

# 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

PETER MEIJER FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 68554

Check if different than previously reported. (ACC)

GRAND RAPIDS

MI

49516

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00710962

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MI

03

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

04

2020

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

2020

through

07

15

2020

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

CRATE, BRADLEY, T., MR.,

Type or Print Name of Treasurer

Signature of Treasurer

CRATE, BRADLEY, T., MR.,

[Electronically Filed]

Date

07

23

2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**PETER MEIJER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	7772.91	1032966.29
(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)).....	7772.91	1032966.29
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	100154.38	1101188.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100154.38	1101187.47
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	406778.82	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	485355.58	

**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 05/2016)

Write or Type Committee Name

**PETER MEIJER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4861.88	936059.73
(ii) Unitemized.....	2655.11	28365.40
(iii) TOTAL of contributions from individuals ▶	7516.99	964425.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	57828.50
(d) The Candidate.....	255.92	10712.66
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7772.91	1032966.29
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	50000.00	475000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	475000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1.26
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	57772.91	1507967.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 43

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100154.38	1101188.73
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	100154.38	1101188.73

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	449160.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57772.91
25. SUBTOTAL (add Line 23 and Line 24).....	506933.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100154.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	406778.82

**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 43  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BEACHNAU, BRUCE, A, MR.,**  
Mailing Address 8303 SUNFIELD HWY

City PORTLAND	State MI	Zip Code 48875
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2020

**Transaction ID : SA11A1.7179**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 35.00

Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.7074]

**B.** Full Name (Last, First, Middle Initial)  
**HARTZLER, DARYL, , MR.,**  
Mailing Address 725 6TH AVE

City LAKE ODESSA	State MI	Zip Code 48849
---------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2020

**Transaction ID : SA11A1.7134**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 20.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HERBRUCK, SHERRI, , MRS.,**  
Mailing Address 7340 CASCADE RD

City GRAND RAPIDS	State MI	Zip Code 49546
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2020

**Transaction ID : SA11A1.7127**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

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

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

\_\_\_\_\_ 2555.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 6 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PRYSYAZHNYUK, OKSANA, , ,**

Mailing Address 1 UNION SQ S  
APT 12 H

City NEW YORK State NY Zip Code 10003

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
508.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2020

Transaction ID : SA11A1.7119

Amount of Each Receipt this Period  
 300.00

Memo Item  
 EARMARKED THROUGH WINRED [SA11A1.7074]

**B.** Full Name (Last, First, Middle Initial)  
**ROTH, MARCY, , ,**

Mailing Address 1665 FLOWERS CROSSING DR. NE

City GRAND RAPIDS State MI Zip Code 49525

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2020

Transaction ID : SA11A1.7081

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SAMPSEL, JEREMY, , ,**

Mailing Address 10438 N 6TH ST

City OTSEGO State MI Zip Code 49078

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
208.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2020

Transaction ID : SA11A1.7113

Amount of Each Receipt this Period  
 52.40

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1352.40

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

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

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

FOR LINE NUMBER: PAGE 7 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMPSON, BRUCE, , ,**

Mailing Address 338 PLEASANT STREET SE

City GRAND RAPIDS State MI Zip Code 49403

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

Name of Employer URBANEER Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2020

Transaction ID : SA11AI.7078

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**WILSON, FRANCIS, M, MR.,**

Mailing Address 28801 JEFFERSON AVE  
APT 339

City SAINT CLAIR SHORES State MI Zip Code 48081

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 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 / 2020

Transaction ID : SA11AI.7129

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 06 / 2020

Transaction ID : SA11AI.7069

Amount of Each Receipt this Period  
358.84

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 8 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2020

**Transaction ID : SA11AI.7070**

Amount of Each Receipt this Period  
 71.55

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2020

**Transaction ID : SA11AI.7071**

Amount of Each Receipt this Period  
 95.60

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2020

**Transaction ID : SA11AI.7073**

Amount of Each Receipt this Period  
 47.80

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT: PAC  
 LIMIT NOT AFFECTED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

**Transaction ID : SA11AI.7074**

Amount of Each Receipt this Period  
1056.62

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

**Transaction ID : SA11AI.7075**

Amount of Each Receipt this Period  
342.36

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

**Transaction ID : SA11AI.7077**

Amount of Each Receipt this Period  
134.16

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WOODRICK, YVONNE, M, ,**

Mailing Address 10077 SERENITY SHORES DR NE

City State Zip Code  
ROCKFORD MI 49341

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

Name of Employer Occupation  
I UNDERSTAND DIRECTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1254.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 11 2020

