ,

Mailing Address 33 SAWMILL CREEK TRAIL

City

SAGINAW

State

MI

Zip Code

48603-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2025

Transaction ID : SA11A.89457

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

KHAWAJA, ARSHAD, M., MR.,

Mailing Address 50636 TOP OF HILL COURT

City

PLYMOUTH

State

MI

Zip Code

48170-6345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2025

Transaction ID : SA11A.89458

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

KOSANOVICH, TAD, R., MR.,

**A.** Mailing Address 322 SUNSET ROADCity  
OSPREYState  
FLZip Code  
34229-9207

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	5

Transaction ID : SA11A.89506

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

500.00

Name of Employer  
SELF EMPLOYEDOccupation  
OPTOMETRIC PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KOSCIOLEK, SYLVIA, M., MS,

**B.** Mailing Address 12228 WOODLINE DRCity  
FENTONState  
MIZip Code  
48430-3514

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

Transaction ID : SA11A.89587

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

150.00

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KULBIEDA, MARK, , MR.,

**C.** Mailing Address 1209 HOAG ROADCity  
PETOSKEYState  
MIZip Code  
49770-8801

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11A.89543

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

300.00

Name of Employer  
MCLAREN HEALTH SYSTEMOccupation  
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

LACEY, JEANETTE, J., MRS,

**A.**

Mailing Address 197 INDIANWOOD RD

City

LAKE ORION

State

MI

Zip Code

48362-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MELMAR INDUSTRIAL PARK LLC

Occupation

PROPERTY MANAGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 11 2025

Transaction ID : SA11A.89619

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAW, ROBERT, C., MR.,

**B.**

Mailing Address 9864 E GRAND RIVER  
SUITE 110-299

City

BRIGHTON

State

MI

Zip Code

48116-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS DEVELOPMENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89534

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEGALLEY, THOMAS, D., DR,

**C.**

Mailing Address 609 LAKEWOOD LN

City

MARQUETTE

State

MI

Zip Code

49855-9517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 11 2025

Transaction ID : SA11A.89164

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

950.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

LEVIN, HERBERT, A., MR, RET

**A.** Mailing Address 724 E GRINNELL DRCity  
BURBANKState  
CAZip Code  
91501-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2025

Transaction ID : SA11A.89142

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEVIN, HERBERT, A., MR, RET

**B.** Mailing Address 724 E GRINNELL DRCity  
BURBANKState  
CAZip Code  
91501-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : SA11A.89586

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LITZ, JOHN, T., MR.,

**C.** Mailing Address 1222 RIPLEY ROADCity  
CROWNSVILLEState  
MDZip Code  
21032-1504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11A.89853

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

LOUIE, FRANK, G., MR,

Mailing Address 1847 W 41ST DR

City

LOS ANGELES

State

CA

Zip Code

90062-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11A.89937

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MALIK, MUZAMMIL, H., ,

Mailing Address 18790 CHURCH HILL DR.

City

RIVERVIEW

State

MI

Zip Code

48193-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA11A.89459

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E., MR,

Mailing Address 5215 VALLEY BLUFF LN

City

KATY

State

TX

Zip Code

77494-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

Transaction ID : SA11A.89414

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

1150.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E., MR,

**A.** Mailing Address 5215 VALLEY BLUFF LN

City  
KATY

State  
TX

Zip Code  
77494-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : SA11A.90067

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E., MR,

**B.** Mailing Address 5215 VALLEY BLUFF LN

City  
KATY

State  
TX

Zip Code  
77494-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : SA11A.90068

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARTENSON, JOHN, J., ,

**C.** Mailing Address PO BOX 1613

City  
GAYLORD

State  
MI

Zip Code  
49734-5613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2025

Transaction ID : SA11A.89253

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MARVIN, WILLIAM, K., MR,

A. Mailing Address 308 STRAITS AVE

City  
MACKINAW CITYState  
MIZip Code  
49701-9605FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2025

Transaction ID : SA11A.89404

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
MCCANDLESS, JAMES, A., MR,

B. Mailing Address 3784 GRATIOT AVE

City  
PORT HURONState  
MIZip Code  
48060-1591FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : SA11A.89644

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
MEIJER, HENDRIK, G., MR.,

C. Mailing Address 2929 WALKER AVE NW

City  
GRAND RAPIDSState  
MIZip Code  
49544-6402FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11A.89856

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3800.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MURDOCK, PATTI, , ,

A. Mailing Address PO BOX 516

City  
INDIAN RIVERState  
MIZip Code  
49749-0516FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOWE MARINEOccupation  
MANAGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2025

Transaction ID : SA11A.89559

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NAZIR, PARVEEN, M., ,

B. Mailing Address 6216 CHARLES DRIVE

City  
WEST BLOOMFIELDState  
MIZip Code  
48322-2200FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : SA11A.89453

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

OLSON, JOHN, R., MR,

C. Mailing Address 10120 NE 112TH PL

City  
KIRKLANDState  
WAZip Code  
98033-4458FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
GROUNDSKEEPER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : SA11A.89180

Amount of Each Receipt this Period

450.00

☐ Memo Item  
CONTRIBUTION

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

2950.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

PESTKA, NORMAN, F., MR.,

**A.** Mailing Address 115 OLD NORWICH TRAILCity  
ONTONAGONState  
MIZip Code  
49953-9687FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORMAN PESTKA CONSTRUCTIONOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11A.90091

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

POND, DONALD, D., MR.,

**B.** Mailing Address 1021 BAY VIEW DR.City  
KEWADINState  
MIZip Code  
49648-9353FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89542

Amount of Each Receipt this Period

375.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAYCRAFT, ALVIN, K., MR,

**C.** Mailing Address 7993 BUSSA LNCity  
RAPID CITYState  
MIZip Code  
49676-9203FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

991.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 24 2025

Transaction ID : SA11A.89325

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1474.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

RAYCRAFT, ALVIN, K., MR,

A. Mailing Address 7993 BUSSA LN

City  
RAPID CITYState  
MIZip Code  
49676-9203FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

991.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

Transaction ID : SA11A.89718

Amount of Each Receipt this Period

198.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAYCRAFT, ALVIN, K., MR,

B. Mailing Address 7993 BUSSA LN

City  
RAPID CITYState  
MIZip Code  
49676-9203FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

991.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

Transaction ID : SA11A.90011

Amount of Each Receipt this Period

198.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

REHMAN, MATT, IUR, ,

C. Mailing Address 3827 WABEEK LAKE DRIVE WEST

City  
BLOOMFIELDState  
MIZip Code  
48302-1279FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA11A.89456

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

896.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

RILEY, BRUCE, A., MR,

**A.**

Mailing Address 8 WOODS DR

City

HARBOR SPRINGS

State

MI

Zip Code

49740-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2025

Transaction ID : SA11A.89429

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RILEY, BRUCE, A., MR,

**B.**

Mailing Address 8 WOODS DR

City

HARBOR SPRINGS

State

MI

Zip Code

49740-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 14 2025

Transaction ID : SA11A.89791

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RILEY, BRUCE, A., MR,

**C.**

Mailing Address 8 WOODS DR

City

HARBOR SPRINGS

State

MI

Zip Code

49740-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2025

Transaction ID : SA11A.89792

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

500.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

RILEY, JOHN, M., MR,

A. Mailing Address 3600 MATADOR W APT 4

City  
TRAVERSE CITYState  
MIZip Code  
49684-4649FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		11		2025

Transaction ID : SA11A.89362

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RING, LOWELL, F., MR,

B. Mailing Address 9101 WINTON RD

City  
CINCINNATIState  
OHZip Code  
45231-3829FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		28		2025

Transaction ID : SA11A.89704

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RING, LOWELL, F., MR,

C. Mailing Address 9101 WINTON RD

City  
CINCINNATIState  
OHZip Code  
45231-3829FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		08		2025

Transaction ID : SA11A.90002

Amount of Each Receipt this Period

80.00

☐ Memo Item  
CONTRIBUTION

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

360.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)  
SANGSTER, RICHARD, B., MR.,

Mailing Address P.O. BOX 176

City  
CHEBOYGANState  
MIZip Code  
49721-0176FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89533

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
SCOTT, AUDREY, M., MRS,

Mailing Address 9778 SW COQUILLE CT

City  
TUALATINState  
ORZip Code  
97062-9528FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2025

Transaction ID : SA11A.89410

Amount of Each Receipt this Period

38.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
SCOTT, AUDREY, M., MRS,

Mailing Address 9778 SW COQUILLE CT

City  
TUALATINState  
ORZip Code  
97062-9528FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89778

Amount of Each Receipt this Period

44.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

1282.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

SCOTT, AUDREY, M., MRS,

**A.**

Mailing Address 9778 SW COQUILLE CT

City

TUALATIN

State

OR

Zip Code

97062-9528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : SA11A.90065

Amount of Each Receipt this Period

52.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SEELYE, ROGER, R., DR.,

**B.**

Mailing Address 5122 LAKE DRIVE

City

OWOSSO

State

MI

Zip Code

48867-8711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 21 2025

Transaction ID : SA11A.89509

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SENSKE, BERNARD, J., MR,

**C.**

Mailing Address 632 WOOD RD NW

City

RAPID CITY

State

MI

Zip Code

49676-9583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2025

Transaction ID : SA11A.89134

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

502.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

SENSKE, BERNARD, J., MR,

A.

Mailing Address 632 WOOD RD NW

City  
RAPID CITYState  
MIZip Code  
49676-9583FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2025

Transaction ID : SA11A.89572

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHAIKH, MALIHA, N., ,

B.

Mailing Address 31 SAWMILL CREEK TRAIL

City  
SAGINAWState  
MIZip Code  
48603-8626FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2025

Transaction ID : SA11A.89455

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SLOANE, JOHN, D., MR,

C.

Mailing Address 47780 WESTLAKE DR

City  
SHELBY TOWNSHIPState  
MIZip Code  
48315-4564FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.89663

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

700.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

SLOANE, JOHN, D., MR,

**A.**

Mailing Address 47780 WESTLAKE DR

City

SHELBY TOWNSHIP

State

MI

Zip Code

48315-4564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89962

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SMITS, ANDREW, , MR.,

**B.**

Mailing Address 8458 PENINSULA DR.

City

TRAVERSE CITY

State

MI

Zip Code

49686-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLAS AIR WORLDWIDE

Occupation

ENGINEER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89555

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SNYDER, SALLIE, F., MRS,

**C.**

Mailing Address 3226 SPRUCE ST

City

INDIAN RIVER

State

MI

Zip Code

49749-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89966

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1550.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

STEWART, SCOTT, E., MR,

**A.**

Mailing Address 4601 LAFAYETTE AVE

City

FORT WORTH

State

TX

Zip Code

76107-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEWARTS PLLC

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 16 2025

Transaction ID : SA11A.89165

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEWART, SCOTT, E., MR,

**B.**

Mailing Address 4601 LAFAYETTE AVE

City

FORT WORTH

State

TX

Zip Code

76107-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEWARTS PLLC

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 15 2025

Transaction ID : SA11A.89908

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUGDEN, ROBERT, C., MR,

**C.**

Mailing Address 221 MAGNOLIA AVE

City

ROSCOMMON

State

MI

Zip Code

48653-8744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 08 2025

Transaction ID : SA11A.89903

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

BergmanforCongress

Full Name (Last, First, Middle Initial)

TAYLER, BERNADETTE, L., MRS,

A. Mailing Address 421 BELANGER ST

City  
GROSSE POINTE FARMState  
MIZip Code  
48236-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.89615

Amount of Each Receipt this Period

76.00

☐ Memo Item  
CONTRIBUTIONB. Full Name (Last, First, Middle Initial)  
TAYLER, BERNADETTE, L., MRS,  
Mailing Address 421 BELANGER STCity  
GROSSE POINTE FARMState  
MIZip Code  
48236-3201FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 15 2025

Transaction ID : SA11A.89920

Amount of Each Receipt this Period

76.00

☐ Memo Item  
CONTRIBUTIONC. Full Name (Last, First, Middle Initial)  
THOMPSON, GREGORY, B., ,  
Mailing Address 224 E BAY BLVD SCity  
TRAVERSE CITYState  
MIZip Code  
49686-3010FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMPSON PHARMACYOccupation  
PHARMACIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2025

Transaction ID : SA11A.89082

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

252.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

BergmanforCongress

Full Name (Last, First, Middle Initial)

THOMPSON, GREGORY, B., ,

A.

Mailing Address 224 E BAY BLVD S

City

TRAVERSE CITY

State

MI

Zip Code

49686-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMPSON PHARMACY

Occupation

PHARMACIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 01 2025

Transaction ID : SA11A.89129

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THOMPSON, GREGORY, B., ,

Mailing Address 224 E BAY BLVD S

City

TRAVERSE CITY

State

MI

Zip Code

49686-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMPSON PHARMACY

Occupation

PHARMACIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 05 2025

Transaction ID : SA11A.89801

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THOMPSON, GREGORY, B., ,

Mailing Address 224 E BAY BLVD S

City

TRAVERSE CITY

State

MI

Zip Code

49686-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMPSON PHARMACY

Occupation

PHARMACIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 28 2025

Transaction ID : SA11A.90081

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)  
TOMLINSON, JOSEPH, W., MR.,

Mailing Address 237 N LAKE SHORE DR

City  
HARBOR SPRINGSState  
MIZip Code  
49740-9118FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.90030

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
TROTH, ROBERT, S., COL,

Mailing Address 3003 GULF SHORE BLVD N APT 301

City  
NAPLESState  
FLZip Code  
34103-3912FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 18 2025

Transaction ID : SA11A.89584

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
TUCKER, ANNE, G., MRS,

Mailing Address 6181 PENINSULA DR

City  
TRAVERSE CITYState  
MIZip Code  
49686-1913FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 04 2025

Transaction ID : SA11A.89776

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

550.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

VANDERWALL, JERRY, , ,

A.

