

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. 12FE4M5
BergmanForCongress

ADDRESS (number and street) N5070 Cisco Lake Road
Check if different than previously reported. (ACC) Watersmeet MI 49969

2. FEC IDENTIFICATION NUMBER C C00614214
3. IS THIS REPORT NEW (N) OR AMENDED (A) MI 01
CITY STATE ZIP CODE STATE DISTRICT

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 08 / 02 / 2016 in the State of MI
(c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 13 / 2016

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 Hord Hardin II

Signature of Treasurer Hord Hardin II [Electronically Filed] Date 07 / 21 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BergmanForCongress

Report Covering the Period: From: / / To: / /

| | 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)).... | 9855.00 | 76010.97 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 9855.00 | 76010.97 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 214810.22 | 309071.57 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 214810.22 | 309071.57 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 37049.10 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 270120.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BergmanForCongress

Report Covering the Period: From: / / To: / /

| 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)..... | 7650.00 | 70035.00 |
| (ii) Unitemized | 2185.00 | 5861.00 |
| (iii) TOTAL of contributions from individuals | 9835.00 | 75896.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 20.00 | 20.00 |
| (d) The Candidate | 0.00 | 94.97 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 9855.00 | 76010.97 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 270120.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 270120.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 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)..... | 9855.00 | 346130.97 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 214810.22 | 309071.57 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 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 | 0.00 | 0.00 |
| (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))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 10.30 | 10.30 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 214820.52 | 309081.87 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 242014.62 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 9855.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 251869.62 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 214820.52 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 37049.10 |

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

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

FOR LINE NUMBER: PAGE 5 OF 51
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Full Name (Last, First, Middle Initial)
Clarence C Barksdale

Mailing Address 103 Graybridge Rd

City State Zip Code
St Louis MO 63124

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period
250.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
David Battie

Mailing Address 873 Glen Haven Cir
Apt. 2

City State Zip Code
Petoskey MI 49770

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period
250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
John Cascio

Mailing Address 618 Victoria Hills Dr

City State Zip Code
Deland FL 32724

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2016

Transaction ID : SA11AI.4881

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).....

750.00

**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 6 OF 51 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Full Name (Last, First, Middle Initial)
Tom Graham Jr

Mailing Address 198 E Main St

City Harbor Springs State MI Zip Code 49740

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period
250.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Richard Holton

Mailing Address 4 Sunnington Dale Dr

City Saint Louis State MO Zip Code 63124

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Kim Kiyosaki

Mailing Address 62 Biltmore Estates Dr

City Phoenix State AZ Zip Code 85016

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period
2700.00

Memo Item Contribution

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 7 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Full Name (Last, First, Middle Initial)
Robert Kiyosaki

Mailing Address 62 Biltmore Estates Dr

City State Zip Code
Phoenix AZ 85016

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period
2700.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Patricia Leblanc

Mailing Address 143 Glenwood Dr

City State Zip Code
Metairie LA 70005

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

Name of Employer information requested Occupation information requested
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period
250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Linda Matney

Mailing Address 520 Nottingham Dr

City State Zip Code
Charlotte NC 28211

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2016

Transaction ID : SA11AI.4911

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).....

3200.00

**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 8 OF 51 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Full Name (Last, First, Middle Initial)
John Roe

Mailing Address 1705 Executive Ln

City State Zip Code
Glenview IL 60026

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

Name of Employer information requested Occupation information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.4907

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

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

C. Full Name (Last, First, Middle Initial)

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).....

250.00

7650.00

**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 9 OF 51 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Full Name (Last, First, Middle Initial)
Tea Party Forward

Mailing Address 211 North Union Street
Suite 100

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00608166

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
55.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11C.4940

Amount of Each Receipt this Period
20.00

Memo Item
Forward Earmarked Primary Contributions (See Below)

B. Full Name (Last, First, Middle Initial)
Mary C Benoit

Mailing Address 100 Salt Creek Dr

City Fredericks State TX Zip Code 78624

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11C.4940.0

Amount of Each Receipt this Period
10.00

Memo Item
Earmarked contribution to Bergman for Congress C00614214

C. Full Name (Last, First, Middle Initial)
Vencentia M Miller

Mailing Address 2041 Rosebud Dr

City Irving State TX Zip Code 75060

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11C.4940.1

Amount of Each Receipt this Period
10.00

Memo Item
Earmarked Contribution to Bergman for Congress C00614214

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

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

20.00

20.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4940

Forward of Earmarked Contributions (see below)

Form/Schedule:

Transaction ID:

**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 11 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michael Bancroft | | Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016 |
| Mailing Address N5070 Cisco Lake Rd. | | Amount of Each Disbursement this Period 1500.00 |
| City Watersmeet | State MI | |
| Zip Code 49969 | Purpose of Disbursement Staff Compensation | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.5011 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BP Oil | | Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016 |
| Mailing Address 501 Westlake Park Blvd | | Amount of Each Disbursement this Period 59.34 |
| City Houston | State TX | |
| Zip Code 77079 | Purpose of Disbursement Gas | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.4961 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Citi Cards | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address PO BOX 78045 | | Amount of Each Disbursement this Period 8000.00 |
| City Phoenix | State AZ | |
| Zip Code 85062 | Purpose of Disbursement Credit Card Payment - See Below | <input type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4312 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9559.34 |
| 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 12 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Midwest Broadcasting

Full Name (Last, First, Middle Initial)
Mailing Address 580 E Napier Ave

City Benton Harbor State MI Zip Code 49022

Purpose of Disbursement Radio Advertising

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 05 / 26 / 2016

Amount of Each Disbursement this Period: 3040.00

Memo Item

Transaction ID : SB17.4312.0

B. Facebook

Full Name (Last, First, Middle Initial)
Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Digital Advertising

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 05 / 31 / 2016

Amount of Each Disbursement this Period: 177.50

Memo Item

Transaction ID : SB17.4312.1

c. Foggy's Steakhouse

Full Name (Last, First, Middle Initial)
Mailing Address East 7876 West M 28 Highway

City Christmas State MI Zip Code 49862

Purpose of Disbursement Food and Beverage

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 20.91

Memo Item

Transaction ID : SB17.4312.2

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 Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Seabiscuit Cafe | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016 |
| Mailing Address 7337 Main St | | Amount of Each Disbursement this Period 64.00 |
| City Mackinac Island | State MI Zip Code 49750 | |
| Purpose of Disbursement Food and Beverage | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4312.3 |
| State: MI District: 01 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Sunoco | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016 |
| Mailing Address 1818 Market St Ste 1500 | | Amount of Each Disbursement this Period 39.00 |
| City Philadelphia | State PA Zip Code 19103 | |
| Purpose of Disbursement Gas | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4312.4 |
| State: MI District: 01 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Seabiscuit Cafe | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016 |
| Mailing Address 7337 Main St | | Amount of Each Disbursement this Period 90.00 |
| City Mackinac Island | State MI Zip Code 49750 | |
| Purpose of Disbursement Food and Beverage | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4312.5 |
| State: MI District: 01 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Airlines | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016 |
| Mailing Address 4333 Amon Carter Boulevard | | Amount of Each Disbursement this Period 5.60 |
| City Fort Worth | State TX | |
| Zip Code 76155 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | Transaction ID : SB17.4312.6 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Comfort Inn | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016 |
| Mailing Address 10750 Columbia Pike | | Amount of Each Disbursement this Period 197.58 |
| City Silver Spring | State MD | |
| Zip Code 20901 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | Transaction ID : SB17.4312.7 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Mutual Services Station | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016 |
| Mailing Address 901 E Front St | | Amount of Each Disbursement this Period 61.00 |
| City Traverse City | State MI | |
| Zip Code 49686 | Purpose of Disbursement Gas | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | Transaction ID : SB17.4312.8 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

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| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 15 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Shepler's Mackinac Island Ferry | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016 |
| Mailing Address 556 E Central Ave | | Amount of Each Disbursement this Period 57.00 |
| City Mackinaw City | State MI Zip Code 49701 | |
| Purpose of Disbursement Ferry Tickets | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Disbursement For: 2016 | Transaction ID : SB17.4312.9 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Google, Inc | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016 |
| Mailing Address 1600 Amphitheatre Parkway | | Amount of Each Disbursement this Period 10.00 |
| City Mountain View | State CA Zip Code 94043 | |
| Purpose of Disbursement Digital Advertising | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Disbursement For: 2016 | Transaction ID : SB17.4312.10 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. The Bayview Inn | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016 |
| Mailing Address 5074 US-31 | | Amount of Each Disbursement this Period 90.00 |
| City Traverse City | State MI Zip Code 49685 | |
| Purpose of Disbursement Travel | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Disbursement For: 2016 | Transaction ID : SB17.4312.11 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

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|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 16 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Little Bohemia | | Date of Disbursement MM / DD / YYYY 06 / 04 / 2016 |
| Mailing Address 540 Front St | | Amount of Each Disbursement this Period 50.00 |
| City Traverse City | State MI | |
| Zip Code 49684 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.12 |
| State: MI District: 01 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Speedway | | Date of Disbursement MM / DD / YYYY 06 / 04 / 2016 |
| Mailing Address 500 Speedway Dr | | Amount of Each Disbursement this Period 18.00 |
| City Enon | State OH | |
| Zip Code 45323 | Purpose of Disbursement Gas | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.13 |
| State: MI District: 01 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Nation Builder | | Date of Disbursement MM / DD / YYYY 06 / 05 / 2016 |
| Mailing Address 520 S Grand Ave | | Amount of Each Disbursement this Period 259.00 |
| City Los Angeles | State CA | |
| Zip Code 90071 | Purpose of Disbursement Digital Services | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.14 |
| State: MI District: 01 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. J Williams Photography | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 10781 E Cherry Bend Rd | | Amount of Each Disbursement this Period 395.00 |
| City Traverse City | State MI | |
| Zip Code 49684 | Purpose of Disbursement Photography | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.15 |
| State: MI District: 01 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Boathouse Restaurant | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 14039 Peninsula Dr | | Amount of Each Disbursement this Period 210.00 |
| City Traverse City | State MI | |
| Zip Code 49686 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.16 |
| State: MI District: 01 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Victory Phones | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 190 Monroe Ave NW | | Amount of Each Disbursement this Period 767.20 |
| City Grand Rapids | State MI | |
| Zip Code 49503 | Purpose of Disbursement Robocalls | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.17 |
| State: MI District: 01 | | |