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period  
104.48

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**YOUNG, ANDY, , ,**

Mailing Address 4845 CORPORATE EXCHANGE

City State Zip Code  
GRAND RAPIDS MI 49512

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

Name of Employer Occupation  
CARLIN-GROUP FOOD MARKETING

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 11 2020

Transaction ID : SA11AI.7117

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	604.48
<b>TOTAL</b> This Period (last page this line number only).....▶	4861.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MEIJER, PETER MR., , ,**

Mailing Address P.O. BOX 68554

City GRAND RAPIDS	State MI	Zip Code 49516
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FEC ID number of contributing federal political committee. **C** H0MI03308

Name of Employer PETER MEIJER FOR CONGRESS	Occupation CANDIDATE
---	-------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
435525.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 07 / 2020

**Transaction ID : SA11D.7305**

Amount of Each Receipt this Period  
68.51

Memo Item  
IN-KIND: MEETING EXPENSE: MEALS

**B.** Full Name (Last, First, Middle Initial)  
**MEIJER, PETER MR., , ,**

Mailing Address P.O. BOX 68554

City GRAND RAPIDS	State MI	Zip Code 49516
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H0MI03308

Name of Employer PETER MEIJER FOR CONGRESS	Occupation CANDIDATE
---	-------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
435613.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 07 / 2020

**Transaction ID : SA11D.7307**

Amount of Each Receipt this Period  
88.20

Memo Item  
IN-KIND: MEETING EXPENSE: MEALS

**C.** Full Name (Last, First, Middle Initial)  
**MEIJER, PETER MR., , ,**

Mailing Address P.O. BOX 68554

City GRAND RAPIDS	State MI	Zip Code 49516
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H0MI03308

Name of Employer PETER MEIJER FOR CONGRESS	Occupation CANDIDATE
---	-------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
435652.06

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2020

**Transaction ID : SA11D.7309**

Amount of Each Receipt this Period  
38.61

Memo Item  
IN-KIND: MEETING EXPENSE: MEALS

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	195.32
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 12 OF 43	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MEIJER, PETER MR., , ,**

Mailing Address P.O. BOX 68554

City GRAND RAPIDS	State MI	Zip Code 49516
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H0MI03308

Name of Employer PETER MEIJER FOR CONGRESS	Occupation CANDIDATE
---	-------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
435712.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2020

**Transaction ID : SA11D.7311**

Amount of Each Receipt this Period  
60.60

Memo Item  
IN-KIND: MEETING EXPENSE: MEALS

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.60
<b>TOTAL</b> This Period (last page this line number only).....▶	255.92

# 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 13 OF 43	
<input type="checkbox"/> 11a 12	<input checked="" 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)  
**PETER MEIJER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MEIJER, PETER MR., , ,**

Mailing Address P.O. BOX 68554

City GRAND RAPIDS	State MI	Zip Code 49516
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FEC ID number of contributing federal political committee. **C** H0MI03308

Name of Employer PETER MEIJER FOR CONGRESS	Occupation CANDIDATE
---	-------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
485712.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