Mailing Address 627 HILLOCK CT

City

GRAND HAVEN

State

MI

Zip Code

49417-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	5

Transaction ID : SA11A.89424

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

VANDERWALL, JERRY, , ,

Mailing Address 627 HILLOCK CT

City

GRAND HAVEN

State

MI

Zip Code

49417-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

Transaction ID : SA11A.90074

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WALCOTT, WARREN, JAY, MR,

Mailing Address 8514 MOHAWK DR SE

City

FIFE LAKE

State

MI

Zip Code

49633-8013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

Transaction ID : SA11A.89721

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

350.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

WEEKLY, JEFFERY, D., MR.,

**A.** Mailing Address 12335 CENTER RDCity  
TRAVERSE CITYState  
MIZip Code  
49686-8558FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLAS AIR WORLDWIDEOccupation  
FOUNDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89556

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WENTWORTH, DAVID, L., MR.,

**B.** Mailing Address 1929 DOUGLAS DRCity  
TAWAS CITYState  
MIZip Code  
48763-9442FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 25 2025

Transaction ID : SA11A.89241

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WIESE, ADRIELLE, C., MRS.,

**C.** Mailing Address 818 EAST BROADVIEW DRIVECity  
FAYETTEVILLEState  
ARZip Code  
72703-2061FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11A.89854

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

4150.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

WIESE, ERIC, S., MR.,

A. Mailing Address 818 EAST BROADVIEW DRIVE

City  
FAYETTEVILLEState  
ARZip Code  
72703-2061FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2025

Transaction ID : SA11A.89855

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILCOX, HOWARD, , ,

B. Mailing Address 2539 STATE HIGHWAY M35

City  
BARK RIVERState  
MIZip Code  
49807-9727FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : SA11A.89323

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILCOX, HOWARD, , ,

C. Mailing Address 2539 STATE HIGHWAY M35

City  
BARK RIVERState  
MIZip Code  
49807-9727FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2025

Transaction ID : SA11A.90010

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

2700.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

ZICK, ALFORD, E., MR, JR

**A.** Mailing Address 11 ROLLING HILLS DRCity  
BARRINGTONState  
ILZip Code  
60010-9333FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 03 2025

Transaction ID : SA11A.89225

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ZICK, ALFORD, E., MR, JR

**B.** Mailing Address 11 ROLLING HILLS DRCity  
BARRINGTONState  
ILZip Code  
60010-9333FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 11 2025

Transaction ID : SA11A.89647

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ZICK, ALFORD, E., MR, JR

**C.** Mailing Address 11 ROLLING HILLS DRCity  
BARRINGTONState  
ILZip Code  
60010-9333FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 15 2025

Transaction ID : SA11A.89946

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

140.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 216

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ALBION RIVER MANAGEMENT LLC

Mailing Address 2600 TOWER OAKS BOULEVARD

City  
ROCKVILLEState  
MDZip Code  
20852-4218FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 06 2025

Transaction ID : SA11A.89436

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

REFUNDED \$2,500.00 ON 08/18/2025

Full Name (Last, First, Middle Initial)

CLASSROOM CHARACTER DEVELOPMENT &amp; LEADERSHIP

Mailing Address 7752 CLEARWATER CT.

City  
WILLIAMSBURGState  
MIZip Code  
49690-9219FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89532

Amount of Each Receipt this Period

1600.00

☐ Memo Item  
CONTRIBUTIONVERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

HOEDEL, JOSEPH, M., MR.,

Mailing Address 7752 CLEARWATER COURT

City  
WILLIAMSBURGState  
MIZip Code  
49690-9219FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

EDUCATION CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 23 2025

Transaction ID : SA11A.89813

Amount of Each Receipt this Period

1600.00

☒ Memo Item  
CONTRIBUTIONVERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
PARTNERSHIP ATTRIBUTION

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

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

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 216

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**OPTIMAL CAPITAL ADVISORS**

**A.**

Mailing Address 12935 SW BAYSHORE DR.  
STE. 305

City  
TRAVERSE CITY

State  
MI

Zip Code  
49684-6258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89539

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

REFUNDED \$300.00 ON 09/29/2025

Full Name (Last, First, Middle Initial)

**WODA COOPER COMMUNITIES LLC**

**B.**

Mailing Address 500 SOUTH FRONT STREET  
10TH FLOOR

City  
COLUMBUS

State  
OH

Zip Code  
43215-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11A.89530

Amount of Each Receipt this Period

1800.00

☐ Memo Item  
CONTRIBUTION

VERIFIED FEDERALLY PERMISSIBLE FUNDS; SEE  
ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

**COOPER, DAVID, , ,**

**C.**

Mailing Address 4420 SHULL ROAD

City  
COLUMBUS

State  
OH

Zip Code  
43230-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

WODA COOPER COMPANIES, INC.

REAL ESTATE

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2025

Transaction ID : SA11A.89563

Amount of Each Receipt this Period

882.00

☒ Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

2100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

WODA, JEFF, , MR.,

A.

Mailing Address 500 SOUTH FRONT STREET

FL 10

City

COLUMBUS

State

OH

Zip Code

43215-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WODA COOPER COMPANIES

Occupation

FOUNDER

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5918.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

Transaction ID : SA11A.89562

Amount of Each Receipt this Period

918.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION CO

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001-2604

FEC ID number of contributing  
federal political committee.

C

C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

572.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	5

Transaction ID : SA11C.89075

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

FISHER, JEFFREY, , ,

Mailing Address 515 EAST 72ND STREET

APT 30F

City

NEW YORK

State

NY

Zip Code

10021-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOURO UNIVERSITY

Occupation

SPECIAL PROGRAMS ADMINISTRATOR

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	5

Transaction ID : SA11A.89076

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM AMERICAN ISRAEL PUBLIC  
AFFAIRS COMMITTEE POLITIC

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

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

500.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 216

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36594.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
07		07		2025

Transaction ID : SA11C.89077

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
**WILLIAMS, TOM, , ,**

Mailing Address 848 BRICKELL KEY DRIVE

City  
**MIAMI**State  
**FL**Zip Code  
**33131-3700**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

FRONTERA GROUP

GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
07		07		2025

Transaction ID : SA11A.89078

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36594.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
08		04		2025

Transaction ID : SA11C.89124

Amount of Each Receipt this Period

1000.84

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CHUGHTAI, MOSSASQAQ, , ,

A. Mailing Address 9109 LUCKY ESTATES DRIVE

City  
VIENNAState  
VAZip Code  
22182-1746FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINRGOccupation  
VICE CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 27 2025

Transaction ID : SA11A.89125

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36594.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 11 2025

Transaction ID : SA11C.89447

Amount of Each Receipt this Period

1800.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDC. Full Name (Last, First, Middle Initial)  
HUSSAIN, MAZHER, , ,

Mailing Address 2614 MANCHESTER CT

City  
TROYState  
MIZip Code  
48098-2148FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED PAIN CENTEROccupation  
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 02 2025

Transaction ID : SA11A.89450

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

1300.00

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MALIK, GHASUS, , ,

**A.**

Mailing Address 1130 E. SQUARE LAKE ROAD

City

BLOOMFIELD

State

MI

Zip Code

48304-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HFHS

Occupation

PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		02		2025

Transaction ID : SA11A.89449

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SIKANDER, HAMZA, , ,

Mailing Address 1684 LINCOLNSHIRE DR

City

ROCHESTER HILLS

State

MI

Zip Code

48309-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CCSL

Occupation

EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		03		2025

Transaction ID : SA11A.89448

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36594.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		25		2025

Transaction ID : SA11C.89497

Amount of Each Receipt this Period

1010.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

1500.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

RAO, KHALID, , ,

**A.**

Mailing Address 3567 LOCH BEND DRIVE

City

COMMERCE TOWNSHIP

State

MI

Zip Code

48382-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED WOUNDCARE INSTITUTE

Occupation

DOCTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 19 2025

Transaction ID : SA11A.89498

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36594.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 08 2025

Transaction ID : SA11C.89797

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

PUNARO, ARNOLD, L., MAJ. GEN.,

**C.**

Mailing Address 6918 BONHEIM COURT

City

MC LEAN

State

VA

Zip Code

22101-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 01 2025

Transaction ID : SA11A.89798

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)  
WINRED

**A.** Mailing Address P.O. BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36594.88

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.90082

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
HUDSON, DANA, , ,

**B.** Mailing Address 3325 AMES ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20019-1316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

C6 STRATEGIES LLC

GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 28 2025

Transaction ID : SA11A.90083

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

84433.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**NORTHERN MICHIGAN POLICY FUND TRAVERSE CONNECT PAC**

Mailing Address 202 E. GRANDVIEW PARKWAY

City

TRAVERSE CITY

State

MI

Zip Code

49684-2559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89554

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS

Full Name (Last, First, Middle Initial)

**AAR CORP. PAC**

Mailing Address 1100 N. WOOD DALE ROAD

City

WOOD DALE

State

IL

Zip Code

60191-1060

FEC ID number of contributing  
federal political committee.

C C00625921

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89866

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICA'S MOUNTAIN PAC**

Mailing Address 138 CONANT STREET, SUITE 401

City

BEVERLY

State

MA

Zip Code

01915-1678

FEC ID number of contributing  
federal political committee.

C C00883413

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89557

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT

Mailing Address 10275 W. HIGGINS RD  
SUITE 500City  
ROSEMONTState  
ILZip Code  
60018-3887FEC ID number of contributing  
federal political committee.

C C00173153

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89862

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address 1701 CLARENDON BLVD  
STE 200City  
ARLINGTONState  
VAZip Code  
22209-2700FEC ID number of contributing  
federal political committee.

C C00102764

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 25 2025

Transaction ID : SA11C.89479

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address 1701 CLARENDON BLVD  
STE 200City  
ARLINGTONState  
VAZip Code  
22209-2700FEC ID number of contributing  
federal political committee.

C C00102764

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89842

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

5000.00

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

**SCHEDULE A (FEC Form 3)**  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AMERICAN FOREST &amp; PAPER ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 601 THIRTEENTH ST, NW  
SUITE 1000NCity  
WASHINGTONState  
DCZip Code  
20005-6713FEC ID number of contributing  
federal political committee.

C C00029348

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89844

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN HOTEL AND LODGING ASSOCIATION PAC ('HOTELPAC')

Mailing Address 1250 I ST NW  
STE 1100City  
WASHINGTONState  
DCZip Code  
20005-5904FEC ID number of contributing  
federal political committee.

C C00001198

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89865

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN HOTEL AND LODGING ASSOCIATION PAC ('HOTELPAC')

Mailing Address 1250 I ST NW  
STE 1100City  
WASHINGTONState  
DCZip Code  
20005-5904FEC ID number of contributing  
federal political committee.

C C00001198

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.90087

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

5500.00

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

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



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AMERICAN OPTOMETRIC ASSOC. PAC (AOA PAC)

A.

Mailing Address 1505 PRINCE ST  
STE 300City  
ALEXANDRIAState  
VAZip Code  
22314-2874FEC ID number of contributing  
federal political committee.

C C00024968

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2025

Transaction ID : SA11C.89115

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN WOOD COUNCIL POLITICAL ACTION COMMITTEE (WOOD-PAC)

B.

Mailing Address 1101 K STREET NW  
SUITE 700City  
WASHINGTONState  
DCZip Code  
20005-7033FEC ID number of contributing  
federal political committee.

C C00602698

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89546

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARTER COMMUNICATIONS PAC

C.

Mailing Address 400 ATLANTIC ST  
FL 10City  
STAMFORDState  
CTZip Code  
06901-3512FEC ID number of contributing  
federal political committee.

C C00426775

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89548

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

8500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CLARK HILL FEDERAL POLITICAL ACTION COMMITTEE, THE

A.

Mailing Address 1001 PENNSYLVANIA AVE. NW  
SUITE 1300SCity  
WASHINGTONState  
DCZip Code  
20004-2584FEC ID number of contributing  
federal political committee.

C C00413484

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89551

Amount of Each Receipt this Period

600.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CORNING INCORPORATED EMPLOYEES POLITICAL ACTION COMMITTEE (C

B.

Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 420City  
WASHINGTONState  
DCZip Code  
20004-2542FEC ID number of contributing  
federal political committee.

C C00033589

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89550

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CROSSPARTISAN PAC II

C.

Mailing Address PO BOX 1843

City  
ALEXANDRIAState  
VAZip Code  
22313-1843FEC ID number of contributing  
federal political committee.