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| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 18 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. McGee's 72 | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 4341 M-72 | | Amount of Each Disbursement this Period 100.00 |
| City Williamsburg | State MI | |
| Zip Code 49690 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.18 |
| State: MI District: 01 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Jimmy John's | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 2212 Fox Dr | | Amount of Each Disbursement this Period 17.67 |
| City Champaign | State IL | |
| Zip Code 61820 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.19 |
| State: MI District: 01 | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) c. Marathon Petroleum | | Date of Disbursement MM / DD / YYYY 06 / 10 / 2016 |
| Mailing Address 539 S Main St | | Amount of Each Disbursement this Period 47.00 |
| City Findlay | State OH | |
| Zip Code 45840 | Purpose of Disbursement Gas | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4312.20 |
| State: MI District: 01 | | |

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| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 19 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. The Westin | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016 |
| Mailing Address 1 StarPoint | | Amount of Each Disbursement this Period 116.39 |
| City Stamford | State CT | |
| Zip Code 06902 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4312.21 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Marathon Petroleum | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016 |
| Mailing Address 539 S Main St | | Amount of Each Disbursement this Period 58.00 |
| City Findlay | State OH | |
| Zip Code 45840 | Purpose of Disbursement Gas | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4312.22 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016 |
| Mailing Address 1 Verizon Way | | Amount of Each Disbursement this Period 182.57 |
| City Basking Ridge | State NJ | |
| Zip Code 07920 | Purpose of Disbursement Telephone Services | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4312.23 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 20 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Sugar Bowl Restaurant | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016 |
| Mailing Address 216 W Main St | | Amount of Each Disbursement this Period 117.06 |
| City Gaylord | State MI | |
| Zip Code 49735 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | Transaction ID : SB17.4312.24 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Boyne Highlands Resort | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016 |
| Mailing Address 600 Highland Dr | | Amount of Each Disbursement this Period 55.00 |
| City Harbor Springs | State MI | |
| Zip Code 49740 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | Transaction ID : SB17.4312.25 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Petoskey Brewing | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016 |
| Mailing Address 1844 Petoskey Trail N | | Amount of Each Disbursement this Period 40.00 |
| City Petoskey | State MI | |
| Zip Code 49770 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | Transaction ID : SB17.4312.26 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 21 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. GoDaddy | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016 |
| Mailing Address 14455 N Hayden Rd #219 | | Amount of Each Disbursement this Period 0.00 |
| City State Zip Code Scottsdale AZ 85260 | Purpose of Disbursement Digital Advertising | |
| Candidate Name BergmanForCongress | | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4312.27 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Marathon Petroleum | | Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016 |
| Mailing Address 539 S Main St | | Amount of Each Disbursement this Period 68.01 |
| City State Zip Code Findlay OH 45840 | Purpose of Disbursement Gas | |
| Candidate Name BergmanForCongress | | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4312.28 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. American Airlines | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016 |
| Mailing Address 4333 Amon Carter Boulevard | | Amount of Each Disbursement this Period 377.10 |
| City State Zip Code Fort Worth TX 76155 | Purpose of Disbursement Travel | |
| Candidate Name BergmanForCongress | | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4312.29 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | | | | |
|--|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Delta Airlines | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016 | | |
| Mailing Address 1030 Delta Blvd | | | Amount of Each Disbursement this Period 1492.20 | | |
| City Atlanta | State GA | Zip Code 30354 | Category/ Type | | |
| Purpose of Disbursement Travel | | | | | |
| Candidate Name BergmanForCongress | | | Memo Item <input checked="" type="checkbox"/> | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: MI | District: 01 | | Transaction ID : SB17.4312.30 | | |

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|--|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Citi Cards | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016 | | |
| Mailing Address PO BOX 78045 | | | Amount of Each Disbursement this Period 24458.15 | | |
| City Phoenix | State AZ | Zip Code 85062 | Category/ Type | | |
| Purpose of Disbursement Credit Card Payment - See Below | | | | | |
| Candidate Name BergmanForCongress | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: MI | District: 01 | | Transaction ID : SB17.4818 | | |