**Transaction ID : SA13A.7227**

Amount of Each Receipt this Period  
50000.00

Memo Item  
PERSONAL FUNDS

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

**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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADOBE INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2020	
Mailing Address 801 N 34TH ST			FEC Identification Number C	
City SEATTLE	State WA	Zip Code 98103	Amount of Each Disbursement this Period 29.99	
Purpose of Disbursement SOFTWARE [SB17.7232]		Category/ Type	Transaction ID : SB17.7286	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ADOBE INC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2020	
Mailing Address 801 N 34TH ST			FEC Identification Number C	
City SEATTLE	State WA	Zip Code 98103	Amount of Each Disbursement this Period 56.17	
Purpose of Disbursement SOFTWARE [SB17.7232]		Category/ Type	Transaction ID : SB17.7275	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ADP, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C	
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 2084.37	
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.7228	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2084.37
<b>TOTAL</b> 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 43			
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020		
Mailing Address ONE ADP BOULEVARD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 2084.35		
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.7229		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ALDI</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2020		
Mailing Address 2840 CLYDE PARK AVE SW			FEC Identification Number C		
City WYOMING	State MI	Zip Code 49509	Amount of Each Disbursement this Period 18.70		
Purpose of Disbursement TRAVEL: FOOD [SB17.7232]		Category/ Type	Transaction ID : SB17.7292		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ALDI</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2020		
Mailing Address 2840 CLYDE PARK AVE SW			FEC Identification Number C		
City WYOMING	State MI	Zip Code 49509	Amount of Each Disbursement this Period 5.10		
Purpose of Disbursement TRAVEL: FOOD [SB17.7232]		Category/ Type	Transaction ID : SB17.7288		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2084.35
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address PO BOX 0001			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90096	Amount of Each Disbursement this Period 12443.24	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE ITEMIZATION IF REQUIRED			Transaction ID : SB17.7232	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BEST BUY</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2020	
Mailing Address 7075 FLYING CLOUD DR			FEC Identification Number C	
City EDEN PRAIRIE	State MN	Zip Code 55344	Amount of Each Disbursement this Period 317.98	
Purpose of Disbursement OFFICE EQUIPMENT [SB17.7232]			Transaction ID : SB17.7294	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2020	
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement BANK FEES			Transaction ID : SB17.7237	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12463.24
<b>TOTAL</b> 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 17 OF 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 20.00
Candidate Name		Transaction ID : SB17.7238
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CITY OF GRAND RAPIDS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2020
Mailing Address 50 OTTAWA AVE NW		FEC Identification Number C
City GRAND RAPIDS	State MI	Zip Code 49503
Purpose of Disbursement PARKING EXPENSE [SB17.7232]		Amount of Each Disbursement this Period 10.00
Candidate Name		Transaction ID : SB17.7283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CITY OF GRAND RAPIDS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2020
Mailing Address 50 OTTAWA AVE NW		FEC Identification Number C
City GRAND RAPIDS	State MI	Zip Code 49503
Purpose of Disbursement PARKING EXPENSE [SB17.7232]		Amount of Each Disbursement this Period 600.00
Candidate Name		Transaction ID : SB17.7280
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20.00
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2020	
Mailing Address 1601 WILLOW RD. BLDG 10			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Category/ Type	Transaction ID : SB17.7291	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020	
Mailing Address 1601 WILLOW RD. BLDG 10			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Category/ Type	Transaction ID : SB17.7289	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2020	
Mailing Address 1601 WILLOW RD. BLDG 10			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Category/ Type	Transaction ID : SB17.7287	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 1601 WILLOW RD. BLDG 10		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : SB17.7285
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2020
Mailing Address 1601 WILLOW RD. BLDG 10		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : SB17.7284
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2020
Mailing Address 1601 WILLOW RD. BLDG 10		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Amount of Each Disbursement this Period 629.26
Candidate Name		Transaction ID : SB17.7273
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 20 OF 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2020
Mailing Address 1601 WILLOW RD. BLDG 10		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement MEDIA PLACEMENT FEES [SB17.7232]		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : SB17.7265
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2020
Mailing Address 233 FULTON ST W		FEC Identification Number C
City GRAND RAPIDS	State MI	Zip Code 49503
Purpose of Disbursement DELIVERY SERVICES [SB17.7232]		Amount of Each Disbursement this Period 10.31
Candidate Name		Transaction ID : SB17.7276
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2020
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SOFTWARE [SB17.7232]		Amount of Each Disbursement this Period 297.13
Candidate Name		Transaction ID : SB17.7266
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 21 OF 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HANCOCK FRIED CHICKEN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2020	
Mailing Address 1157 WEALTHY ST SE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49506	Amount of Each Disbursement this Period 33.92	
Purpose of Disbursement TRAVEL: FOOD [SB17.7232]		Category/ Type	Transaction ID : SB17.7278	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KENT COMMUNICATIONS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2020	
Mailing Address 3901 EAST PARIS AVE, SE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49512	Amount of Each Disbursement this Period 8727.05	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Category/ Type	Transaction ID : SB17.7243	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LAMPEN, CAROLINE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 2466 SANDI DRIVE			FEC Identification Number C	
City AVON	State IN	Zip Code 46123	Amount of Each Disbursement this Period 354.56	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7235	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9081.61
<b>TOTAL</b> 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 22 OF 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAMPEN, CAROLINE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 2466 SANDI DRIVE			FEC Identification Number C	
City AVON	State IN	Zip Code 46123	Amount of Each Disbursement this Period 354.56	
Purpose of Disbursement PAYROLL			Transaction ID : SB17.7236	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MAILCHIMP</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2020	
Mailing Address 675 PONCE DE LEON AVE NE #5000			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30308	Amount of Each Disbursement this Period 80.95	
Purpose of Disbursement SUBSCRIPTIONS [SB17.7232]			Transaction ID : SB17.7279	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MCGRATH, JOHN, , , III</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 800 KALAMAZOO AVENUE SE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49507	Amount of Each Disbursement this Period 1712.28	
Purpose of Disbursement PAYROLL			Transaction ID : SB17.7241	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2066.84
<b>TOTAL</b> 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 43			
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCGRATH, JOHN, , , III</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020		
Mailing Address 800 KALAMAZOO AVENUE SE			FEC Identification Number <b>C</b>		
City GRAND RAPIDS	State MI	Zip Code 49507	Amount of Each Disbursement this Period 1712.28		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : <b>SB17.7242</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MEIJER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2020		
Mailing Address 3757 PLAINFIELD AVE NE			FEC Identification Number <b>C</b>		
City GRAND RAPIDS	State MI	Zip Code 49544	Amount of Each Disbursement this Period 92.28		
Purpose of Disbursement GROCERIES FOR OPERATION F.R.E.D. [SB17.7232]		Category/ Type	Transaction ID : <b>SB17.7290</b>		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MEIJER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2020		
Mailing Address 3757 PLAINFIELD AVE NE			FEC Identification Number <b>C</b>		
City GRAND RAPIDS	State MI	Zip Code 49544	Amount of Each Disbursement this Period 21.09		
Purpose of Disbursement TRAVEL: FOOD [SB17.7232]		Category/ Type	Transaction ID : <b>SB17.7281</b>		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1712.28
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MEIJER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2020	
Mailing Address 3757 PLAINFIELD AVE NE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49544	Amount of Each Disbursement this Period 344.45	
Purpose of Disbursement GROCERIES FOR OPERATION F.R.E.D. [SB17.7232]			Transaction ID : SB17.7282	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MEIJER, PETER MR., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2020	
Mailing Address P.O. BOX 68554			FEC Identification Number C H0MI03308	
City GRAND RAPIDS	State MI	Zip Code 49516	Amount of Each Disbursement this Period 68.51	
Purpose of Disbursement IN-KIND: MEETING EXPENSE: MEALS			Transaction ID : SB17.7306	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 03				