C C00786202

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 23 2025

Transaction ID : SA11C.89812

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

4100.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**CUBIC CORPORATION EMPLOYEES' PAC****A.**

Mailing Address 9333 BALBOA AVE

MS. 10-2

City

SAN DIEGO

State

CA

Zip Code

92123-1515

FEC ID number of contributing  
federal political committee.**C** C00151787

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2025

**Transaction ID : SA11C.89864**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DYKEMA GOSSETT FEDERAL PAC****B.**

Mailing Address 201 TOWNSEND STREET

SUITE 900

City

LANSING

State

MI

Zip Code

48933-1529

FEC ID number of contributing  
federal political committee.**C** C00342113

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2025

**Transaction ID : SA11C.89860**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF RTX CORPORATION POLITICAL ACTION COMMITTEE****C.**

Mailing Address 1000 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22209-3927

FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		02		2025

**Transaction ID : SA11C.89547**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF RTX CORPORATION POLITICAL ACTION COMMITTEE****A.**

Mailing Address 1000 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22209-3927

FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.90084

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF RTX CORPORATION POLITICAL ACTION COMMITTEE****B.**

Mailing Address 1000 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22209-3927

FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.90085

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GENERAL ATOMICS PAC****C.**

Mailing Address P.O. BOX 85608

City

SAN DIEGO

State

CA

Zip Code

92186-5608

FEC ID number of contributing  
federal political committee.**C** C00215285

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11C.89552

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**Full Name (Last, First, Middle Initial)  
**HOUSE CONSERVATIVES FUND**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City  
ALEXANDRIAState  
VAZip Code  
22314-5404FEC ID number of contributing  
federal political committee.**C** C00326439

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2025

Transaction ID : SA11C.90093

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS LLC PAC**

Mailing Address 1901 MARKET STREET

City  
PHILADELPHIAState  
PAZip Code  
19103-1480FEC ID number of contributing  
federal political committee.**C** C00450056

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2025

Transaction ID : SA11C.89861

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION CO**Mailing Address 1615 L STREET, NW  
SUITE 900City  
WASHINGTONState  
DCZip Code  
20036-5623FEC ID number of contributing  
federal political committee.**C** C00032698

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2025

Transaction ID : SA11C.90094

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI)**

Mailing Address 1401 H STREET NW SUITE 1200

City

WASHINGTON

State

DC

Zip Code

20005-2110

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89859

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LEO TECH PAC**

Mailing Address 1515 S CAPITAL OF TEXAS HWY  
#220

City

AUSTIN

State

TX

Zip Code

78746-6544

FEC ID number of contributing  
federal political committee.

**C** C00900142

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2025

Transaction ID : SA11C.89839

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LKQ CORPORATION EMPLOYEE GOOD GOVERNMENT FUND**

Mailing Address 100 M STREET SE - STE 300

City

WASHINGTON

State

DC

Zip Code

20003-3543

FEC ID number of contributing  
federal political committee.

**C** C00458158

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89847

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2251 CORPORATE PARK DRIVE  
6TH FLOORCity  
HERNDONState  
VAZip Code  
20171-4839FEC ID number of contributing  
federal political committee.

C C00208983

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89858

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL

Mailing Address 100 INDIANA AVE., N. W.

City  
WASHINGTONState  
DCZip Code  
20001-2144FEC ID number of contributing  
federal political committee.

C C00023580

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.89863

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION

Mailing Address 3 BETHESDA METRO CENTER  
SUITE 1100City  
BETHESDAState  
MDZip Code  
20814-6302FEC ID number of contributing  
federal political committee.

C C00113811

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.90086

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

7500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS'**

Mailing Address 905 16TH ST., NW

City

WASHINGTON

State

DC

Zip Code

20006-1703

FEC ID number of contributing  
federal political committee.**C** C00345306

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : SA11C.89545

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030-7550

FEC ID number of contributing  
federal political committee.**C** C00053553

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.89857

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL SHOOTING SPORTS FOUNDATION, INC. PAC (NSSF PAC)**Mailing Address 400 N CAPITOL ST NW  
STE 490

City

WASHINGTON

State

DC

Zip Code

20001-6509

FEC ID number of contributing  
federal political committee.**C** C00480863

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.89841

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

4500.00

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



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC**

**A.**

Mailing Address 1155 15TH ST NW

City

WASHINGTON

State

DC

Zip Code

20005-2706

FEC ID number of contributing  
federal political committee.

**C** C00570226

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

**Transaction ID : SA11C.89843**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SERVICE KNOWLEDGE OATH LEADERSHIP PAC (SKOL PAC)**

**B.**

Mailing Address PO BOX 183

City

HUDSON

State

WI

Zip Code

54016-0183

FEC ID number of contributing  
federal political committee.

**C** C00809863

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

**Transaction ID : SA11C.89845**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TEXTRON INC. PAC**

**C.**

Mailing Address 40 WESTMINSTER ST

City

PROVIDENCE

State

RI

Zip Code

02903-2525

FEC ID number of contributing  
federal political committee.

**C** C00123612

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 25 2025

**Transaction ID : SA11C.89799**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

6500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 216

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC PAC (TOYOTA/LEXUS PAC)

A.

Mailing Address 325 7TH ST NW  
STE 1000City  
WASHINGTONState  
DCZip Code  
20004-2801FEC ID number of contributing  
federal political committee.

C C00542365

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 15 2025

Transaction ID : SA11C.89074

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA E

B.

Mailing Address 9800 FREDERICKSBURG ROAD

City  
SAN ANTONIOState  
TXZip Code  
78288-0001FEC ID number of contributing  
federal political committee.

C C00164145

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89549

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEYERHAEUSER COMPANY PAC

C.

Mailing Address 220 OCCIDENTAL AVE S

City  
SEATTLEState  
WAZip Code  
98104-3120FEC ID number of contributing  
federal political committee.

C C00007948

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA11C.89553

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

7500.00

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

77350.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

THE BERGMAN VICTORY COMMITTEE

A.

Mailing Address 824 S MILLEDGE AVE  
STE 101City  
ATHENSState  
GAZip Code  
30605-1369FEC ID number of contributing  
federal political committee.

C C00696088

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286636.90

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA12.90088

Amount of Each Receipt this Period

73745.12

☐ Memo Item

TRANSFER

TRANSFER OF NET JFC FUNDS

B.

Full Name (Last, First, Middle Initial)

AMOS, DORANCE, M., ,

Mailing Address 8443 CAIRN HWY  
PO BOX 536City  
ELK RAPIDSState  
MIZip Code  
49629-9313FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

AMOS FARMS

AGRICULTURE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 10 2025

Transaction ID : SA.89560.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

AVINK, ISAIAH, J., MR.,

Mailing Address 8030 WADI BLVD  
STE B104City  
WHITE LAKEState  
MIZip Code  
48386-1374FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89484.10.25Q3

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

73745.12

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BACKERS, CAROL, L., ,

Mailing Address 7765 KELLOG RD NW

City  
ALDENState  
MIZip Code  
49612-9669FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2025

Transaction ID : SA.89093.10.25Q3

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

BACKERS, CAROL, L., ,

Mailing Address 7765 KELLOG RD NW

City  
ALDENState  
MIZip Code  
49612-9669FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89470.10.25Q3

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

BACKERS, CAROL, L., ,

Mailing Address 7765 KELLOG RD NW

City  
ALDENState  
MIZip Code  
49612-9669FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 22 2025

Transaction ID : SA.89818.10.25Q3

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

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

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 216

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**BIGGER, GREGG, M., ,**

**A.**

Mailing Address 10137 COUNCIL OAK DR

City

TRAVERSE CITY

State

MI

Zip Code

49686-8547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GTSB FINANCIAL INC

Occupation

BANK EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2025

Transaction ID : SA.89473.10.25Q3

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

**BRAMER, DONALD, , ,**

**B.**

Mailing Address 122 C STREET NW - SUITE 510

City

WASHINGTON

State

DC

Zip Code

20001-2109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BRAMER GROUP

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : SA.89086.10.25Q3

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

**BRAMER, DONALD, , ,**

**C.**

Mailing Address 122 C STREET NW - SUITE 510

City

WASHINGTON

State

DC

Zip Code

20001-2109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BRAMER GROUP

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2025

Transaction ID : SA.89462.10.25Q3

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

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

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BRAMER, DONALD, , ,

A.

Mailing Address 122 C STREET NW - SUITE 510

City

WASHINGTON

State

DC

Zip Code

20001-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRAMER GROUP

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 15 2025

Transaction ID : SA.89803.10.25Q3

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

BRANDYS, VINCENT, , DR., JR.

Mailing Address 1833 WILDBERRY DRIVE

UNIT A

City

GLENVIEW

State

IL

Zip Code

60025-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89106.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

BUCKENDORF, PHILLIP, , ,

Mailing Address 1689 35TH STREER

City

WASHINGTON

State

DC

Zip Code

20007-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AIR SPACE INTELLIGENCE, INC.

Occupation

CEO

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

780.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA.89874.10.25Q3

Amount of Each Receipt this Period

780.76

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

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

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**BUSMAN, RICHARD, , ,****A.**

Mailing Address 14662 EAST BURNT LANDING ROAD

City

GOETZVILLE

State

MI

Zip Code

49736-9370

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

Transaction ID : SA.89468.10.25Q3

Amount of Each Receipt this Period

50.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

**CALLTON, MICHAEL, , ,**

Mailing Address 224 WASHINGTON ST

City

NASHVILLE

State

MI

Zip Code

49073-9581

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	5

Transaction ID : SA.89465.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

**CARVER, SUSAN, B., DR.,**

Mailing Address 11837 MERRIMAN ROAD

City

LIVONIA

State

MI

Zip Code

48150-1924

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

Transaction ID : SA.89490.10.25Q3

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

CHARAN, GURU, , ,

**A.** Mailing Address 2891 REVERENCE HEIGHTS LNCity  
LAS VEGASState  
NVZip Code  
89138-6204FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAGEBRUSH HEALTHOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 22 2025

Transaction ID : SA.89821.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER, RODNEY, , ,

Mailing Address 5761 US 31 N #9

City  
WILLIAMSBURGState  
MIZip Code  
49690-9314FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAMBDA ENERGY RESOURCES LLCOccupation  
ENGINEER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1249.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89085.10.25Q3

Amount of Each Receipt this Period

1249.22

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.** Full Name (Last, First, Middle Initial)  
COWELL, CASEY, , MR.,

Mailing Address P.O. BOX 5470

City  
RIVER FORESTState  
ILZip Code  
60305-5470FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DURANDAL INC.Occupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 24 2025

Transaction ID : SA.89871.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

COWELL, DANA, , ,

**A.**

Mailing Address P.O. BOX 5470

City

RIVER FOREST

State

IL

Zip Code

60305-5470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	5

Transaction ID : SA.89870.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

DEAKINS, JENNIFER, , ,

Mailing Address 1924 SHUMARD OAK LN

City

IRVING

State

TX

Zip Code

75063-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF HOUSTON

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

Transaction ID : SA.89111.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

DENHOLM, CRAIG, B., MR.,

Mailing Address 10903 BLACK BEAR ROAD NORTHEAST

City

KALKASKA

State

MI

Zip Code

49646-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

Transaction ID : SA.89480.10.25Q3

Amount of Each Receipt this Period

50.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

DEUTSCH, JEREMY, , ,

A.

Mailing Address 88 V STREET SW

City

WASHINGTON

State

DC

Zip Code

20024-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVLLC

Occupation

CONSULTANT

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA.89875.10.25Q3

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

DOWELL, KRISTINE, L., MRS.,

Mailing Address 1752 SCHOOLCRAFT STREET

City

HOLT

State

MI

Zip Code

48842-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89481.10.25Q3

Amount of Each Receipt this Period

50.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

EISENHOWER, EMILY, , ,

Mailing Address 2391 DAIRY ROAD

City

COSBY

State

TN

Zip Code

37722-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VISION SOURCE OF NEWPORT

Occupation

OPTOMETRIST

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89102.10.25Q3

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

ELCESER, LEIGH, ANN, ,

**A.** Mailing Address 7670 GOLDEN HILL COURT

City

VILLAGE OF CLARKST

State

MI

Zip Code

48348-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89485.10.25Q3

Amount of Each Receipt this Period

50.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.** Full Name (Last, First, Middle Initial)  
FERREE CARNEY, SHEA, B., , OD  
Mailing Address 1275 OAK HOLLOW DR

City

MILFORD

State

MI

Zip Code

48380-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSTON OPTOMETRY

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89108.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.** Full Name (Last, First, Middle Initial)  
GAUGHAN, TIMOTHY, F., MR.,  
Mailing Address 5179 STIRRUP LANE

City

MOUNT PLEASANT

State

MI

Zip Code

48858-9348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89483.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

GLACKIN, BRIAN, , ,

Mailing Address 412 1ST ST SE, 1

City

WASHINGTON

State

DC

Zip Code

20003-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIAN GLACKIN ASSOCIATES, LLC

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2025

Transaction ID : SA.89094.10.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

GOSSARD, TERRI, , ,

Mailing Address 6323 , GRAND VISTA AVENUE

City

CINCINNATI

State

OH

Zip Code

45213-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECP

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 29 2025

Transaction ID : SA.89120.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

HANCOCK, WILLIAM, , ,

Mailing Address 7330 EAST MICHIGAM AVENUE

City

SALINE

State

MI

Zip Code

48176-9197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 20 2025

Transaction ID : SA.89464.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

HARMON, WILLIAM, , ,

**A.**

Mailing Address 17610 WHITE PINE CT

City

NORTHVILLE

State

MI

Zip Code

48168-4358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HENRY FORD HEALTH (HENRY FORD HOSP

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 12 2025

Transaction ID : SA.89452.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

HAYDEN, MARIA, , ,

Mailing Address 16192 SILVERSHORE DR

City

FENTON

State

MI

Zip Code

48430-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 06 2025

Transaction ID : SA.89440.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

HEFFERNAN, MICHAEL, , ,

Mailing Address 2919 UNION ST.