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|--|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Kwik Print | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016 | | |
| Mailing Address 515 S Garfield Ave | | | Amount of Each Disbursement this Period 15000.00 | | |
| City Traverse City | State MI | Zip Code 49686 | Category/ Type | | |
| Purpose of Disbursement Printing | | | | | |
| Candidate Name BergmanForCongress | | | Memo Item <input checked="" type="checkbox"/> | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: MI | District: 01 | | Transaction ID : SB17.4818.0 | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 24458.15 |
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | | |
|--|--|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Delta Airlines | | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 1030 Delta Blvd | | | Amount of Each Disbursement this Period 228.08 |
| City Atlanta | State GA | Zip Code 30354 | |
| Purpose of Disbursement Travel | | Category/ Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.4818.1 |
| State: MI District: 01 | | | |

| | | | |
|--|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Delta Airlines | | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 1030 Delta Blvd | | | Amount of Each Disbursement this Period 1043.20 |
| City Atlanta | State GA | Zip Code 30354 | |
| Purpose of Disbursement Travel | | Category/ Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.4818.2 |
| State: MI District: 01 | | | |

| | | | |
|--|--|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Delta Airlines | | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 1030 Delta Blvd | | | Amount of Each Disbursement this Period 1043.20 |
| City Atlanta | State GA | Zip Code 30354 | |
| Purpose of Disbursement Travel | | Category/ Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.4818.3 |
| State: MI District: 01 | | | |

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|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 24 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. The Print Shop

Full Name (Last, First, Middle Initial)
Mailing Address 224 Shelden Ave

City Houghton State MI Zip Code 49931

Purpose of Disbursement Printing

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 16 / 2016

Amount of Each Disbursement this Period: 751.75

Memo Item

Transaction ID : **SB17.4818.4**

B. Exxon Mobil

Full Name (Last, First, Middle Initial)
Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039

Purpose of Disbursement Gas

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 16 / 2016

Amount of Each Disbursement this Period: 67.00

Memo Item

Transaction ID : **SB17.4818.5**

C. Krist Oil

Full Name (Last, First, Middle Initial)
Mailing Address 303 Selden Road

City Iron River State MI Zip Code 49935

Purpose of Disbursement Gas

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 16 / 2016

Amount of Each Disbursement this Period: 37.00

Memo Item

Transaction ID : **SB17.4818.6**

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 Page | FOR LINE NUMBER: (check only one) | | PAGE 25 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Walmart | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 702 S.W. 8th St | | Amount of Each Disbursement this Period 31.95 |
| City Bentonville | State AR | |
| Zip Code 72716 | Purpose of Disbursement Office Supplies | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.7 |
| State: MI | District: 01 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bar Harbor | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 100 State St | | Amount of Each Disbursement this Period 53.00 |
| City Harbor Springs | State MI | |
| Zip Code 49740 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.8 |
| State: MI | District: 01 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. AVFlight Corporation | | Date of Disbursement MM / DD / YYYY 06 / 17 / 2016 |
| Mailing Address 47 West Ellsworth | | Amount of Each Disbursement this Period 147.46 |
| City Ann Arbor | State MI | |
| Zip Code 48108 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.9 |
| State: MI | District: 01 | |

| | |
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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bubba's | | Date of Disbursement MM / DD / YYYY 06 / 17 / 2016 |
| Mailing Address 428 E Front St | | Amount of Each Disbursement this Period 60.00 |
| City Traverse City | State MI | |
| Zip Code 49686 | Purpose of Disbursement Food and Beverage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.10 |
| State: MI | District: 01 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cedar Motor Inn | | Date of Disbursement MM / DD / YYYY 06 / 18 / 2016 |
| Mailing Address 2523 US-41 | | Amount of Each Disbursement this Period 226.24 |
| City Marquette | State MI | |
| Zip Code 49855 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.11 |
| State: MI | District: 01 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Cedar Motor Inn | | Date of Disbursement MM / DD / YYYY 06 / 18 / 2016 |
| Mailing Address 2523 US-41 | | Amount of Each Disbursement this Period 76.16 |
| City Marquette | State MI | |
| Zip Code 49855 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.12 |
| State: MI | District: 01 | |

| | |
|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 27 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Fairfield Inn | | Date of Disbursement MM / DD / YYYY 06 / 19 / 2016 |
| Mailing Address 10400 Fernwood Road | | Amount of Each Disbursement this Period 142.08 |
| City Bethesda | State MD | |
| Zip Code 20817 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.13 |
| State: MI District: 01 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Fairfield Inn | | Date of Disbursement MM / DD / YYYY 06 / 19 / 2016 |
| Mailing Address 10400 Fernwood Road | | Amount of Each Disbursement this Period 142.08 |
| City Bethesda | State MD | |
| Zip Code 20817 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.14 |
| State: MI District: 01 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Fairfield Inn | | Date of Disbursement MM / DD / YYYY 06 / 19 / 2016 |
| Mailing Address 10400 Fernwood Road | | Amount of Each Disbursement this Period 142.08 |
| City Bethesda | State MD | |
| Zip Code 20817 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4818.15 |
| State: District: | | |

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|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. MediaPass

Full Name (Last, First, Middle Initial)
Mailing Address 1100 Glendon Ave Ste 1800

City Los Angeles State CA Zip Code 90024

Purpose of Disbursement Subscription Fee

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 19 / 2016

Amount of Each Disbursement this Period: 20.00

Memo Item

Transaction ID : SB17.4818.16

B. Harwood Steakhouse

Full Name (Last, First, Middle Initial)
Mailing Address 12865 Highway M28

City Marquette State MI Zip Code 49919

Purpose of Disbursement Food and Beverage

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 140.00

Memo Item

Transaction ID : SB17.4818.17

c. Shell

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Gas

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 56.36

Memo Item

Transaction ID : SB17.4818.18

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 Page | FOR LINE NUMBER: (check only one) | | PAGE 29 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Shell

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Gas

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 31.01

Memo Item

Transaction ID : SB17.4818.19

B. National Car Rental

Full Name (Last, First, Middle Initial)
Mailing Address 6929 N. Lakewood Ave Ste 100

City Tulsa State OK Zip Code 74117

Purpose of Disbursement Car Rental

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 107.63

Memo Item

Transaction ID : SB17.4818.20

c. GoDaddy

Full Name (Last, First, Middle Initial)
Mailing Address 14455 N Hayden Rd #219

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement Website Services

Candidate Name **BergmanForCongress**

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 5.29

Memo Item

Transaction ID : SB17.4818.21

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Island Hotel | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016 |
| Mailing Address W 399 US-2 | | Amount of Each Disbursement this Period 80.05 |
| City Harris | State MI Zip Code 49845 | |
| Purpose of Disbursement Travel | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4818.22 |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: MI District: 01 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Shell | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016 |
| Mailing Address PO Box 2463 | | Amount of Each Disbursement this Period 52.00 |
| City Houston | State TX Zip Code 77252 | |
| Purpose of Disbursement Gas | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4818.23 |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: MI District: 01 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Krist Oil | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016 |
| Mailing Address 303 Selden Road | | Amount of Each Disbursement this Period 40.00 |
| City Iron River | State MI Zip Code 49935 | |
| Purpose of Disbursement Gas | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4818.24 |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: MI District: 01 | |

| | |
|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 31 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

A. Babycakes Muffin Company

Full Name (Last, First, Middle Initial)
Mailing Address 223 W Washington St

City Marquette State MI Zip Code 49855

Purpose of Disbursement Food and Beverage

Candidate Name **BergmanForCongress** Category/Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: MI District: 01

Date of Disbursement: 06 / 21 / 2016

Amount of Each Disbursement this Period: 98.84

Memo Item

Transaction ID : SB17.4818.25

B. The Chop House

Full Name (Last, First, Middle Initial)
Mailing Address 322 S Main St

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement Food and Beverage

Candidate Name **BergmanForCongress** Category/Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: MI District: 01

Date of Disbursement: 06 / 22 / 2016

Amount of Each Disbursement this Period: 340.00

Memo Item

Transaction ID : SB17.4818.26

c. Republic Parking System

Full Name (Last, First, Middle Initial)
Mailing Address 633 Chestnut St Ste 2000

City Chattanooga State TN Zip Code 37450

Purpose of Disbursement Parking

Candidate Name **BergmanForCongress** Category/Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: MI District: 01

Date of Disbursement: 06 / 22 / 2016

Amount of Each Disbursement this Period: 7.90

Memo Item

Transaction ID : SB17.4818.27

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 Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Kwik Print | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016 |
| Mailing Address 515 S Garfield Ave | | Amount of Each Disbursement this Period 1746.46 |
| City Traverse City | State MI | |
| Purpose of Disbursement Printing | | Category/ Type |
| Candidate Name BergmanForCongress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4818.28 |
| State: MI District: 01 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. GoDaddy | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016 |
| Mailing Address 14455 N Hayden Rd #219 | | Amount of Each Disbursement this Period 21.16 |
| City Scottsdale | State AZ | |
| Purpose of Disbursement Website Services | | Category/ Type |
| Candidate Name BergmanForCongress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4818.29 |
| State: MI District: 01 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Applebee's Bar and Grill | | Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016 |
| Mailing Address 11201 Renner Blvd | | Amount of Each Disbursement this Period 41.00 |
| City Lenexa | State KS | |
| Purpose of Disbursement Food and Beverage | | Category/ Type |
| Candidate Name BergmanForCongress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4818.30 |
| State: MI District: 01 | | |

| | |
|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Marriott Hotels | | Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016 |
| Mailing Address 10400 Fernwood Road | | Amount of Each Disbursement this Period 123.21 |
| City Bethesda | State MD | |
| Zip Code 20817 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4818.31 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Store #96 | | Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016 |
| Mailing Address 901 S Lincoln Rd | | Amount of Each Disbursement this Period 52.00 |
| City Escanaba | State MI | |
| Zip Code 49829 | Purpose of Disbursement Gas | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4818.32 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Best Western | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2016 |
| Mailing Address 6201 N 24th Pkwy | | Amount of Each Disbursement this Period 115.90 |
| City Phoenix | State AZ | |
| Zip Code 85016 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | Category/ Type | Transaction ID : SB17.4818.33 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | |
|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Krist Oil | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2016 |
| Mailing Address 303 Selden Road | | Amount of Each Disbursement this Period 56.00 |
| City Iron River | State MI Zip Code 49935 | |
| Purpose of Disbursement Gas | | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | | |
| Office Sought: <input checked="" type="checkbox"/> House | Disbursement For: 2016 | Transaction ID : SB17.4818.34 |
| <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> President | <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Exxon Mobil | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016 |
| Mailing Address 5959 Las Colinas Boulevard | | Amount of Each Disbursement this Period 41.00 |
| City Irving | State TX Zip Code 75039 | |
| Purpose of Disbursement Gas | | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | | |
| Office Sought: <input checked="" type="checkbox"/> House | Disbursement For: 2016 | Transaction ID : SB17.4818.35 |
| <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> President | <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kwik Print | | Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016 |
| Mailing Address 515 S Garfield Ave | | Amount of Each Disbursement this Period 2091.06 |
| City Traverse City | State MI Zip Code 49686 | |
| Purpose of Disbursement Printing | | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name BergmanForCongress | | |
| Office Sought: <input checked="" type="checkbox"/> House | Disbursement For: 2016 | Transaction ID : SB17.4818.36 |
| <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> President | <input type="checkbox"/> Other (specify) | |
| State: MI District: 01 | | |

| | |
|---|------|
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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 City State MI Zip Code 49684

Purpose of Disbursement Food and Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2016

Amount of Each Disbursement this Period: 139.18

Memo Item

Transaction ID : SB17.4973

Full Name (Last, First, Middle Initial)

B. Hotel Indigo

Mailing Address 263 W Grandview Pkwy

City Traverse City State MI Zip Code 49684

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 09 / 2016

Amount of Each Disbursement this Period: 83.00

Memo Item

Transaction ID : SB17.4972

Full Name (Last, First, Middle Initial)

C. Hotel Indigo

Mailing Address 263 W Grandview Pkwy

City Traverse City State MI Zip Code 49684

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 10 / 2016

Amount of Each Disbursement this Period: 25.42

Memo Item

Transaction ID : SB17.4971

SUBTOTAL of Disbursements This Page (optional) 247.60

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 Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20 | | | | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Hotel Indigo | | Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016 |
| Mailing Address 263 W Grandview Pkwy | | Amount of Each Disbursement this Period 701.74 |
| City Traverse City | State MI | |
| Zip Code 49684 | | |
| Purpose of Disbursement Travel | | Category/ Type |
| Candidate Name | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Anthony Lis | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 3585 Bunker Hill Rd #434 | | Amount of Each Disbursement this Period 3000.00 |
| City Acme | State MI | |
| Zip Code 49610 | | |
| Purpose of Disbursement Staff Compensation | | Category/ Type |
| Candidate Name | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Anthony Lis | | Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016 |
| Mailing Address 3585 Bunker Hill Rd #434 | | Amount of Each Disbursement this Period 2000.00 |
| City Acme | State MI | |
| Zip Code 49610 | | |
| Purpose of Disbursement Staff Compensation | | Category/ Type |
| Candidate Name | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5701.74 |
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cliff Maloney | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 805 N Howard St Unit 244 | | Amount of Each Disbursement this Period 3000.00 |
| City Alexandria | State VA | |
| Zip Code 22304 | Purpose of Disbursement Staff Compensation | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5015 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Meijer | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 2929 Walker Ave | | Amount of Each Disbursement this Period 1059.50 |
| City Grand Rapids | State MI | |
| Zip Code 49544 | Purpose of Disbursement Gas Cards | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4977 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Patriot Radio Communications | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 1523 US 131 South Ste B | | Amount of Each Disbursement this Period 6000.00 |
| City Petoskey | State MI | |
| Zip Code 49770 | Purpose of Disbursement Radio Advertising | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4979 |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10059.50 |
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

Full Name (Last, First, Middle Initial)
A. Reign 1

Mailing Address 6151 Adamson Dr

City Waterford State MI Zip Code 48329

Purpose of Disbursement Social Media Management

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 07 / 2016

Amount of Each Disbursement this Period: 1000.00

Memo Item

Transaction ID : SB17.4981

Full Name (Last, First, Middle Initial)
B. RVotes, LLC

Mailing Address 1273 Lindbergh St

City Wyandotte State MI Zip Code 48192

Purpose of Disbursement List Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 12 / 2016

Amount of Each Disbursement this Period: 337.50

Memo Item

Transaction ID : SB17.4983

Full Name (Last, First, Middle Initial)
c. SLK Companies

Mailing Address 29936 Brush Park Ct

City Novi State MI Zip Code 48377

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2016

Amount of Each Disbursement this Period: 5751.77

Memo Item

Transaction ID : SB17.4986

SUBTOTAL of Disbursements This Page (optional) 7089.27

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 39 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Speedway | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2016 |
| Mailing Address 500 Speedway Dr | | Amount of Each Disbursement this Period 56.94 |
| City Enon | State OH Zip Code 45323 | |
| Purpose of Disbursement Gas | | <input type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4987 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SSC Strategies, LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 1180 8th Ave West #2 | | Amount of Each Disbursement this Period 88055.00 |
| City Palmetto | State FL Zip Code 34221-3810 | |
| Purpose of Disbursement Television and Digital Advertisement Production and Placement | | <input type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4991 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. SSC Strategies, LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016 |
| Mailing Address 1180 8th Ave West #2 | | Amount of Each Disbursement this Period 32710.00 |
| City Palmetto | State FL Zip Code 34221-3810 | |
| Purpose of Disbursement Television Advertisement Placement | | <input type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4990 |
| State: District: | Category/Type | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 120821.94 |
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 40 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. SSC Strategies LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 1180 8th Ave West #259 | | Amount of Each Disbursement this Period 14895.00 |
| City Palmetto | State FL Zip Code 34221 | |
| Purpose of Disbursement Television Advertisement Placement | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.4989 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Stripe | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016 |
| Mailing Address 3180 18th St | | Amount of Each Disbursement this Period 8.46 |
| City San Francisco | State CA Zip Code 94110 | |
| Purpose of Disbursement Merchant Processing Fees | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.4994 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Stripe | | Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016 |
| Mailing Address 3180 18th St | | Amount of Each Disbursement this Period 27.05 |
| City San Francisco | State CA Zip Code 94110 | |
| Purpose of Disbursement Merchant Processing Fees | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.4998 |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14930.51 |
| 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 41 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | | | | | | | | | | | | |
|--|-----------|--|-------|------------------------|---------------|--------|-------|--|--------|-----------|--|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| A. Stripe | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>08</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 07 | | 08 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 07 | | 08 | | 2016 | | | | | | | | | |
| Mailing Address 3180 18th St | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table> | | City | State | Zip Code | San Francisco | CA | 94110 | <table border="1"> <tr> <td>163.30</td> </tr> </table> | | 163.30 | | | |
| City | State | Zip Code | | | | | | | | | | | |
| San Francisco | CA | 94110 | | | | | | | | | | | |
| 163.30 | | | | | | | | | | | | | |
| Purpose of Disbursement Merchant Processing Fees | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.4999 | | | | | | | | | | | |
| <table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2016</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table> | | Office Sought: | House | Disbursement For: 2016 | | Senate | | President | State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Office Sought: | House | Disbursement For: 2016 | | | | | | | | | | | |
| | Senate | | | | | | | | | | | | |
| | President | | | | | | | | | | | | |
| State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|-----------|--|-------|------------------------|---------------|--------|-------|--|--------|-----------|--|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| B. Stripe | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>11</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 07 | | 11 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 07 | | 11 | | 2016 | | | | | | | | | |
| Mailing Address 3180 18th St | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table> | | City | State | Zip Code | San Francisco | CA | 94110 | <table border="1"> <tr> <td>8.14</td> </tr> </table> | | 8.14 | | | |
| City | State | Zip Code | | | | | | | | | | | |
| San Francisco | CA | 94110 | | | | | | | | | | | |
| 8.14 | | | | | | | | | | | | | |
| Purpose of Disbursement Merchant Processing Fees | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.4992 | | | | | | | | | | | |
| <table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2016</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table> | | Office Sought: | House | Disbursement For: 2016 | | Senate | | President | State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Office Sought: | House | Disbursement For: 2016 | | | | | | | | | | | |
| | Senate | | | | | | | | | | | | |
| | President | | | | | | | | | | | | |
| State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|-----------|--|-------|------------------------|---------------|--------|-------|---|--------|-----------|--|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| C. Stripe | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>12</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 07 | | 12 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 07 | | 12 | | 2016 | | | | | | | | | |
| Mailing Address 3180 18th St | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table> | | City | State | Zip Code | San Francisco | CA | 94110 | <table border="1"> <tr> <td>12.50</td> </tr> </table> | | 12.50 | | | |
| City | State | Zip Code | | | | | | | | | | | |
| San Francisco | CA | 94110 | | | | | | | | | | | |
| 12.50 | | | | | | | | | | | | | |
| Purpose of Disbursement Merchant Processing Fees | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.4995 | | | | | | | | | | | |
| <table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2016</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table> | | Office Sought: | House | Disbursement For: 2016 | | Senate | | President | State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Office Sought: | House | Disbursement For: 2016 | | | | | | | | | | | |
| | Senate | | | | | | | | | | | | |
| | President | | | | | | | | | | | | |
| State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 183.94 |
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 42 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St

City San Francisco State CA Zip Code 94110

Purpose of Disbursement Merchant Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 13 / 2016

Amount of Each Disbursement this Period: 8.30

Memo Item

Transaction ID : SB17.4993

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 3180 18th St

City San Francisco State CA Zip Code 94110

Purpose of Disbursement Merchant Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 13 / 2016

Amount of Each Disbursement this Period: 13.53

Memo Item

Transaction ID : SB17.4996

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 3180 18th St

City San Francisco State CA Zip Code 94110

Purpose of Disbursement Merchant Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 13 / 2016

Amount of Each Disbursement this Period: 19.21

Memo Item

Transaction ID : SB17.4997

SUBTOTAL of Disbursements This Page (optional) 41.04

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 Page | FOR LINE NUMBER: (check only one) | | PAGE 43 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Unique Strategies, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016 | |
| Mailing Address PO Box 240 | | | Amount of Each Disbursement this Period 750.00 | |
| City Oxford | State MI | Zip Code 48371 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement List Rental | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.5004 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. United States Postal Service | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 | |
| Mailing Address 475 L'Efant Plaza SW | | | Amount of Each Disbursement this Period 500.00 | |
| City Washington | State DC | Zip Code 20260 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Postage | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.5007 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) c. United States Postal Service | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016 | |
| Mailing Address 475 L'Efant Plaza SW | | | Amount of Each Disbursement this Period 25.20 | |
| City Washington | State DC | Zip Code 20260 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Postage | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.5006 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1275.20 |
| 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 44 OF 51 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BergmanForCongress

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. United States Postal Service | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016 |
| Mailing Address 475 L'Efant Plaza SW | | | Amount of Each Disbursement this Period 22.95 |
| City Washington | State DC | Zip Code 20260 | |
| Purpose of Disbursement Postage | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.5005 |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. United States Postal Service | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016 |
| Mailing Address 475 L'Efant Plaza SW | | | Amount of Each Disbursement this Period 12334.68 |
| City Washington | State DC | Zip Code 20260 | |
| Purpose of Disbursement Postage | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.5010 |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) c. United States Postal Service | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2016 |
| Mailing Address 475 L'Efant Plaza SW | | | Amount of Each Disbursement this Period 5760.32 |
| City Washington | State DC | Zip Code 20260 | |
| Purpose of Disbursement Postage | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.5009 |
| State: District: | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 18117.95 |
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 45 OF 51 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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) A. United States Postal Service | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016 | |
| Mailing Address 475 L'Efant Plaza SW | | | Amount of Each Disbursement this Period 1559.98 | |
| City Washington | State DC | Zip Code 20260 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Postage | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.5008 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.5008 | | |
| 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. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.5008 | | |
| 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)..... | 1559.98 |
| TOTAL This Period (last page this line number only)..... | 214046.16 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BergmanForCongress** Transaction ID : **SC/10.4689**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
John Bergman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 N3465 Sylvan Isle Drive
 City State ZIP Code
 Watersmeet MI 49969

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 120.00 | 0.00 | 120.00 |

TERMS

| | | | |
|----------------------|---------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 03 / D 07 / Y 2016 | M / D / Y on demand | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 120.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BergmanForCongress** Transaction ID : **SC/10.4690**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
John Bergman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 N3465 Sylvan Isle Drive
 City State ZIP Code
 Watersmeet MI 49969

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 30000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 30000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Date Incurred M 03 / D 15 / Y 2016 | Date Due M / D / Y on demand | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|---------------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|--------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 30000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
BergmanForCongress

Transaction ID : **SC/10.4675**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
John Bergman

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
N3465 Sylvan Isle Drive

City State ZIP Code
Watersmeet MI 49969

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 12 / Y 2016 M M / D D / Y on demand 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BergmanForCongress** Transaction ID : **SC/10.4679**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
John Bergman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 N3465 Sylvan Isle Drive
 City State ZIP Code
 Watersmeet MI 49969

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 20000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Date Incurred M 05 / D 20 / Y 2016 | Date Due M / D / Y on demand | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|---------------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|--------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 20000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BergmanForCongress** Transaction ID : **SC/10.4685**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
John Bergman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 N3465 Sylvan Isle Drive
 City State ZIP Code
 Watersmeet MI 49969

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 60000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 60000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Date Incurred M 06 / D 27 / Y 2016 | Date Due M / D / Y on demand | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|---------------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|--------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 60000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BergmanForCongress** Transaction ID : **SC/10.4687**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
John Bergman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 N3465 Sylvan Isle Drive
 City State ZIP Code
 Watersmeet MI 49969

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 150000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 150000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Date Incurred M 06 / D 30 / Y 2016 | Date Due M / D / Y on demand | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|---------------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|-----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 150000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 270120.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.