Full Name (Last, First, Middle Initial) <b>C. MEIJER, PETER MR., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2020	
Mailing Address P.O. BOX 68554			FEC Identification Number C H0MI03308	
City GRAND RAPIDS	State MI	Zip Code 49516	Amount of Each Disbursement this Period 88.20	
Purpose of Disbursement IN-KIND: MEETING EXPENSE: MEALS			Transaction ID : SB17.7308	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 03				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	156.71
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MEIJER, PETER MR., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2020	
Mailing Address P.O. BOX 68554			FEC Identification Number <b>C</b> H0MI03308	
City GRAND RAPIDS	State MI	Zip Code 49516	Amount of Each Disbursement this Period 38.61	
Purpose of Disbursement IN-KIND: MEETING EXPENSE: MEALS			Transaction ID : <b>SB17.7310</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 03				

Full Name (Last, First, Middle Initial) <b>B. MEIJER, PETER MR., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2020	
Mailing Address P.O. BOX 68554			FEC Identification Number <b>C</b> H0MI03308	
City GRAND RAPIDS	State MI	Zip Code 49516	Amount of Each Disbursement this Period 60.60	
Purpose of Disbursement IN-KIND: MEETING EXPENSE: MEALS			Transaction ID : <b>SB17.7312</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 03				

Full Name (Last, First, Middle Initial) <b>C. MY CAMPAIGN STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020	
Mailing Address 304 WHITTINGTON PKWY 107			FEC Identification Number <b>C</b>	
City LOUISVILLE	State KY	Zip Code 40222	Amount of Each Disbursement this Period 3469.69	
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS: SIGNS [SB17.7232]			Transaction ID : <b>SB17.7270</b>	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	99.21
<b>TOTAL</b> 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 26 OF 43			
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OPTIMIZE CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020		
Mailing Address PO BOX 660121			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78766	Amount of Each Disbursement this Period 1746.78		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type	Transaction ID : SB17.7246		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. REVV, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020		
Mailing Address 1920 L STREET NW SUITE 325			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 306.58		
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7247		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. REVV, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2020		
Mailing Address 1920 L STREET NW SUITE 325			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 255.46		
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7248		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2308.82
<b>TOTAL</b> 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: PAGE 27 OF 43  
(check only one)  
 17     18     19a     19b  
                   20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REVV, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2020
Mailing Address 1920 L STREET NW SUITE 325		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 53.30
Candidate Name		Transaction ID : SB17.7249
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. REVV, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2020
Mailing Address 1920 L STREET NW SUITE 325		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 8.70
Candidate Name		Transaction ID : SB17.7250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:                  District:		