City

EAST TROY

State

WI

Zip Code

53120-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

52.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89472.10.25Q3

Amount of Each Receipt this Period

52.05

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

HOLLY, JOSH, , ,

**A.**

Mailing Address 825 S MONROE ST

City

ARLINGTON

State

VA

Zip Code

22204-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLLY STRATEGIES INCORPORATED

Occupation

GOVERNMENT AND PUBLIC RELATIONS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA.89873.10.25Q3

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

HUETTER, DAVID, , ,

**B.**

Mailing Address 245 BALSAM LN

City

ISHPEMING

State

MI

Zip Code

49849-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHERN HEALTH CHIROPRACTIC

Occupation

CHIROPRACTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

52.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

Transaction ID : SA.89471.10.25Q3

Amount of Each Receipt this Period

52.05

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

HYGH, TIMOTHY, G., ,

**C.**

Mailing Address PO BOX 241

City

MACKINAW CITY

State

MI

Zip Code

49701-0241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MACKINAC ISLAND TOURISM BUREAU

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	5

Transaction ID : SA.89476.10.25Q3

Amount of Each Receipt this Period

600.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

HYMES, JON, , ,

A.

Mailing Address 8913 SENECA LN

City

BETHESDA

State

MD

Zip Code

20817-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AOA

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89104.10.25Q3

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

JONES, KRISTEN, M., MRS.,

Mailing Address 607 KRYSTAL MEADOW LANE

City

GAYLORD

State

MI

Zip Code

49735-8185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2025

Transaction ID : SA.89439.10.25Q3

Amount of Each Receipt this Period

100.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

JONES, MATTHEW, , MR.,

Mailing Address 716 COUNTRY CLUB RD

City

BLYTHEVILLE

State

AR

Zip Code

72315-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R DEAN GURLEY OD PA

Occupation

OPTOMETRIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89107.10.25Q3

Amount of Each Receipt this Period

200.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

KARP, TAMMY, , ,

**A.**

Mailing Address 1952 NORWOOD STREET

City

MARQUETTE

State

MI

Zip Code

49855-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89486.10.25Q3

Amount of Each Receipt this Period

100.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

KILEY, THOMAS, , ,

Mailing Address 1325EAST LAKE MITCHELL DRIVE

City

CADILLAC

State

MI

Zip Code

49601-8567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 20 2025

Transaction ID : SA.89463.10.25Q3

Amount of Each Receipt this Period

50.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

KOHN, JENNIFER, L., MS.,

Mailing Address 203 S SANGAMONT ST  
108

City

CHICAGO

State

IL

Zip Code

60607-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOSES EYECARE CENTERS

Occupation

OPTOMETRIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89110.10.25Q3

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 216

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

LAW, ROBERT, C., MR.,

**A.**Mailing Address 9864 E GRAND RIVER  
SUITE 110-299City  
BRIGHTONState  
MIZip Code  
48116-1963FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
BUSINESS DEVELOPMENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 01 2025

Transaction ID : SA.89101.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

LAYMAN, ROBERT, , ,

Mailing Address 4937 HOMERDALE AVE

City  
TOLEDOState  
OHZip Code  
43623-2930FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERT LAYMAN ODOccupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89113.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

LEMAN, RACHAEL, , ,

Mailing Address 13130 CREST HILL ROAD

City  
FLINT HILLState  
VAZip Code  
22627-1815FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEMAN KENNEDYOccupation  
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89084.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

LEMUNYON, GLENN, , ,

**A.**

Mailing Address 1519 BROOKSIDE ROAD

City  
MCLEANState  
VAZip Code  
22101-3303FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 22 2025

Transaction ID : SA.89819.10.25Q3

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

LEVINE, ROBERT, W., DR.,

Mailing Address 6675 WHISPERING WOODS DRIVE

City  
WEST BLOOMFIELDState  
MIZip Code  
48322-5203FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
CHIROPRACTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89482.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

LINTZ, JENNIFER, , MS.,

Mailing Address 7816 MAPLELEAF DRIVE

City  
TRAVERSE CITYState  
MIZip Code  
49684-6909FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2025

Transaction ID : SA.89438.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 216

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<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

LIPPSTREU, CHUCK, , ,

**A.**

Mailing Address 2500 KERRY ST., STE 102

City  
LANSINGState  
MIZip Code  
48912-3685FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICHIGAN AGRIBUSINESS ASSOCIATIONOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89469.10.25Q3

Amount of Each Receipt this Period

600.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

LUNNY, GREGORY, , ,

Mailing Address 433 ROYAL TERN RD S

City  
JACKSONVILLE BEACHState  
FLZip Code  
32250-2485FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREGORY LUNNY PLLCOccupation  
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 08 2025

Transaction ID : SA.89568.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

MAKI, MATTHEW, J., DR.,

Mailing Address 5692 SHAW STREET  
UNIT 13City  
MERIDIAN CHARTER TState  
MIZip Code  
48840-8431FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OWOSSO EYE DOCTORSOccupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 23 2025

Transaction ID : SA.89099.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MARSHALL, GABBY, , ,

**A.**

Mailing Address 2463 NW 1ST ST

City  
BENDState  
ORZip Code  
97703-1246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELEMENTAL EYECAREOccupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89105.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

MARTIN, DREW , , ,

**B.**

Mailing Address PO BOX 632

City  
TRAVERSE CITYState  
MIZip Code  
49685-0632FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLER ENERGY COMPANYOccupation  
CO OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1666.67

Date of Receipt

M M / D D / Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89824.10.25Q3

Amount of Each Receipt this Period

1666.67

☒ Memo Item

TRANSFER

PARTNERSHIP ATTRIB: MILLER ENERGY  
COMPANY LLC

Full Name (Last, First, Middle Initial)

MCLELLLEN, MICHAEL, , ,

**C.**

Mailing Address 4925 WEATHERSTONE LN SE

City  
KENTWOODState  
MIZip Code  
49508-8435FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2025

Transaction ID : SA.89565.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MEYER, RYAN, , ,

**A.**

Mailing Address 301 PARIS DRIVE

City

NEGAUNEE

State

MI

Zip Code

49866-9596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEYER FAMILY VISION

Occupation

OPTOMETRIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2025

Transaction ID : SA.89437.10.25Q3

Amount of Each Receipt this Period

200.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

MILLER, KELLY, E., ,

Mailing Address 10839 BLUFF RD

City

TRAVERSE CITY

State

MI

Zip Code

49686-8450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MILLER INVESTMENT COMPANY

Occupation

PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 26 2025

Transaction ID : SA.89831.10.25Q3

Amount of Each Receipt this Period

1500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

MILLER, LUKE, , ,

Mailing Address PO BOX 632

City

TRAVERSE CITY

State

MI

Zip Code

49685-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MILLER ENERGY COMPANY

Occupation

CO OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1666.67

Date of Receipt

M M / D D / Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89825.10.25Q3

Amount of Each Receipt this Period

1666.67



Memo Item

TRANSFER

PARTNERSHIP ATTRIB: MILLER ENERGY  
COMPANY LLC**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MUNN, JIMMIE, , ,

A. Mailing Address PO BOX 35

City  
ACMEState  
MIZip Code  
49610-0035FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUNN PROPERTIESOccupation  
OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2025

Transaction ID : SA.89096.10.25Q3

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

MUNN, ROBERT, J., , JR.

B. Mailing Address 723 MUNSON AVENUE

City  
TRAVERSE CITYState  
MIZip Code  
49686-3524FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
REAL ESTATE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 26 2025

Transaction ID : SA.89832.10.25Q3

Amount of Each Receipt this Period

1200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

MURPHY, DUSTINE, K., MRS.,

C. Mailing Address 1546 GREEN OAKS DRIVE

City  
INTERLOCHENState  
MIZip Code  
49643-9185FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89487.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

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

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MYLER, JOEL, R., MR.,

**A.**

Mailing Address 403 SIXTH STREET

City

TRAVERSE CITY

State

MI

Zip Code

49684-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MUSKEGON OPERATING COMPANY LLC

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89807.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

MYLER, MARY, E., MRS.,

**B.**

Mailing Address 403 SIXTH STREET

City

TRAVERSE CITY

State

MI

Zip Code

49684-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRAND TRAVERSE AREA CATHOLIC SCHOC

Occupation

TEACHER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89806.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

MYLER, WILLIAM, C., MR., JR.

**C.**

Mailing Address 547 W BLUE GRASS RD

City

MOUNT PLEASANT

State

MI

Zip Code

48858-9566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLES SCHWAB CORP

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89805.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

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

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

PAYNE, CHRIS, , ,

**A.** Mailing Address 5837 CARNOUSTIE COURT

City

AVE MARIA

State

FL

Zip Code

34142-5260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROSS POTOMAC CONSULTINGOccupation  
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

Transaction ID : SA.89118.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.** Full Name (Last, First, Middle Initial)  
PETERS, ASHLEY, , ,

Mailing Address 8957 SCANLON DR.

City

MEMPHIS

State

TN

Zip Code

38125-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COREWELL HEALTH WILLIAM BEAUMONT EOccupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	5

Transaction ID : SA.89441.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.** Full Name (Last, First, Middle Initial)  
PETERS, EDWARD, , ,

Mailing Address 6750 S LOOMIS RD.

City

DEWITT

State

MI

Zip Code

48820-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVERY EYE CARE CENTEROccupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

Transaction ID : SA.89097.10.25Q3

Amount of Each Receipt this Period

600.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

POQUETTE, BEAU, D., ,

**A.**

Mailing Address N6420 STATE HIGHWAY M95

City

IRON MOUNTAIN

State

MI

Zip Code

49801-8901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHERN EYE CARE ASSOCIATES, P.C.

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

Transaction ID : SA.89112.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

PRICE, SUSAN , , ,

Mailing Address PO BOX 1438

City

WINNFIELD

State

LA

Zip Code

71483-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

Transaction ID : SA.89827.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

PRICE, TEDDY, R., MR.,

Mailing Address P.O. BOX 1438

City

WINNFIELD

State

LA

Zip Code

71483-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL MANAGEMENT COMPANY LLC

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

Transaction ID : SA.89828.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

READ, MARRIE, , ,

**A.**

Mailing Address 5484 MIDSHIP COURT

City

BURKE

State

VA

Zip Code

22015-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

Transaction ID : SA.89098.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

ROTH, BRYAN, , ,

Mailing Address 10850 EAST TRAVERSE HIGHWAY

City

TRAVERSE CITY

State

MI

Zip Code

49684-1364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MILLER ENERGY COMPANY

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1666.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	5

Transaction ID : SA.89826.10.25Q3

Amount of Each Receipt this Period

1666.66

☒ Memo Item

TRANSFER

PARTNERSHIP ATTRIB: MILLER ENERGY  
COMPANY LLC**C.**

Full Name (Last, First, Middle Initial)

SCHWAB, OLIVER, , ,

Mailing Address 20605 NORTHERN LIGHTS LANE

City

MACKINAW CITY

State

MI

Zip Code

49701-9638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

Transaction ID : SA.89095.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

SCHWAB, OLIVER, , ,

A.

Mailing Address P.O. BOX 4

City

ALANSON

State

MI

Zip Code

49706-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FOUNDER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2025

Transaction ID : SA.89566.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

SIMMONS, WILLIAM, , ,

B.

Mailing Address 3545 NORTH UTAH STREET

City

ARLINGTON

State

VA

Zip Code

22207-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUTKO GOVERNMENT RELATIONS

Occupation

LOBBYIST

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : SA.89088.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

SLEZAK, NATHAN, , ,

C.

Mailing Address 7667 OLMSTEAD STREET

City

GAYLORD

State

MI

Zip Code

49735-9435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GAYLORD EYE CARE CENTER

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2025

Transaction ID : SA.89442.10.25Q3

Amount of Each Receipt this Period

75.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

SMARCH, DARREN, J., MR.,

Mailing Address 6466 SHAPPIE ROAD

City

VILLAGE OF CLARKST

State

MI

Zip Code

48348-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : SA.89451.10.25Q3

Amount of Each Receipt this Period

100.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

SMARCH, JOHN, F., DR.,

Mailing Address 3451 MILL POND DRIVE

City

JACKSON

State

MI

Zip Code

49201-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89493.10.25Q3

Amount of Each Receipt this Period

100.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

SONANI, RAJESH, , ,

Mailing Address 12433 SUNSET SAGE AVE

City

LAS VEGAS

State

NV

Zip Code

89138-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BATTLEBORN MEDICAL MANAGEMENT

Occupation

PHYSICIAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 22 2025

Transaction ID : SA.89820.10.25Q3

Amount of Each Receipt this Period

3500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

STANEK, KEVIN, , MR.,

Mailing Address 617 KENNEDY ROAD

City

IRON MOUNTAIN

State

MI

Zip Code

49801-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89489.10.25Q3

Amount of Each Receipt this Period

40.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

STECKER, GABRIEL, , ,

Mailing Address 8058 SOLLEY RD

City

GLEN BURNIE

State

MD

Zip Code

21060-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRAMER GROUP

Occupation

MANAGING DIRECTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA.89878.10.25Q3

Amount of Each Receipt this Period

2000.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

SWAN, MARK, E., MR.,

Mailing Address 2077 KORBEN WOODS CT NE

City

BELMONT

State

MI

Zip Code

49306-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IN FOCUS EYECARE OF ROCKFORD

Occupation

OPTOMETRIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89109.10.25Q3

Amount of Each Receipt this Period

200.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 216

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<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

VANDERHEUEL, WARNER, , ,

**A.** Mailing Address 4797 EAST TRASK LAKE ROAD

City

HARRISVILLE

State

MI

Zip Code

48740-9745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US FOREST SERVICE

Occupation

FIREFIGHTER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 08 2025

Transaction ID : SA.89804.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.** Full Name (Last, First, Middle Initial)  
VARANELLI, JEANETTE, C., ,

Mailing Address 87 SUNNINGDALE DR

City

GROSSE POINTE SHOR

State

MI

Zip Code

48236-1665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEPARTMENT OF VETERANS AFFAIRS

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 29 2025

Transaction ID : SA.89119.10.25Q3

Amount of Each Receipt this Period

200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.** Full Name (Last, First, Middle Initial)  
WEISER, RONALD, , ,Mailing Address 320 N MAIN ST  
SUITE 200

City

ANN ARBOR

State

MI

Zip Code

48104-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCKINLEY ASSOCIATES INC

Occupation

FOUNDER AND CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 19 2025

Transaction ID : SA.89822.10.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

WILLETTE, MATTHEW, B., ,

**A.** Mailing Address 2408 CAVENDISH DR

City

ALEXANDRIA

State

VA

Zip Code

22308-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN OPTOMETRIC ASSOCIATION

Occupation

CHIEF FEDERAL ADVOCACY OFFICER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89103.10.25Q3

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

WISH, PETER, , ,

**B.** Mailing Address 2657 WEST CROWN DRIVE

City

TRAVERSE CITY

State

MI

Zip Code

49685-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 27 2025

Transaction ID : SA.89569.10.25Q3

Amount of Each Receipt this Period

300.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

WORLEY, SUSAN, K., MRS.,

**C.** Mailing Address 304 SOUTH MAIN STREET

City

ITHACA

State

MI

Zip Code

48847-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89488.10.25Q3

Amount of Each Receipt this Period

100.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

FOR LINE NUMBER:  
(check only one)

	11a		11b		11c		11d				
X	12		13a		13b		14				15

BergmanforCongress

FEC Schedule A (Form 3) (Revised 05/2016)



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

COWELL, CASEY, , MR.,

**A.**

Mailing Address P.O. BOX 5470

City

RIVER FOREST

State

IL

Zip Code

60305-5470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DURANDAL INC.

Occupation

PRESIDENT

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 24 2025

Transaction ID : SA.89871.11.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

COWELL, DANA, , ,

**B.**

Mailing Address P.O. BOX 5470

City

RIVER FOREST

State

IL

Zip Code

60305-5470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 24 2025

Transaction ID : SA.89870.11.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

LAW, ROBERT, C., MR.,

**C.**Mailing Address 9864 E GRAND RIVER  
SUITE 110-299

City

BRIGHTON

State

MI

Zip Code

48116-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS DEVELOPMENT

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 01 2025

Transaction ID : SA.89101.11.25Q3

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

LUNNY, GREGORY, , ,

**A.**

Mailing Address 433 ROYAL TERN RD S

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250-2485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREGORY LUNNY PLLC

Occupation

ATTORNEY

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 08 2025

Transaction ID : SA.89568.11.25Q3

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

MCCUBBINS, ANDREW, , ,

Mailing Address 14708 S DRAPER WOODS COVE

City

DRAPER

State

UT

Zip Code

84020-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : SA.89877.11.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

MYLER, JOEL, R., MR.,

Mailing Address 403 SIXTH STREET

City

TRAVERSE CITY

State

MI

Zip Code

49684-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MUSKEGON OPERATING COMPANY LLC

Occupation

ATTORNEY

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89807.11.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

MYLER, MARY, E., MRS.,

**A.**

Mailing Address 403 SIXTH STREET

City

TRAVERSE CITY

State

MI

Zip Code

49684-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRAND TRAVERSE AREA CATHOLIC SCHOC

Occupation

TEACHER

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89806.11.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

MYLER, WILLIAM, C., MR., JR.

**B.**

Mailing Address 547 W BLUE GRASS RD

City

MOUNT PLEASANT

State

MI

Zip Code

48858-9566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLES SCHWAB CORP

Occupation

PRESIDENT

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : SA.89805.11.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

Full Name (Last, First, Middle Initial)

PATTEN, GEORGE, B., ,

**C.**

Mailing Address 3525 S CENTURY OAK CIR

City

OAKLAND

State

MI

Zip Code

48363-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PM PARTNERS

Occupation

CONSULTANT

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 21 2025

Transaction ID : SA.89475.11.25Q3

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE

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

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

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

PRICE, SUSAN , , ,

**A.**

Mailing Address PO BOX 1438

City

WINNFIELD

State

LA

Zip Code

71483-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

Transaction ID : SA.89827.11.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

PRICE, TEDDY, R., MR.,

Mailing Address P.O. BOX 1438

City

WINNFIELD

State

LA

Zip Code

71483-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL MANAGEMENT COMPANY LLC

Occupation

CEO

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

Transaction ID : SA.89828.11.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

RICHTER, JAMES, , ,

Mailing Address 2323 NORTH ZEEB ROAD

City

DEXTER

State

MI

Zip Code

48130-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHIGAN RESEARCH INSTITUTE

Occupation

PRESIDENT

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

Transaction ID : SA.89087.11.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

RICHTER, JAMES, , ,

Mailing Address 2323 NORTH ZEEB ROAD

City  
DEXTERState  
MIZip Code  
48130-9464FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICHIGAN RESEARCH INSTITUTEOccupation  
PRESIDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 20 2025

Transaction ID : SA.89474.11.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

SIMMONS, WILLIAM, , ,

Mailing Address 3545 NORTH UTAH STREET

City  
ARLINGTONState  
VAZip Code  
22207-4444FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUTKO GOVERNMENT RELATIONSOccupation  
LOBBYIST

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA.89088.11.25Q3

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

SIMMONS, WILLIAM, , ,

Mailing Address 3545 NORTH UTAH STREET

City  
ARLINGTONState  
VAZip Code  
22207-4444FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUTKO GOVERNMENT RELATIONSOccupation  
LOBBYIST

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA.89467.11.25Q3

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 216

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

SONANI, RAJESH, , ,

**A.**

Mailing Address 12433 SUNSET SAGE AVE

City

LAS VEGAS

State

NV

Zip Code

89138-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BATTLEBORN MEDICAL MANAGEMENT

Occupation

PHYSICIAN

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3643.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : SA.89820.11.25Q3

Amount of Each Receipt this Period

143.56

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

WEISER, RONALD, , ,

Mailing Address 320 N MAIN ST

SUITE 200

City

ANN ARBOR

State

MI

Zip Code

48104-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCKINLEY ASSOCIATES INC

Occupation

FOUNDER AND CEO

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2025

Transaction ID : SA.89822.11.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY  
COMMITTEE**C.**

Full Name (Last, First, Middle Initial)

MILLER ENERGY COMPANY LLC

Mailing Address PO BOX 632

City

TRAVERSE CITY

State

MI

Zip Code

49685-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2025

Transaction ID : SA.89808.11.25Q3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

SEE PARTNERSHIP ATTRIB

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

0.00

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

109249.84

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 OF 216

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)  
VRBO

**A.** Mailing Address 11920 ALTERRA PKWY. 100

City  
AUSTIN

State  
TX

Zip Code  
78758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2025

Transaction ID : SA14.21986

Amount of Each Receipt this Period

198.00

☐ Memo Item  
VENDOR REFUND

Full Name (Last, First, Middle Initial)  
VRBO

**B.** Mailing Address 11920 ALTERRA PKWY. 100

City  
AUSTIN

State  
TX

Zip Code  
78758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2025

Transaction ID : SA14.21987

Amount of Each Receipt this Period

827.53

☐ Memo Item  
VENDOR REFUND

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1025.53

1025.53

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. BURNS, AMELIA, , ,**

Mailing Address 1011 FIRST STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	08	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I21938

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BURNS, AMELIA, , ,**

Mailing Address 1011 FIRST STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
SEE MEMO ENTRY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	25	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

249.10

Transaction ID : SB17.I22183

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AT EMBROIDERY LLC**

Mailing Address 601 53RD STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20019Purpose of Disbursement  
PROMOTIONAL ITEM-PULLOVERS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	25	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

249.10

Transaction ID : SB17.I22185

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5249.10

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



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. HOGGE, JAMES, , ,**

Mailing Address 117 E FIFTH ST

City  
GAYLORDState  
MIZip Code  
49735-1225Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

3285.48

Transaction ID : SB17.I22028

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOGGE, JAMES, , ,**

Mailing Address 117 E FIFTH ST

City  
GAYLORDState  
MIZip Code  
49735-1225Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

172.86

Transaction ID : SB17.I22353

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOGGE, JAMES, , ,**

Mailing Address 117 E FIFTH ST

City  
GAYLORDState  
MIZip Code  
49735-1225Purpose of Disbursement  
WEBSITE MAINTENANCE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

840.00

Transaction ID : SB17.I22396

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3285.48

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR

City  
SAINT LOUISState  
MOZip Code  
63105-4204Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1175.76

Transaction ID : SB17.I22391

☒ Memo Item**B. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

191.76

Transaction ID : SB17.I22354

☒ Memo Item**C. SHELL OIL COMPANY**

Mailing Address 809 N CEDAR ST

City  
KALKASKAState  
MIZip Code  
49646-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

137.27

Transaction ID : SB17.I22392

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

271.53

Transaction ID : SB17.I22352

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOGGE, JAMES, , ,**

Mailing Address 117 E FIFTH ST

City  
GAYLORDState  
MIZip Code  
49735-1225Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I22037

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OUELLETTE, JODI, , ,**

Mailing Address 702 WABASH STREET

City  
ISHPEMINGState  
MIZip Code  
49849Purpose of Disbursement  
NO ITEMIZATION NECESSARY- SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

72.26

Transaction ID : SB17.I22069

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1072.26

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. OUELLETTE, JODI, , ,**

Mailing Address 702 WABASH STREET

City  
ISHPEMINGState  
MIZip Code  
49849Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

667.80

Transaction ID : SB17.I22184

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OUELLETTE, JODI, , ,**

Mailing Address 702 WABASH STREET

City  
ISHPEMINGState  
MIZip Code  
49849Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

456.40

Transaction ID : SB17.I22216

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OUELLETTE, JODI, , ,**

Mailing Address 702 WABASH STREET

City  
ISHPEMINGState  
MIZip Code  
49849Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

249.20

Transaction ID : SB17.I22348

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1373.40

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. PAULY, LAUREN, , ,**Mailing Address 3563 LA CASITA AVENUE  
APT 103City  
TRAVERSE CITYState  
MIZip Code  
49684Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I22087

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROSSWAY, RICHARD, , ,**

Mailing Address 1048 ALLOUEZ ROAD

City  
MARQUETTEState  
MIZip Code  
49855-5206Purpose of Disbursement  
NO ITEMIZATION NECESSARY - EVENT CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

209.93

Transaction ID : SB17.I22062

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AIRBNB**

Mailing Address 888 BRANNAN STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103-4928Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

540.53

Transaction ID : SB17.I22212

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2250.46

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 410 TERRY AVENUE NORTH

City  
SEATTLEState  
WAZip Code  
98109-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

148.40

Transaction ID : SB17.I21939

☐ Memo Item**B. AMAZON.COM**

Mailing Address 410 TERRY AVENUE NORTH

City  
SEATTLEState  
WAZip Code  
98109-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB17.I22174

☐ Memo Item**C. AMAZON.COM**

Mailing Address 410 TERRY AVENUE NORTH

City  
SEATTLEState  
WAZip Code  
98109-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

94.20

Transaction ID : SB17.I22186

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

337.60

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 410 TERRY AVENUE NORTH

City  
SEATTLEState  
WAZip Code  
98109-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.70

Transaction ID : SB17.I22232

☐ Memo Item**B. AMAZON.COM**

Mailing Address 410 TERRY AVENUE NORTH

City  
SEATTLEState  
WAZip Code  
98109-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

241.96

Transaction ID : SB17.I22275

☐ Memo Item**C. AMAZON.COM**

Mailing Address 410 TERRY AVENUE NORTH

City  
SEATTLEState  
WAZip Code  
98109-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

146.05

Transaction ID : SB17.I22318

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

400.71

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2025

City  
FORT WORTHState  
TXZip Code  
76155-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

348.49

Transaction ID : SB17.I21941

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2025

City  
FORT WORTHState  
TXZip Code  
76155-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

240.48

Transaction ID : SB17.I22171

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City  
FORT WORTHState  
TXZip Code  
76155-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

318.48

Transaction ID : SB17.I22276

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

907.45

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2025

City  
FORT WORTHState  
TXZip Code  
76155-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

938.44

Transaction ID : SB17.I22319

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARTISAN TRAVERSE**

Mailing Address 615 EAST FRONT STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City  
TRAVERSE CITYState  
MIZip Code  
49686Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

317.48

Transaction ID : SB17.I22080

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARTISAN TRAVERSE**

Mailing Address 615 EAST FRONT STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City  
TRAVERSE CITYState  
MIZip Code  
49686Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

52.40

Transaction ID : SB17.I22082

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1308.32

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. AUTOGRAPH COLLECTION HOTELS**

Mailing Address 7750 WISCONSIN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City  
BETHESDAState  
MDZip Code  
20814

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

103.20

Transaction ID : SB17.I22277

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. BAR HARBOR**

Mailing Address 100 STATE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2025

City  
HARBOR SPRINGSState  
MIZip Code  
49740-

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

472.96

Transaction ID : SB17.I21942

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. BARRIO**

Mailing Address 305 WEST FRONT STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2025

City  
TRAVERSE CITYState  
MIZip Code  
49684

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

225.44

Transaction ID : SB17.I22068

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

801.60

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. BAY HARBOR GOLF CLUB**

Mailing Address 5800 COASTAL RIDGE DR

City  
PETOSKEYState  
MIZip Code  
49770-8590Purpose of Disbursement  
EVENT FACILITY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

304.48

Transaction ID : SB17.I22024

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BAY HARBOR GOLF CLUB**

Mailing Address 5800 COASTAL RIDGE DR

City  
PETOSKEYState  
MIZip Code  
49770-8590Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

72.00

Transaction ID : SB17.I22131

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAY HARBOR GOLF CLUB**

Mailing Address 5800 COASTAL RIDGE DR

City  
PETOSKEYState  
MIZip Code  
49770-8590Purpose of Disbursement  
EVENT FACILITY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

379.68

Transaction ID : SB17.I22201

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

756.16

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. BAY HARBOR GOLF CLUB**

Mailing Address 5800 COASTAL RIDGE DR

City  
PETOSKEYState  
MIZip Code  
49770-8590Purpose of Disbursement  
EVENT FACILITY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.I22233

☐ Memo Item**B. BICYCLE STREET INN**

Mailing Address 7416 MAIN STREET

City  
MACKINAC ISLANDState  
MIZip Code  
49757Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

222.32

Transaction ID : SB17.I21943

☐ Memo Item**C. BOBBY VANS STEAK**

Mailing Address 809 15TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

259.28

Transaction ID : SB17.I21944

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5981.60

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1166.12

Transaction ID : SB17.I22029

☐ Memo Item**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

768.77

Transaction ID : SB17.I22133

☐ Memo Item**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

181.28

Transaction ID : SB17.I22297

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2116.17

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CHICKFILA**

Mailing Address P.O. BOX 725489

City  
ATLANTAState  
GAZip Code  
31139-2489Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

676.00

Transaction ID : SB17.I22373

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHIPPEWA HOTEL WATERFRONT**

Mailing Address 7221 MAIN ST

City  
MACKINAC ISLANDState  
MIZip Code  
49757-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

147.00

Transaction ID : SB17.I21947

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHIPPEWA HOTEL WATERFRONT**

Mailing Address 7221 MAIN ST

City  
MACKINAC ISLANDState  
MIZip Code  
49757-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

887.71

Transaction ID : SB17.I22324

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1710.71

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CHIPPEWA HOTEL WATERFRONT**

Mailing Address 7221 MAIN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2025

City  
MACKINAC ISLANDState  
MIZip Code  
49757-Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

146.40

Transaction ID : SB17.I22374

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITI CARD**

Mailing Address PO BOX 78045

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
PHOENIXState  
AZZip Code  
85062-8045Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1153.53

Transaction ID : SB17.I21977

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
ATLANTAState  
GAZip Code  
30354-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

209.18

Transaction ID : SB17.I22141

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1299.93

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE WESTIN**

Mailing Address 1 STARPOINT

City  
STAMFORDState  
CTZip Code  
06902-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

723.38

Transaction ID : SB17.I22142

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

81.31

Transaction ID : SB17.I22145

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITI CARD**

Mailing Address PO BOX 78045

City  
PHOENIXState  
AZZip Code  
85062-8045Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1361.13

Transaction ID : SB17.I22226

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1361.13

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. AVIS RENT A CAR**

Mailing Address 3400 E SKY HARBOR BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2025

City  
PHOENIXState  
AZZip Code  
85034-4403

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

106.41

Transaction ID : SB17.I22300

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. LAKESHORE INN**

Mailing Address 10962 U.S. 31

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2025

City  
WILLIAMSBURGState  
MIZip Code  
49690-9405

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1254.71

Transaction ID : SB17.I22301

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. CITI CARD**

Mailing Address PO BOX 78045

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

City  
PHOENIXState  
AZZip Code  
85062-8045

FEC Identification Number

C

Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

638.89

Transaction ID : SB17.I22299

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

638.89

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

City  
ATLANTAState  
GAZip Code  
30354-Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

388.89

Transaction ID : SB17.I22306

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UP NORTH RIDES**

Mailing Address 322 WEST JEFFERSON STREET

City  
PETOSKEYState  
MIZip Code  
49770Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I22307

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITI CARD**

Mailing Address PO BOX 78045

City  
PHOENIXState  
AZZip Code  
85062-8045Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

295.69

Transaction ID : SB17.I22302

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

295.69

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE LANDMARK INN**

Mailing Address 230 N FRONT STREET

City  
MARQUETTEState  
MIZip Code  
49855-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

295.69

Transaction ID : SB17.I22303

☒ Memo Item**B. CITI CARD**

Mailing Address PO BOX 78045

City  
PHOENIXState  
AZZip Code  
85062-8045Purpose of Disbursement  
NO ITEMIZATION NECESSARY- TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.25

Transaction ID : SB17.I22304

☐ Memo Item**C. CITI CARD**

Mailing Address PO BOX 78045

City  
PHOENIXState  
AZZip Code  
85062-8045Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

479.64

Transaction ID : SB17.I22308

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

522.89

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SHELL OIL COMPANY**

Mailing Address 809 N CEDAR ST

City  
KALKASKAState  
MIZip Code  
49646-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

63.44

Transaction ID : SB17.I22311

☒ Memo Item**B. CITI CARD**

Mailing Address PO BOX 78045

City  
PHOENIXState  
AZZip Code  
85062-8045Purpose of Disbursement  
SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1420.85

Transaction ID : SB17.I22309

☐ Memo Item**C. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

City  
ATLANTAState  
GAZip Code  
30354-Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1420.85

Transaction ID : SB17.I22315

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1420.85

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CLASH GRAPHICS**

Mailing Address 2233 PEACHTREE STREET NORTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2025

City  
ATLANTAState  
GAZip Code  
30305Purpose of Disbursement  
GRAPHIC DESIGN

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

338.36

Transaction ID : SB17.I22070

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CLASSIC CITY BANK**

Mailing Address 2365 WEST BROAD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2025

City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I22022

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CLASSIC CITY BANK**

Mailing Address 2365 WEST BROAD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2025

City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I22235

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

378.36

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I21978

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I22058

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I22227

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2700.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I22397

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONGRESSIONAL INSTITUTE**

Mailing Address 1700 DIAGONAL ROAD. #730

City  
ALEXANDRIAState  
VAZip Code  
22314-2843Purpose of Disbursement  
CONFERENCE FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3758.82

Transaction ID : SB17.I21948

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
EMAIL PRODUCTION

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

67.00

Transaction ID : SB17.I21976

☐ Memo Item

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

4725.82

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

550.14

Transaction ID : SB17.I22030

☐ Memo Item**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

67.00

Transaction ID : SB17.I22132

☐ Memo Item**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

550.14

Transaction ID : SB17.I22176

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1167.28

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

67.00

Transaction ID : SB17.I22271

☐ Memo Item**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

550.14

Transaction ID : SB17.I22296

☐ Memo Item**C. CONSUMER CELLULAR**

Mailing Address 9363 EAST BAHIA DRIVE

City  
SCOTTSDALEState  
AZZip Code  
85260Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.34

Transaction ID : SB17.I21949

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

647.48

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. CONSUMER CELLULAR**

Mailing Address 9363 EAST BAHIA DRIVE

City  
SCOTTSDALEState  
AZZip Code  
85260Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.33

Transaction ID : SB17.I22084

☐ Memo Item**B. CONSUMER CELLULAR**

Mailing Address 9363 EAST BAHIA DRIVE

City  
SCOTTSDALEState  
AZZip Code  
85260Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.33

Transaction ID : SB17.I22236

☐ Memo Item**C. COURTYARD MARRIOTT**

Mailing Address 7750 WISCONSIN AVENUE

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.50

Transaction ID : SB17.I22152

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

91.16

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. COURTYARD MARRIOTT**

Mailing Address 7750 WISCONSIN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2025

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1.17

Transaction ID : SB17.I22156

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COURTYARD MARRIOTT**

Mailing Address 7750 WISCONSIN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2025

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

260.40

Transaction ID : SB17.I22214

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COURTYARD MARRIOTT**

Mailing Address 7750 WISCONSIN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

134.47

Transaction ID : SB17.I22375

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

396.04

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DELAMAR HOTEL**

Mailing Address 615 EAST FRONT STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
TRAVERSE CITYState  
MIZip Code  
49686

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6845.00

Transaction ID : SB17.I22044

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City  
ATLANTAState  
GAZip Code  
30354-

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

88.79

Transaction ID : SB17.I22081

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2025

City  
ATLANTAState  
GAZip Code  
30354-

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

489.29

Transaction ID : SB17.I22129

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

7423.08

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City  
ATLANTAState  
GAZip Code  
30354-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

248.48

Transaction ID : SB17.I22278

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2025

City  
ATLANTAState  
GAZip Code  
30354-Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

162.36

Transaction ID : SB17.I22326

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2025

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I21979

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

435.84

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.10

Transaction ID : SB17.I21981

☐ Memo Item**B. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.78

Transaction ID : SB17.I22057

☐ Memo Item**C. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.05

Transaction ID : SB17.I22089

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.93

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 OF 216

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

## **A. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 27 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

0.78

Transaction ID : SB17.I22229

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 03 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I22268

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 10 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

420.30

Transaction ID : SB17.I22269

☐ Memo Item

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

481.08

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.30

Transaction ID : SB17.I22298

☐ Memo Item**B. DEMOCRACY ENGINE LLC**

Mailing Address 2125 14TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.78

Transaction ID : SB17.I22371

☐ Memo Item**C. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
DIRECT MAIL CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

478.94

Transaction ID : SB17.I22094

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

495.02

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
DIRECT MAIL CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

478.23

Transaction ID : SB17.I22259

☐ Memo Item**B. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
DIRECT MAIL CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

977.70

Transaction ID : SB17.I222406

☐ Memo Item**C. DONORBUREAU**

Mailing Address 1900 NORTH CULPEPER STREET

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
STATISTICAL MODELING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

242.50

Transaction ID : SB17.I22260

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1698.43

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DOORDASH**

Mailing Address 303 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.I22067

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DOORDASH**

Mailing Address 303 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

26.50

Transaction ID : SB17.I22154

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOORDASH**

Mailing Address 303 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

145.23

Transaction ID : SB17.I22202

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

181.72

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. DOORDASH**

Mailing Address 303 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

27.50

Transaction ID : SB17.I22328

☐ Memo Item**B. DOUDS MARKET**

Mailing Address 7200 MACKINAC ISLAND

City  
MACKINAC ISLANDState  
MIZip Code  
49757-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

224.49

Transaction ID : SB17.I22329

☐ Memo Item**C. DUCKS UNLIMITED INC**

Mailing Address SHELBY FARMS PARK, 1 WATERFOWL WAY

City  
MEMPHISState  
TNZip Code  
38120-Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

189.70

Transaction ID : SB17.I22149

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

441.69

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ELITE CARD PROCESSING**

Mailing Address 13701 MAUGANSVILLE ROAD

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

66.46

Transaction ID : SB17.I22091

☐ Memo Item**B. ELITE CARD PROCESSING**

Mailing Address 13701 MAUGANSVILLE ROAD

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

204.97

Transaction ID : SB17.I22257

☐ Memo Item**C. ELITE CARD PROCESSING**

Mailing Address 13701 MAUGANSVILLE ROAD

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

158.90

Transaction ID : SB17.I22403

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

430.33

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ETSY**

Mailing Address 117 ADAMS STREET

City  
NEW YORKState  
NYZip Code  
11201Purpose of Disbursement  
PROMOTIONAL ITEMS- BAG TAGS

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

814.75

Transaction ID : SB17.I22180

☐ Memo Item**B. FRESH AIR AVIATION**

Mailing Address 6918 OLD NORWOOD ROAD

City  
CHARLEVOIXState  
MIZip Code  
49720-9763Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I22330

☐ Memo Item**C. FRIENDS OF THE UP NORTH**

Mailing Address 3575 NORTH U.S. 31 SOUTH

City  
TRAVERSE CITYState  
MIZip Code  
49684Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

312.81

Transaction ID : SB17.I22103

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2327.56

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
STERLINGState  
VAZip Code  
20166

FEC Identification Number

C

Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

987.48

Transaction ID : SB17.I22096

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2025

City  
STERLINGState  
VAZip Code  
20166

FEC Identification Number

C

Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2617.24

Transaction ID : SB17.I22098

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
STERLINGState  
VAZip Code  
20166

FEC Identification Number

C

Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2017.72

Transaction ID : SB17.I22100

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

5622.44

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2025

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

976.28

Transaction ID : SB17.I22264

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2025

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2120.15

Transaction ID : SB17.I22266

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2025

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1011.88

Transaction ID : SB17.I22408

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4108.31

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2403.47

Transaction ID : SB17.I22410

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

6197.68

Transaction ID : SB17.I22411

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GAYLORD FIREFIGHTERS ASSOCIATION**

Mailing Address PO BOX 341

City  
GAYLORDState  
MIZip Code  
49735Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.I22004

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9101.15

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.98

Transaction ID : SB17.I21953

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I22021

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I22043

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

35.96

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I22128

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I22155

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.98

Transaction ID : SB17.I22187

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

35.96

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.98

Transaction ID : SB17.I22280

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

128.14

Transaction ID : SB17.I22332

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**Mailing Address 14455 N HAYDEN RD.  
STE 226City  
SCOTTSDALEState  
AZZip Code  
85260-Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.97

Transaction ID : SB17.I22376

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

187.09

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. GRAND HOTEL**

Mailing Address 286 GRAND AVE

City  
MACKINAC ISLANDState  
MIZip Code  
49757-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

73.32

Transaction ID : SB17.I21954

☐ Memo Item**B. HORNS GASLIGHT**

Mailing Address 7300 MAIN ST

City  
MACKINAC ISLANDState  
MIZip Code  
49757Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

156.70

Transaction ID : SB17.I21955

☐ Memo Item**C. HORNS GASLIGHT**

Mailing Address 7300 MAIN ST

City  
MACKINAC ISLANDState  
MIZip Code  
49757Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

273.35

Transaction ID : SB17.I22333

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

503.37

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. HOTEL INDIGO**

Mailing Address 263 W GRANDVIEW PKWY

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

70.18

Transaction ID : SB17.I22157

☐ Memo Item**B. HOTEL INDIGO**

Mailing Address 263 W GRANDVIEW PKWY

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

52.40

Transaction ID : SB17.I22165

☐ Memo Item**C. HOTELS.COM**

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

City  
DALLASState  
TXZip Code  
75231-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2354.79

Transaction ID : SB17.I21956

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2477.37

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. HOTELS.COM**

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

Date of Disbursement

M M	D D	Y Y Y Y
08	22	2025

City  
DALLASState  
TXZip Code  
75231-Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

276.40

Transaction ID : SB17.I22188

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOTELS.COM**

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2025

City  
DALLASState  
TXZip Code  
75231-Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

211.51

Transaction ID : SB17.I22203

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOTELS.COM**

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

Date of Disbursement

M M	D D	Y Y Y Y
09	16	2025

City  
DALLASState  
TXZip Code  
75231-Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

492.89

Transaction ID : SB17.I22334

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

980.80

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. HOTELS.COM**

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

City  
DALLASState  
TXZip Code  
75231-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	D D	Y Y Y Y
09	26	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

628.08

Transaction ID : SB17.I22378

☐ Memo Item**B. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL MANAGEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	D D	Y Y Y Y
07	17	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

553.15

Transaction ID : SB17.I22097

☐ Memo Item**C. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL MANAGEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	D D	Y Y Y Y
07	31	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1725.00

Transaction ID : SB17.I22099

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2906.23

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

445.73

Transaction ID : SB17.I22262

☐ Memo Item**B. HSP DIRECT LLC**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

469.32

Transaction ID : SB17.I22409

☐ Memo Item**C. KWIK PRINT**

Mailing Address 515 S GARFIELD AVE

City  
TRAVERSE CITYState  
MIZip Code  
49686-3423Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.32

Transaction ID : SB17.I21957

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

960.37

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. KWIK PRINT**

Mailing Address 515 S GARFIELD AVE

City  
TRAVERSE CITYState  
MIZip Code  
49686-3423Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

584.33

Transaction ID : SB17.I22113

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KWIK PRINT**

Mailing Address 515 S GARFIELD AVE

City  
TRAVERSE CITYState  
MIZip Code  
49686-3423Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

35.51

Transaction ID : SB17.I22336

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAKE STREET MARKET**

Mailing Address 306 S LAKE ST

City  
BOYNE CITYState  
MIZip Code  
49712Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

344.41

Transaction ID : SB17.I21958

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

964.25

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. LGM CONSULTING GROUP, LLC**Mailing Address 8 THE GREEN  
SUITE 7217City  
DOVERState  
DEZip Code  
19901Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

22.50

Transaction ID : SB17.I21983

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LGM CONSULTING GROUP, LLC**Mailing Address 8 THE GREEN  
SUITE 7217City  
DOVERState  
DEZip Code  
19901Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.I22049

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LOCHENHEATH GOLF CLUB**

Mailing Address 7951 TURNBERRY CIR

City  
WILLIAMSBURGState  
MIZip Code  
49690-Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

533.56

Transaction ID : SB17.I22204

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

574.06

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

## **A. LOCHENHEATH GOLF CLUB**

Mailing Address 7951 TURNBERRY CIR

City  
WILLIAMSBURG

State  
MI

Zip Code  
49690-

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 03 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

11798.00

Transaction ID : SB17.I22217

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LYFT**

Mailing Address 185 BERRY STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
07 / 17 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

25.35

Transaction ID : SB17.I22009

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. LYFT**

Mailing Address 185 BERRY STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 11 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

51.80

Transaction ID : SB17.I22120

☐ Memo Item

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

11875.15

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 185 BERRY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2025

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

124.73

Transaction ID : SB17.I22240

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 185 BERRY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2025

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

98.84

Transaction ID : SB17.I22282

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 185 BERRY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

136.23

Transaction ID : SB17.I22380

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

359.80

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 165 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. MARATHON**

Mailing Address 5431 NORTH US 31

City  
CENTRAL LAKEState  
MIZip Code  
49622Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

187.77

Transaction ID : SB17.I22018

☐ Memo Item**B. MARRIOTT HOTELS**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDAState  
MDZip Code  
20817-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

224.52

Transaction ID : SB17.I22148

☐ Memo Item**C. MARRIOTT HOTELS**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDAState  
MDZip Code  
20817-Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

947.88

Transaction ID : SB17.I22381

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1360.17

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. MCGEE'S**

Mailing Address 4341 M 72 E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
WILLIAMSBURGState  
MIZip Code  
49690-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

105.33

Transaction ID : SB17.I21959

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCGEE'S**

Mailing Address 4341 M 72 E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2025

City  
WILLIAMSBURGState  
MIZip Code  
49690-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

40.59

Transaction ID : SB17.I22166

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCGEE'S**

Mailing Address 4341 M 72 E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2025

City  
WILLIAMSBURGState  
MIZip Code  
49690-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

97.56

Transaction ID : SB17.I22173

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

243.48

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 167 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. MICHIGAN HOUSE CAFE**

Mailing Address 300 6TH STREET

City  
CALUMETState  
MIZip Code  
49913Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

430.00

Transaction ID : SB17.I22382

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIDDLETOWN VALLEY BANK**

Mailing Address 1101 PROFESSIONAL COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.44

Transaction ID : SB17.I22092

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MIDDLETOWN VALLEY BANK**

Mailing Address 1101 PROFESSIONAL COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

57.34

Transaction ID : SB17.I22258

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

532.78

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 168 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. MIDDLETOWN VALLEY BANK**

Mailing Address 1101 PROFESSIONAL COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2025

City  
HAGERSTOWNState  
MDZip Code  
21740

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

53.27

Transaction ID : SB17.I22404

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. MORTONS**

Mailing Address 17399 BISCAYNE BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2025

City  
MIAMIState  
FLZip Code  
33160

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

168.05

Transaction ID : SB17.I22283

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. MURRAY HOTEL**

Mailing Address 7260 MAIN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2025

City  
MACKINAC ISLANDState  
MIZip Code  
49757

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1596.36

Transaction ID : SB17.I22241

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1817.68

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. OLESON'S FOOD STORES**

Mailing Address 112 ANTRIM ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2025

City  
CHARLEVOIXState  
MIZip Code  
49720-Purpose of Disbursement  
EVENT CATERING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

407.67

Transaction ID : SB17.I22189

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
STE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2025

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL PROCESSING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

270.00

Transaction ID : SB17.I22093

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
STE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2025

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL PROCESSING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

261.88

Transaction ID : SB17.I22095

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

939.55

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
STE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1743.63

Transaction ID : SB17.I22261

☐ Memo Item**B. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
STE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

261.85

Transaction ID : SB17.I22263

☐ Memo Item**C. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
STE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

310.00

Transaction ID : SB17.I22405

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2315.48

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
STE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

264.87

Transaction ID : SB17.I22407

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OTSEGO COUNTY FIRE DEPARTMENT**

Mailing Address PO BOX 954

City  
GAYLORDState  
MIZip Code  
49754Purpose of Disbursement  
VOID OF PREVIOUS - WRONG PAYEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 500.00

Transaction ID : SB17.I22005

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PEPENERO**

Mailing Address 700 COTTAGEVIEW DR,

City  
TRAVERSE CITYState  
MIZip Code  
49684-2627Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

239.15

Transaction ID : SB17.I22147

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4.02

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. PERFECT GOLF EVENT**

Mailing Address 9889 GATE PARKWAY N STE 301

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2025

City  
JACKSONVILLEState  
FLZip Code  
32246Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

208.12

Transaction ID : SB17.I22115

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 MILLEDGE AVE, SUITE 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
ATHENSState  
GAZip Code  
30605-Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2030.71

Transaction ID : SB17.I21960

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 MILLEDGE AVE, SUITE 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2025

City  
ATHENSState  
GAZip Code  
30605-Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2111.86

Transaction ID : SB17.I22061

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4350.69

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**

Mailing Address 824 MILLEDGE AVE, SUITE 101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	5

City  
ATHENSState  
GAZip Code  
30605-Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2214.95

Transaction ID : SB17.I22182

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROCKETREACH, LLC**Mailing Address 800 BELLEVUE WAY NORTHEAST  
FLOOR 5, UNIT 110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

City  
BELLEVUEState  
WAZip Code  
98004Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.I21961

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROCKETREACH, LLC**Mailing Address 800 BELLEVUE WAY NORTHEAST  
FLOOR 5, UNIT 110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

City  
BELLEVUEState  
WAZip Code  
98004Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.I22137

☐ Memo Item

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

2412.95

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ROCKETREACH, LLC**Mailing Address 800 BELLEVUE WAY NORTHEAST  
FLOOR 5, UNIT 110City  
BELLEVUEState  
WAZip Code  
98004Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.I22284

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELL OIL COMPANY**

Mailing Address 809 N CEDAR ST

City  
KALKASKAState  
MIZip Code  
49646-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.73

Transaction ID : SB17.I22167

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHELL OIL COMPANY**

Mailing Address 809 N CEDAR ST

City  
KALKASKAState  
MIZip Code  
49646-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

44.96

Transaction ID : SB17.I22205

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

183.69

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SHELL OIL COMPANY**

Mailing Address 809 N CEDAR ST

City  
KALKASKAState  
MIZip Code  
49646-Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

33.11

Transaction ID : SB17.I22384

☐ Memo Item**B. SHEPLER'S MACKINAC ISLAND FERRY**

Mailing Address 556 E CENTRAL AVE

City  
MACKINAW CITYState  
MIZip Code  
49701-9695Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

382.78

Transaction ID : SB17.I21962

☐ Memo Item**C. SHEPLER'S MACKINAC ISLAND FERRY**

Mailing Address 556 E CENTRAL AVE

City  
MACKINAW CITYState  
MIZip Code  
49701-9695Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.I22340

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

895.89

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SIGNS NOW**

Mailing Address 1420 TRADE CENTRE DR

City  
TRAVERSE CITYState  
MIZip Code  
49696Purpose of Disbursement  
SIGNS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

235.96

Transaction ID : SB17.I22111

☐ Memo Item**B. SOLACE OUTPOST**

Mailing Address 71 POTOMAC AVENUE SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

157.56

Transaction ID : SB17.I22006

☐ Memo Item**C. SOUTHWOODS PUB**

Mailing Address 1007 SPRING STREET

City  
PETOSKEYState  
MIZip Code  
49770Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

76.61

Transaction ID : SB17.I22136

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

470.13

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SP+ CORPORATION**

Mailing Address 3202 SALLY RIDE AVENUE

City  
BATON ROUGEState  
LAZip Code  
70807Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.I21963

☐ Memo Item**B. SPIRELIGHT WEB**

Mailing Address 3534 N VIRGINIA LN

City  
FRESNOState  
CAZip Code  
93726Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

568.00

Transaction ID : SB17.I21964

☐ Memo Item**C. SPIRELIGHT WEB**

Mailing Address 3534 N VIRGINIA LN

City  
FRESNOState  
CAZip Code  
93726Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

58.00

Transaction ID : SB17.I22076

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1226.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SPIRELIGHT WEB**

Mailing Address 3534 N VIRGINIA LN

City  
FRESNOState  
CAZip Code  
93726Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.I22122

☐ Memo Item**B. SPIRELIGHT WEB**

Mailing Address 3534 N VIRGINIA LN

City  
FRESNOState  
CAZip Code  
93726Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.I22220

☐ Memo Item**C. SPIRELIGHT WEB**

Mailing Address 3534 N VIRGINIA LN

City  
FRESNOState  
CAZip Code  
93726Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.I22243

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

97.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SPIRELIGHT WEB**

Mailing Address 3534 N VIRGINIA LN

City  
FRESNOState  
CAZip Code  
93726Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.I22285

☐ Memo Item**B. STAPLES**

Mailing Address 500 STAPLES DRIVE

City  
FRAMINGHAMState  
MAZip Code  
01702-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

79.50

Transaction ID : SB17.I22190

☐ Memo Item**C. STAPLES**

Mailing Address 500 STAPLES DRIVE

City  
FRAMINGHAMState  
MAZip Code  
01702-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

159.00

Transaction ID : SB17.I22341

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

277.50

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DRIVE

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2025

City  
FRAMINGHAMState  
MAZip Code  
01702-Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

282.98

Transaction ID : SB17.I22386

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE BOATHOUSE RESTAURANT**

Mailing Address 14039 PENINSULA DR

Date of Disbursement

M M	D D	Y Y Y Y
08	08	2025

City  
TRAVERSE CITYState  
MIZip Code  
49686-Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

804.02

Transaction ID : SB17.I22110

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE ELEVATED GROUP**

Mailing Address 410 1ST STREET SUITE 310

Date of Disbursement

M M	D D	Y Y Y Y
08	20	2025

City  
WASHINGTONState  
DCZip Code  
20003-1866Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

18139.76

Transaction ID : SB17.I22162

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19226.76

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE GATEHOUSE**

Mailing Address 1547 CADOTTE AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
MACKINAC ISLANDState  
MIZip Code  
49757-5124

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

112.72

Transaction ID : SB17.I21966

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE HAMILTON**

Mailing Address 600 14TH ST NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2025

City  
WASHINGTONState  
DCZip Code  
20005-

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1052.28

Transaction ID : SB17.I22238

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. THE HIGHLANDS**

Mailing Address 600 HIGHLAND ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2025

City  
HARBOR SPRINGSState  
MIZip Code  
49740

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

185.95

Transaction ID : SB17.I22019

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1350.95

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE HIGHLANDS**

Mailing Address 600 HIGHLAND ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2025

City  
HARBOR SPRINGSState  
MIZip Code  
49740

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

505.68

Transaction ID : SB17.I22023

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE HIGHLANDS**

Mailing Address 600 HIGHLAND ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

City  
HARBOR SPRINGSState  
MIZip Code  
49740

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.I22026

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. THE LONDON CHOP**

Mailing Address 155 W CONGRESS ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2025

City  
DETROITState  
MIZip Code  
48226

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

941.22

Transaction ID : SB17.I22239

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1458.90

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE SALT LINE**

Mailing Address 79 POTOMAC AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-3848Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

360.58

Transaction ID : SB17.I21967

☐ Memo Item**B. THE SALT LINE**

Mailing Address 79 POTOMAC AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-3848Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

182.78

Transaction ID : SB17.I22286

☐ Memo Item**C. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

124.20

Transaction ID : SB17.I21968

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

667.56

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

24.30

Transaction ID : SB17.I22013

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.77

Transaction ID : SB17.I22066

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.77

Transaction ID : SB17.I22078

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

61.84

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37.39

Transaction ID : SB17.I22123

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.20

Transaction ID : SB17.I22125

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.73

Transaction ID : SB17.I22159

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

84.32

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2025

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033

FEC Identification Number

C

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

18.61

Transaction ID : SB17.I22191

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2025

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033

FEC Identification Number

C

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

27.91

Transaction ID : SB17.I22221

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2025

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033

FEC Identification Number

C

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

43.32

Transaction ID : SB17.I22244

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

89.84

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.60

Transaction ID : SB17.I22287

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

111.51

Transaction ID : SB17.I22342

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 2153 WEALTHY ST SE

City  
GRAND RAPIDSState  
MIZip Code  
49506-3033Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

73.13

Transaction ID : SB17.I22400

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

214.24

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THE WESTIN**

Mailing Address 1 STARPOINT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City  
STAMFORDState  
CTZip Code  
06902-

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

190.82

Transaction ID : SB17.I21975

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE WESTIN**

Mailing Address 1 STARPOINT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2025

City  
STAMFORDState  
CTZip Code  
06902-

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

997.78

Transaction ID : SB17.I22249

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. THE WESTIN**

Mailing Address 1 STARPOINT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2025

City  
STAMFORDState  
CTZip Code  
06902-

FEC Identification Number

C

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

310.24

Transaction ID : SB17.I22389

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1498.84

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. THIRSTY FISH SPORTS GRILLE**

Mailing Address 221 E STATE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2025

City  
TRAVERSE CITYState  
MIZip Code  
49684-2514

FEC Identification Number

C

Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

635.64

Transaction ID : SB17.I22161

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. TRAVERSE CITY PARKING SERVICES**

Mailing Address 303 E STATE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2025

City  
TRAVERSE CITYState  
MIZip Code  
49684-

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

404.64

Transaction ID : SB17.I22017

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. TRAVERSE CITY WINE AND BEER**

Mailing Address 891 INDUSTRIAL CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2025

City  
TRAVERSE CITYState  
MIZip Code  
49686

FEC Identification Number

C

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1055.55

Transaction ID : SB17.I22138

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

2095.83

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

65.00

Transaction ID : SB17.I21969

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.I22014

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

162.50

Transaction ID : SB17.I22073

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

245.50

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

137.90

Transaction ID : SB17.I22116

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

139.50

Transaction ID : SB17.I22163

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

522.71

Transaction ID : SB17.I22192

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

800.11

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

391.05

Transaction ID : SB17.I22206

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. U & I LOUNGE**

Mailing Address 214 E FRONT STREET

City  
TRAVERSE CITYState  
MIZip Code  
49684-Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.I22399

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

333.30

Transaction ID : SB17.I21970

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

774.35

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.29

Transaction ID : SB17.I22008

☐ Memo Item**B. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.15

Transaction ID : SB17.I22016

☐ Memo Item**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

94.50

Transaction ID : SB17.I22020

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

147.94

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

69.92

Transaction ID : SB17.I22064

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

33.65

Transaction ID : SB17.I22075

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

24.93

Transaction ID : SB17.I22077

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

128.50

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.I22079

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

40.81

Transaction ID : SB17.I22083

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

28.93

Transaction ID : SB17.I22085

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

81.74

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.52

Transaction ID : SB17.I22121

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.93

Transaction ID : SB17.I22124

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.I22127

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

81.44

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 197 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.01

Transaction ID : SB17.I22153

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

93.83

Transaction ID : SB17.I22158

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

59.06

Transaction ID : SB17.I22169

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

181.90

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

80.94

Transaction ID : SB17.I22193

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

33.11

Transaction ID : SB17.I22207

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

35.30

Transaction ID : SB17.I22223

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

149.35

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

640.03

Transaction ID : SB17.I22245

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

790.25

Transaction ID : SB17.I22288

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

95.41

Transaction ID : SB17.I22343

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1525.69

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 200 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 555 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94105-2800Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

613.92

Transaction ID : SB17.I22388

☐ Memo Item**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

133.42

Transaction ID : SB17.I21971

☐ Memo Item**C. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

57.40

Transaction ID : SB17.I22012

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

804.74

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 201 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

54.54

Transaction ID : SB17.I22025

☐ Memo Item**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

110.10

Transaction ID : SB17.I22065

☐ Memo Item**C. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.58

Transaction ID : SB17.I22072

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

195.22

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 202 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.22

Transaction ID : SB17.I22112

☐ Memo Item**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.00

Transaction ID : SB17.I22151

☐ Memo Item**C. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

58.60

Transaction ID : SB17.I22175

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

145.82

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

78.33

Transaction ID : SB17.I22194

☐ Memo Item**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

47.79

Transaction ID : SB17.I22213

☐ Memo Item**C. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

132.12

Transaction ID : SB17.I22246

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

258.24

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

108.81

Transaction ID : SB17.I22289

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

51.50

Transaction ID : SB17.I22344

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City  
CHICAGOState  
ILZip Code  
60606-7147Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.I22015

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

170.31

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. UNIVERSITY OF MICHIGAN HEALTH**

Mailing Address 1500 E MEDICAL CENTER DR

City  
ANN ARBORState  
MIZip Code  
48109Purpose of Disbursement  
SPONSORSHIP

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.I22102

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address 1 VERIZON WAY

City  
BASKING RIDGEState  
NJZip Code  
07920-Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

406.52

Transaction ID : SB17.I21973

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 1 VERIZON WAY

City  
BASKING RIDGEState  
NJZip Code  
07920-Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

382.85

Transaction ID : SB17.I22114

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1289.37

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BergmanforCongress**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address 1 VERIZON WAY

City  
BASKING RIDGEState  
NJZip Code  
07920-Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2025

FEC Identification Number

**C**

Amount of Each Disbursement this Period

382.85

Transaction ID : SB17.I22247

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VICTORY PHONES**Mailing Address 2900 WILSON AVE SW  
#101City  
GRANDVILLEState  
MIZip Code  
49418-Purpose of Disbursement  
DIGITAL MARKETING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

FEC Identification Number

**C**

Amount of Each Disbursement this Period

562.22

Transaction ID : SB17.I21974

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 702 S.W. 8TH ST

City  
BENTONVILLEState  
ARZip Code  
72716-Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2025

FEC Identification Number

**C**

Amount of Each Disbursement this Period

204.36

Transaction ID : SB17.I22248

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1149.43

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. WASHINGTON SUITE LIFE, LLC**

Mailing Address 6116 MAIDEN LANE

Date of Disbursement

M M	D D	Y Y Y Y
07	21	2025

City  
BETHESDAState  
MDZip Code  
20817

FEC Identification Number

C

Purpose of Disbursement  
EVENT FACILITY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

17995.00

Transaction ID : SB17.I22027

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. WHITEPAGES**

Mailing Address 1301 FIFTH AVE, SUITE 1600

Date of Disbursement

M M	D D	Y Y Y Y
07	17	2025

City  
SEATTLEState  
WAZip Code  
98101

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.99

Transaction ID : SB17.I22010

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. WHITEPAGES**

Mailing Address 1301 FIFTH AVE, SUITE 1600

Date of Disbursement

M M	D D	Y Y Y Y
08	18	2025

City  
SEATTLEState  
WAZip Code  
98101

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.99

Transaction ID : SB17.I22170

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

18044.98

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. WHITEPAGES**

Mailing Address 1301 FIFTH AVE, SUITE 1600

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

City  
SEATTLEState  
WAZip Code  
98101

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.99

Transaction ID : SB17.I22345

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. WILD BILLS TOBACCO**

Mailing Address 12579 FELCH STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

City  
HOLLANDState  
MIZip Code  
49424

FEC Identification Number

C

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

716.17

Transaction ID : SB17.I22195

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.I21980

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

760.86

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.39

Transaction ID : SB17.I22031

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

39.43

Transaction ID : SB17.I22088

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

70.92

Transaction ID : SB17.I22134

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

110.74

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 210 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

39.79

Transaction ID : SB17.I22228

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.03

Transaction ID : SB17.I22230

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.I22267

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

79.22

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 211 OF 216

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.39

Transaction ID : SB17.I22317

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.03

Transaction ID : SB17.I22372

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2025

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.I22413

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

39.82

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 216

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. YANKEE REBEL TAVERN**

Mailing Address 1493 ASTOR STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

City  
MACKINAC ISLANDState  
MIZip Code  
49757

FEC Identification Number

C

Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

972.67

Transaction ID : SB17.I22346

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. MICHIGAN GOP**

Mailing Address 3450 ALPINE AVENUE NORTHWEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2025

City  
GRAND RAPIDSState  
MIZip Code  
49544-1118

FEC Identification Number

C

Purpose of Disbursement  
EVENT REGISTRATION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

922.04

Transaction ID : SB17.I22059

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. MICHIGAN GOP**

Mailing Address 3450 ALPINE AVENUE NORTHWEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2025

City  
GRAND RAPIDSState  
MIZip Code  
49544-1118

FEC Identification Number

C

Purpose of Disbursement  
EVENT REGISTRATION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

474.05

Transaction ID : SB17.I22339

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

2368.76

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

171214.65

SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 213 OF 216

☐ 17 ☒ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. BMW VICTORY COMMITTEE

Mailing Address PO BOX 30844

City  
BETHESDA

State  
MD

Zip Code  
20824

Purpose of Disbursement  
TRANSFER TO COVER JFC EXPENSES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 20 / 2025

FEC Identification Number

C C00832444

Amount of Each Disbursement this Period

1817.00

Transaction ID : SB18.I22181

☐ 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

M M / D D / Y Y Y Y

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

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

1817.00

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

1817.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 216

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. ALBION RIVER MANAGEMENT, LLC**

Mailing Address 2600 TOWER OAKS BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2025

City  
ROCKVILLEState  
MDZip Code  
20852-4218

FEC Identification Number

C

Purpose of Disbursement  
REFUND

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.I22160

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. OPTIMAL CAPITAL ADVISORS**Mailing Address 12935 SOUTH WEST BAY SHORE DRIVE  
STE 305

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

City  
TRAVERSE CITYState  
MIZip Code  
49684-6298

FEC Identification Number

C

Purpose of Disbursement  
REFUND

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : SB20A.I22370

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. PUBLIC AFFAIRS ASSOC.**Mailing Address 120 N WASHINGTON SQ  
STE 1050

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2025

City  
LANSINGState  
MIZip Code  
48933

FEC Identification Number

C

Purpose of Disbursement  
REFUND

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20A.I22420

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

3800.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 215 OF 216

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. SWIMSMART TECHNOLOGY LLC**

Mailing Address 6326 STERLING DRIVE NORTH

City  
STERLING HEIGHTSState  
MIZip Code  
48312Purpose of Disbursement  
REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20A.I22419

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

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:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

250.00

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

4050.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 216 OF 216

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

**A. JOHN EARL HAGGARD SR. MEMORIAL FUND**

Mailing Address PO BOX 35

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2025

City  
CHARLEVOIXState  
MIZip Code  
49720

FEC Identification Number

C

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.I22347

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. MICHIGAN REPUBLICAN PARTY**Mailing Address 503 MALL CT  
# 149

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2025

City  
LANSINGState  
MIZip Code  
48912-5200

FEC Identification Number

C C00041160

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB21.I22225

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

5500.00

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

5500.00