

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL BergmanforCongress					
ADDRESS (number and street) 3585 Bunker Hill Rd #434					
CITY Acme		STATE MI		ZIP CODE 49610	
2. NAME OF CANDIDATE Bergman, John, , ,			3. OFFICE SOUGHT (State and District) House MI 01		4. FEC IDENTIFICATION NUMBER C00614214
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____					
A. FULL NAME TEXAS RED			Name of Employer		Date (month, day, year)
MAILING ADDRESS PO BOX 52486			Transaction ID : TX98096		Amount 5000.00
CITY AMARILLO	STATE TX	ZIP CODE 79159-2486	Occupation		
B. FULL NAME RAPTOR PAC			Name of Employer		Date (month, day, year)
MAILING ADDRESS PO BOX 4864			Transaction ID : TX98097		Amount 2500.00
CITY MIDLAND	STATE TX	ZIP CODE 79704-4864	Occupation		
C. FULL NAME AMERICA'S FIRST PAC			Name of Employer		Date (month, day, year)
MAILING ADDRESS 8401 EXCELSIOR DR. STE 103			Transaction ID : TX98098		Amount 2500.00
CITY MADISON	STATE WI	ZIP CODE 53717-2908	Occupation		
D. FULL NAME GAHM, DAVID, , ,			Name of Employer LAKE MICHIGAN CAPITAL		Date (month, day, year)
MAILING ADDRESS 10489 SOUTH WEST BAY SHORE DRIVE			Transaction ID : TX98101		Amount 3500.00
CITY TRAVERSE CITY	STATE MI	ZIP CODE 49684-5227	Occupation MORTGAGE BANKER		
E. FULL NAME GUINTA, FRANK, , ,			Name of Employer ML STRATEGIES		Date (month, day, year)
MAILING ADDRESS 221 CRESTVIEW RD			Transaction ID : TX98103		Amount 1000.00
CITY MANCHESTER	STATE NH	ZIP CODE 03104-	Occupation SENIOR VICE PRESIDENT		
SIGNATURE (optional) Kilgore, Paul, , ,				DATE 07/28/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SCHOSTAK, ROBERT, I., MR., 17800 N. LAUREL PARK DR. STE. 200 LIVONIA MI 48152-3985		Name of Employer TEMPLAR BAKER	Date (month, day, year) 07/27/2026
		Transaction ID : TX98091 Occupation OWNER	Amount 3500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SCHOSTAK, ROBERT, I., MR., 17800 N. LAUREL PARK DR. STE. 200 LIVONIA MI 48152-3985		Name of Employer TEMPLAR BAKER	Date (month, day, year) 07/27/2026
		Transaction ID : TX98094 Occupation OWNER	Amount 3500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
		Occupation	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
		Occupation	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
		Occupation	Amount

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