Full Name (Last, First, Middle Initial) <b>C. REVV, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2020
Mailing Address 1920 L STREET NW SUITE 325		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 26.50
Candidate Name		Transaction ID : SB17.7251
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:                  District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	88.50
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REVV, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2020	
Mailing Address 1920 L STREET NW SUITE 325			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 2.30	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7252	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. REVV, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 1920 L STREET NW SUITE 325			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 54.82	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7253	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SADLIER, NOAH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 1615 SHADFORD RD			FEC Identification Number C	
City ANN ARBOR	State MI	Zip Code 48104	Amount of Each Disbursement this Period 1198.64	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7244	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1255.76
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SADLIER, NOAH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 1615 SHADFORD RD			FEC Identification Number C	
City ANN ARBOR	State MI	Zip Code 48104	Amount of Each Disbursement this Period 1198.64	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7245	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SIDOCK, BRANDY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 1436 PENNCROSS DR SE			FEC Identification Number C	
City CALEDONIA	State MI	Zip Code 49316	Amount of Each Disbursement this Period 1494.69	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7233	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SIDOCK, BRANDY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 1436 PENNCROSS DR SE			FEC Identification Number C	
City CALEDONIA	State MI	Zip Code 49316	Amount of Each Disbursement this Period 1494.70	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7234	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4188.03
<b>TOTAL</b> 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 30 OF 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC MEDIA PLACEMENT INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2020	
Mailing Address 7669 STAGERS LOOP			FEC Identification Number C	
City DELAWARE	State OH	Zip Code 43015	Amount of Each Disbursement this Period 42200.00	
Purpose of Disbursement PLACED MEDIA		Category/ Type	Transaction ID : SB17.7254	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SULI, ALEXANDER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 560 CEDAR PINES DR			FEC Identification Number C	
City SPARTA	State MI	Zip Code 49345	Amount of Each Disbursement this Period 637.41	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7230	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SULI, ALEXANDER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 560 CEDAR PINES DR			FEC Identification Number C	
City SPARTA	State MI	Zip Code 49345	Amount of Each Disbursement this Period 637.42	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7231	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43474.83
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE STRATEGY GROUP FOR MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2020	
Mailing Address 7669 STAGERS LOOP			FEC Identification Number C	
City DELAWARE	State OH	Zip Code 43015	Amount of Each Disbursement this Period 16046.18	
Purpose of Disbursement PLACED MEDIA		Category/Type	Transaction ID : SB17.7255	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2020	
Mailing Address 1451 LAKE DR SE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49506	Amount of Each Disbursement this Period 55.00	
Purpose of Disbursement POSTAGE [SB17.7232]		Category/Type	Transaction ID : SB17.7267	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2020	
Mailing Address 2017 EASTERN AVE SE STE 1			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49507	Amount of Each Disbursement this Period 110.00	
Purpose of Disbursement POSTAGE [SB17.7232]		Category/Type	Transaction ID : SB17.7269	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16046.18
<b>TOTAL</b> 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 43			
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>				Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530				FEC Identification Number C	
City ARLINGTON		State VA	Zip Code 22219		
Purpose of Disbursement MERCHANT FEES				Transaction ID : SB17.7256	
Candidate Name					
Office Sought:		Disbursement For: 2020			
<input type="checkbox"/> House		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼			
<input type="checkbox"/> President					
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>				Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530				FEC Identification Number C	
City ARLINGTON		State VA	Zip Code 22219		
Purpose of Disbursement MERCHANT FEES				Transaction ID : SB17.7257	
Candidate Name					
Office Sought:		Disbursement For: 2020			
<input checked="" type="checkbox"/> House		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼			
<input type="checkbox"/> President					
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>				Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530				FEC Identification Number C	
City ARLINGTON		State VA	Zip Code 22219		
Purpose of Disbursement MERCHANT FEES				Transaction ID : SB17.7258	
Candidate Name					
Office Sought:		Disbursement For: 2020			
<input checked="" type="checkbox"/> House		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼			
<input type="checkbox"/> President					
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1315.59
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 61.73	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7259	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 3.45	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7260	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 4.40	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7261	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	69.58
<b>TOTAL</b> 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 43	
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 2.20	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.7262	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ZANDSTRA, JAMES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2020	
Mailing Address 1914 ROSEMONT AVE SE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49506	Amount of Each Disbursement this Period 818.14	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7239	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ZANDSTRA, JAMES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2020	
Mailing Address 1914 ROSEMONT AVE SE			FEC Identification Number C	
City GRAND RAPIDS	State MI	Zip Code 49506	Amount of Each Disbursement this Period 818.14	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.7240	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1638.48
<b>TOTAL</b> 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 43		
	<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)  
**PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. ZOOM VIDEO COMMUNICATIONS**

Mailing Address 55 ALMADEN BLVD STE 6

City SAN JOSE State CA Zip Code 95113

Purpose of Disbursement SOFTWARE [SB17.7232]

Candidate Name  Category/Type

Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
06 / 08 / 2020

FEC Identification Number C

Amount of Each Disbursement this Period  27.01

Transaction ID : SB17.7272

Memo Item

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

Mailing Address

City  State  Zip Code

Purpose of Disbursement

Candidate Name  Category/Type

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City  State  Zip Code

Purpose of Disbursement

Candidate Name  Category/Type

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶  0.00

**TOTAL** This Period (last page this line number only).....▶  100154.38

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **PETER MEIJER FOR CONGRESS** Transaction ID : **SC/10.4106**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MEIJER, PETER MR., , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 68554			
City GRAND RAPIDS	State MI	ZIP Code 49516	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 08 / D 30 / Y 2019	Date Due M M / D D / Y 1/1/2021	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> 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) **PETER MEIJER FOR CONGRESS** Transaction ID : **SC/10.4969**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MEIJER, PETER MR., , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 68554			
City GRAND RAPIDS	State MI	ZIP Code 49516	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 <sup>M</sup> / D 30 <sup>D</sup> / Y 2019 Y	M M / D D / Y 1/1/2021 Y	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	75000.00
<b>TOTALS</b> 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) **PETER MEIJER FOR CONGRESS** Transaction ID : **SC/10.5577**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MEIJER, PETER MR., , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 68554			
City GRAND RAPIDS	State MI	ZIP Code 49516	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

<b>TERMS</b>	Date Incurred M 03 / D 31 / Y 2020	Date Due M M / D D / Y 1/1/2021	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150000.00
<b>TOTALS</b> 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) **PETER MEIJER FOR CONGRESS** Transaction ID : **SC/10.6023**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MEIJER, PETER MR., , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 68554			
City GRAND RAPIDS	State MI	ZIP Code 49516	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 06 / D 10 / Y 2020	Date Due M M / D D / Y 1/1/2021	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	75000.00
<b>TOTALS</b> 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) **PETER MEIJER FOR CONGRESS** Transaction ID : **SC/10.6025**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MEIJER, PETER MR., , ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 68554			
City GRAND RAPIDS	State MI	ZIP Code 49516	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 06 / D 30 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> 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) Transaction ID : SC/10.7227  
**PETER MEIJER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MEIJER, PETER MR., , ,		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 68554		
City GRAND RAPIDS	State MI	ZIP Code 49516
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred M 07 / D 15 / Y 2020	Date Due M M / D D / Y 1/1/2021	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input type="text"/>	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="50000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="475000.00"/>

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**PETER MEIJER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN RESOURCE GROUP LLC</b>			Nature of Debt (Purpose): <b>FUNDRAISING CONSULTING</b>
Mailing Address <b>PO BOX 1948</b>			
City <b>HOLLAND</b>	State <b>MI</b>	Zip Code <b>49422</b>	

Outstanding Balance Beginning This Period <b>10355.58</b>	<b>Transaction ID : SD10.7043</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>10355.58</b>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COMBAT DATA INC.</b>			Nature of Debt (Purpose): <b>VOTER SURVEY</b>
Mailing Address <b>13262 BLAISDELL</b>			
City <b>DEWITT</b>	State <b>MI</b>	Zip Code <b>48820</b>	

Outstanding Balance Beginning This Period <b>689.00</b>	<b>Transaction ID : SD10.7061</b>	
Amount Incurred This Period <b>- 689.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>0.00</b>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<b>10355.58</b>
<b>2) TOTALS</b> This Period (last page this line number only) .....	<b>10355.58</b>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<b>475000.00</b>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<b>485355.58</b>

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

Form/Schedule: SD10

Transaction ID : SD10.7061

DUE TO A CLERICAL MISTAKE, THIS DEBT WAS ORIGINALLY LISTED INADVERTENTLY.

Form/Schedule:

Transaction ID: