

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

BergmanforCongress

ADDRESS (number and street)

3585 Bunker Hill Rd

#434

Check if different
than previously
reported. (ACC)

Acme

MI

49610

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00614214

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2025

through

M M / D D / Y Y Y Y
06 / 30 / 2025

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

Type or Print Name of Treasurer

Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

Date

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

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BergmanforCongress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	202619.04	378562.96
(b) Total Contribution Refunds (from Line 20(d))	- 3300.00	- 3300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	205919.04	381862.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	119916.41	331858.13
(b) Total Offsets to Operating Expenditures (from Line 14)	1500.00	1768.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	118416.41	330089.65
8. Cash on Hand at Close of Reporting Period (from Line 27)	427262.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BergmanforCongress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

55737.02

95567.45

(ii) Unitemized

15382.02

36495.51

(iii) TOTAL of contributions
from individuals ▶

71119.04

132062.96

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

131500.00

246500.00

(d) The Candidate

0.00

0.00

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

202619.04

378562.96

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

91306.06

212974.13

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

1500.00

1768.48

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

0.00

0.00

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

295425.10

593305.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	119916.41	331858.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	10116.35	10116.35
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	- 3300.00	- 3300.00
(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)).....	- 3300.00	- 3300.00
21. OTHER DISBURSEMENTS	76.74	22163.74
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	126809.50	360838.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	258646.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	295425.10
25. SUBTOTAL (add Line 23 and Line 24).....	554071.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	126809.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	427262.49

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

PAGE 5 OF 155

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

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

NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AKRAM, CHUDHARY, , ,

A. Mailing Address 54 LITCHFIELD AVE.

City
ELMONTState
NYZip Code
11003-2714FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025

Transaction ID : SA11A.88681

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALI, RAO, , ,

B. Mailing Address 1609 ENCLAVE CT

City
SOUTHLAKEState
TXZip Code
76092-3461FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
PHYSICIAN

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2025

Transaction ID : SA11A.89073

Amount of Each Receipt this Period

- 3300.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

BAIRD, DALE, L., MAJ,

C. Mailing Address 110 VANTAGE VIEW DR

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2025

Transaction ID : SA11A.88508

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

- 2200.00

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

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

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

PAGE 6 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BAIRD, DALE, L., MAJ,

Mailing Address 110 VANTAGE VIEW DR

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 28 2025

Transaction ID : SA11A.88737

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BIEBER, ALBERT, G., MR,

Mailing Address PO BOX 207

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

C

Name of Employer
NONEOccupation
NONE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 04 2025

Transaction ID : SA11A.89009

Amount of Each Receipt this Period

350.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BLOCK, GEORGE, P., MR, JR

Mailing Address PO BOX 331

City
EAST JORDANState
MIZip Code
49727-0331FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.88616

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

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

1050.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BRANTLEY, BRIAN, C., MR.,

A. Mailing Address 2733 WERLEIN AVE.

City
HOUSTONState
TXZip Code
77005-3959FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88935

Amount of Each Receipt this Period

1200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BURKE, MICHAEL, M., MR.,

B. Mailing Address 1101 4TH STREET

City
SIOUX CITYState
IAZip Code
51101-1952FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 26 2025

Transaction ID : SA11A.89072

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BUSCHE, TAI, HUA, MRS,

C. Mailing Address 405 WOODTON KNL

City
STOCKBRIDGEState
GAZip Code
30281-6921FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 07 2025

Transaction ID : SA11A.88627

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

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

4900.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BUSCHE, TAI, HUA, MRS,

A. Mailing Address 405 WOODTON KNL

City
STOCKBRIDGEState
GAZip Code
30281-6921FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2025

Transaction ID : SA11A.89054

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CAMBRIDGE, ALFRED, E., MR, JR

B. Mailing Address 314 POWDERHORN DR

City
HOUGHTON LAKEState
MIZip Code
48629-9567FEC ID number of contributing
federal political committee.

C

Name of Employer
ROBINSON INDUSTRIESOccupation
CPA

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.88633

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CATZ, SAFRA, , ,

C. Mailing Address 30 ISLA BAHIA DRIVE

City
FORT LAUDERDALEState
FLZip Code
33316-2308FEC ID number of contributing
federal political committee.

C

Name of Employer
ORACLEOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11A.88934

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

3950.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CLARK, THOMAS, L., MR,

A. Mailing Address 2735 S WAGNER RD UNIT 83

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.88559

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLARK, THOMAS, L., MR,

B. Mailing Address 2735 S WAGNER RD UNIT 83

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 10 2025

Transaction ID : SA11A.89035

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

COTTON, LISA, , ,

C. Mailing Address 121 KERCHEVAL AVENUE

City
GROSSE POINTE FARMState
MIZip Code
48236-3618FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88952

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

3800.00

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

PAGE 10 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

COTTON, LISA, , ,

A. Mailing Address 121 KERCHEVAL AVENUE

City
GROSSE POINTE FARMState
MIZip Code
48236-3618FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88953

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTIONB. Full Name (Last, First, Middle Initial)
COTTON, MICHAEL, D., MR.,
Mailing Address 121 KERCHEVAL AVE.City
GROSSE POINTE FARMState
MIZip Code
48236-3618FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88950

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTIONC. Full Name (Last, First, Middle Initial)
COTTON, MICHAEL, D., MR.,
Mailing Address 121 KERCHEVAL AVE.City
GROSSE POINTE FARMState
MIZip Code
48236-3618FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88951

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

10500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

COULTER, JAMES, , MR,

A.

Mailing Address 3328 N TIMBERWOOD DR

City

TRAVERSE CITY

State

MI

Zip Code

49686-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2025

Transaction ID : SA11A.88624

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELLISON, LAWRENCE, J., MR.,

B.

Mailing Address 101 YGNACIO VALLEY ROAD
SUITE 320

City

WALNUT CREEK

State

CA

Zip Code

94596-7026

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORACLE

Occupation

CHIEF TECHNOLOGY OFFICER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88943

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FITTANTE, MARTIN, F., MR.,

C.

Mailing Address 1100 WESTWOOD AVE.

City

KINGSFORD

State

MI

Zip Code

49802-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88878

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

3850.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

HEMMILA, DEANNA, K., MS.,

A. Mailing Address 453 E. MICHIGAN ST.
APT. D

City

MARQUETTE

State

MI

Zip Code

49855-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88875

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HINTERMAN, RICHARD, M., MR,

B. Mailing Address PO BOX 536

City

CADILLAC

State

MI

Zip Code

49601-0536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.88640

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOFFMAN, TAEKO, O., MRS,

C. Mailing Address 1122 PORTESUELLO AVE

City

SANTA BARBARA

State

CA

Zip Code

93105-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 03 2025

Transaction ID : SA11A.89028

Amount of Each Receipt this Period

150.00

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

650.00

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

A schematic diagram of a 2D hexagonal lattice. It consists of a grid of hexagonal cells. The top row has 6 cells, the second row has 5 cells, the third row has 6 cells, and the fourth row has 5 cells. The cells are arranged in a staggered pattern, with each cell in one row sharing edges with cells in the rows above and below it.

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

JAROCHE, LYNELLE, J., ,

A. Mailing Address 2711 WEST CHARD ROAD

City
HESSELState
MIZip Code
49745-9115FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 09 2025

Transaction ID : SA11A.88711

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JENKINS, TIMOTHY, W., MR.,

B. Mailing Address 7515 HONESTY WAY

City
BETHESDAState
MDZip Code
20817-5517FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88879

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAUFMANN, BARBARA, A., MS,

C. Mailing Address 465 QUARRY HILL RD APT 117

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2025

Transaction ID : SA11A.88807

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

KOSCIOLEK, SYLVIA, M., MS,

A. Mailing Address 12228 WOODLINE DRCity
FENTONState
MIZip Code
48430-3514FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2025

Transaction ID : SA11A.88727

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LACEY, JEANETTE, J., MS,

B. Mailing Address 197 INDIANWOOD RDCity
LAKE ORIONState
MIZip Code
48362-1510FEC ID number of contributing
federal political committee.

C

Name of Employer
MELMAR INDUSTRIAL PARK LLCOccupation
PROPERTY MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 07 2025

Transaction ID : SA11A.88515

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LACEY, JEANETTE, J., MS,

C. Mailing Address 197 INDIANWOOD RDCity
LAKE ORIONState
MIZip Code
48362-1510FEC ID number of contributing
federal political committee.

C

Name of Employer
MELMAR INDUSTRIAL PARK LLCOccupation
PROPERTY MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 03 2025

Transaction ID : SA11A.89004

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

LEACH, R., GAVIN, MR.,

A. Mailing Address 2913 PARKVIEW DRIVE

City
MARQUETTEState
MIZip Code
49855-8842FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88876

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MAGEE, JOHN, L., MR.,

B. Mailing Address 51 W. MIRROR RIDGE CIR.

City
SPRINGState
TXZip Code
77382-2513FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88936

Amount of Each Receipt this Period

1200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MANTHEI, BENJAMIN, R., MR.,

C. Mailing Address 2395 TOWNSEND DR.

City
PETOSKEYState
MIZip Code
49770-9745FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 16 2025

Transaction ID : SA11A.88818

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

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

2950.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E., MR,

A. Mailing Address 5215 VALLEY BLUFF LN

City
KATYState
TXZip Code
77494-2966FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 01 2025

Transaction ID : SA11A.88655

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARVIN, WILLIAM, K., MR,

B. Mailing Address 308 STRAITS AVE

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2025

Transaction ID : SA11A.88805

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MEMON, MAHER, N., ,

C. Mailing Address 957 N 1ST ST.

City
NEW HYDE PARKState
NYZip Code
11040-2821FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 12 2025

Transaction ID : SA11A.88683

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

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

1850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MERRY, PETER, R., MR,

A. Mailing Address 413 LAFAYETTE ST

City
SALEMState
MAZip Code
01970-5337FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 03 2025

Transaction ID : SA11A.88558

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAYCRAFT, ALVIN, K., MR,

B. Mailing Address 7993 BUSSA LN

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 03 2025

Transaction ID : SA11A.88603

Amount of Each Receipt this Period

198.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAYCRAFT, ALVIN, K., MR,

C. Mailing Address 7993 BUSSA LN

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2025

Transaction ID : SA11A.88782

Amount of Each Receipt this Period

198.00

☐ Memo Item
CONTRIBUTION

646.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

RITSEMA, RANDALL, , MR,

Mailing Address 214 EMERSON RD

City

TRAVERSE CITY

State

MI

Zip Code

49696-8802

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

Transaction ID : SA11A.89060

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROWE, JAMES, R., MR,

Mailing Address 516 MONTECITO CT

City

EL DORADO HILLS

State

CA

Zip Code

95762-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.88773

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHAHZAD, GHULAMULLAH, , ,

Mailing Address 957 N 1ST ST.

City

NEW HYDE PARK

State

NY

Zip Code

11040-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.88682

Amount of Each Receipt this Period

3500.00

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

4000.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

THOMPSON, GREGORY, B., ,

A.

Mailing Address 224 E BAY BLVD S

City

TRAVERSE CITY

State

MI

Zip Code

49686-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

THOMPSON PHARMACY

Occupation

PHARMACIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2025

Transaction ID : SA11A.88464

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THOMPSON, GREGORY, B., ,

Mailing Address 224 E BAY BLVD S

City

TRAVERSE CITY

State

MI

Zip Code

49686-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

THOMPSON PHARMACY

Occupation

PHARMACIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2025

Transaction ID : SA11A.88707

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

TUCKER, ANNE, , MRS,

Mailing Address 6181 PENINSULA DR

City

TRAVERSE CITY

State

MI

Zip Code

49686-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2025

Transaction ID : SA11A.88809

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress**A.**

Full Name (Last, First, Middle Initial)

WENTWORTH, DAVID, L., MR,

Mailing Address 1929 DOUGLAS DR

City

TAWAS CITY

State

MI

Zip Code

48763-9442

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 02 2025

Transaction ID : SA11A.89062

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

POARCH BAND OF CREEK INDIANS

Mailing Address 5811 JACK SPRINGS RD

City

ATMORE

State

AL

Zip Code

36502-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88880

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

PUBLIC AFFAIRS ASSOCIATES LLC

Mailing Address 120 N WASHINGTON SQ
STE 1050

City

LANSING

State

MI

Zip Code

48933-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.88918

Amount of Each Receipt this Period

1000.00

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

4700.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongressFull Name (Last, First, Middle Initial)
SWIMSMART TECHNOLOGY LLC

Mailing Address 6326 STERLING DR.

City
NEWPORTState
MIZip Code
48166-9627FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA11A.88881

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTIONFull Name (Last, First, Middle Initial)
THE NIMITZ GROUP

Mailing Address 8180 FERNLAKE CT.

City
ALEXANDRIAState
VAZip Code
22309-1210FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11A.88680

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTIONVERIFIED AS FEDERALLY PERMISSIBLE FUNDS;
SEE ATTRIBUTION BELOWFull Name (Last, First, Middle Initial)
BROWN, JUSTIN, , ,

Mailing Address 8180 FERNLAKE COURT

City
ALEXANDRIAState
VAZip Code
22309-1210FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

NIMITZ GROUP**CEO**

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11A.88686

Amount of Each Receipt this Period

2500.00

☒ Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

2	7	5	0	0	0

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

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

BergmanforCongress

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30262.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88828

Amount of Each Receipt this Period

4028.68

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 2062 CHARNWOOD RD

City
TROY

State
MI

Zip Code
48098-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 12 2025

Transaction ID : SA11A.88830

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 8709 BURNING

City
BETHESDA

State
MD

Zip Code
20817-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AMERICAN DEFENSE INTERNATIONAL

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2025

Transaction ID : SA11A.88831

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

JOHNSON, TRAVIS, , ,

A.

Mailing Address 5640 19TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22205-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer
1607 STRATEGIES

Occupation
GOVT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.88834

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MALIK, ASAD, , ,

B.

Mailing Address 900 E. SQUARE LAKE ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERILODGE GROUP

Occupation
PRESIDENT CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 12 2025

Transaction ID : SA11A.88829

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30262.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 23 2025

Transaction ID : SA11C.88858

Amount of Each Receipt this Period

2000.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

2500.00

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

FOR LINE NUMBER:
(check only one)

X	11a		11b		11c		11d		
	12		13a		13b		14		15

BergmanforCongress

CHAUDHARY, SAFDAR, , ,

MM / DD / YYYY

City
TEMPE

State
AZ

Zip Code
85284-3223

C

1000.00

Occupation
PHYSICIANElection Cycle-to-Date

☒ Primary ☐ General
☐ Other (specify) ▼

EARMARKED FROM WINRED

MIRZA, KHALID, , ,

MM / DD / YYYY
06 / 18 / 2025

City
FORT LA

State
FL

Zip Code
33330-3739

C

Occupation
RETIRED

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

1000.00

EARMARKED FROM WINRED

WINRED

MM / DD / YYYY

City
ARLINGTON

State
VA

Zip Code
22219-1891

C C00694323

1791.86

Occupation

Election Cycle-to-Date _____

☒ Primary ☐ General
☐ Other (specify) ▼

30262.36

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

2000.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AHMED, NAEEM, , ,

A.

Mailing Address 4 E GROVE CT

City

FREELAND

State

MI

Zip Code

48623-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer

VILLAGE MARKET

Occupation

PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2025

Transaction ID : SA11A.89070

Amount of Each Receipt this Period

1041.02

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

B. MALIK, MUZAMMIL, , ,

Mailing Address 18790 CHURCH HILL DR.

City

RIVERVIEW

State

MI

Zip Code

48193-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2025

Transaction ID : SA11A.89071

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

C. TRIPPLAAR, MARIA, , ,

Mailing Address 9824 WILDEN LANE

City

POTOMAC

State

MD

Zip Code

20854-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

BALLARD SPAHR LLP

Occupation

OF COUNSEL

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 09 2025

Transaction ID : SA11A.89069

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1791.02

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

55737.02

SCHEDULE A (FEC Form 3)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CAREER EDUCATION COLLEGES AND UNIVERSITIES PAC**A.**Mailing Address 1530 WILSON BLVD
STE 1050City
ARLINGTONState
VAZip Code
22209-2418FEC ID number of contributing
federal political committee.**C** C00213066

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2025

Transaction ID : SA11C.88928

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)**B.**

Mailing Address 1932 WYNNTON ROAD

City
COLUMBUSState
GAZip Code
31999-0001FEC ID number of contributing
federal political committee.**C** C00034157

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2025

Transaction ID : SA11C.88916

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**C.**Mailing Address 7575 E FULTON ROAD
ATTN: SCOTT SMOES 56-3SCity
ADAState
MIZip Code
49355-0001FEC ID number of contributing
federal political committee.**C** C00034884

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2025

Transaction ID : SA11C.88883

Amount of Each Receipt this Period

2500.00

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

6000.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)
AMENTUM SERVICES, INC. PAC

Mailing Address 300 M STREET, SE
SUITE 400

City
WASHINGTON

State
DC

Zip Code
20003-3403

FEC ID number of contributing
federal political committee.

C C00731414

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.88855

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20036-3971

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88947

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 700 2ND STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002-8100

FEC ID number of contributing
federal political committee.

C C00252338

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88824

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

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

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL

Mailing Address PALLADIAN 1

220 LEIGH FARM RD

City
DURHAMState
NCZip Code
27707-8110FEC ID number of contributing
federal political committee.**C** C00077321

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88940

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN OPTOMETRIC ASSOC. PAC (AOA PAC)

Mailing Address 1505 PRINCE ST

STE 300

City
ALEXANDRIAState
VAZip Code
22314-2874FEC ID number of contributing
federal political committee.**C** C00024968

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		12		2025

Transaction ID : SA11C.88684

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY PAC (

Mailing Address 1111 N FAIRFAX ST

City
ALEXANDRIAState
VAZip Code
22314-1484FEC ID number of contributing
federal political committee.**C** C00012880

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88914

Amount of Each Receipt this Period

1500.00

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

6500.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALIT

Mailing Address 1201 15TH STREET NW
SUITE 400

City
WASHINGTON

State
DC

Zip Code
20005-2899

FEC ID number of contributing
federal political committee.

C C00358663

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88820

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

APPLIED INTUITION, INC. POLITICAL ACTION COMMITTEE (APPLIED

Mailing Address 800 MAINE AVENUE SW
FLOOR 7

City
WASHINGTON

State
DC

Zip Code
20024-2818

FEC ID number of contributing
federal political committee.

C C00828830

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88890

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITT

Mailing Address 440 FIRST STREET NW,
SUITE 200

City
WASHINGTON

State
DC

Zip Code
20001-2376

FEC ID number of contributing
federal political committee.

C C00010421

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88891

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

9500.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION C

A.

Mailing Address 2300 WILSON BLVD.
SUITE 300City
ARLINGTONState
VAZip Code
22201-5426FEC ID number of contributing
federal political committee.

C C00082917

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.89065

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL P

B.

Mailing Address 208 S. AKARD STREET
SUITE 1812City
DALLASState
TXZip Code
75202-4206FEC ID number of contributing
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88889

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BALLARD SPAHR LLP PAC

C.

Mailing Address 1909 K STREET NW
12TH FLOORCity
WASHINGTONState
DCZip Code
20006-1152FEC ID number of contributing
federal political committee.

C C00695254

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88946

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

7500.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BLUE ORIGIN LLC POLITICAL ACTION COMMITTEE (BLUE ORIGIN PAC)

Mailing Address 21218 76TH AVENUE S

City
KENTState
WAZip Code
98032-2442FEC ID number of contributing
federal political committee.

C C00557793

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.88850

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City
FORT WORTHState
TXZip Code
76161-0039FEC ID number of contributing
federal political committee.

C C00235739

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88938

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BOOZ ALLEN HAMILTON INC. PAC (BOOZ ALLEN PAC)

Mailing Address 901 15TH STREET, NW
SUITE 400City
WASHINGTONState
DCZip Code
20005-2327FEC ID number of contributing
federal political committee.

C C00709816

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88937

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

5000.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BULLDOG PAC**A.**Mailing Address 228 S WASHINGTON ST
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing
federal political committee.**C** C00672733

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA11C.88927

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE

Mailing Address 2016 MT. ATHOS ROAD

City

LYNCHBURG

State

VA

Zip Code

24504-5447

FEC ID number of contributing
federal political committee.**C** C00365502

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

Transaction ID : SA11C.88825

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE

Mailing Address 2016 MT. ATHOS ROAD

City

LYNCHBURG

State

VA

Zip Code

24504-5447

FEC ID number of contributing
federal political committee.**C** C00365502

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA11C.88884

Amount of Each Receipt this Period

1500.00

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CHEVRON EMPLOYEES PAC - CHEVRON CORPORATIONMailing Address 6001 BOLLINGER CANYON RD
RM G1264City
SAN RAMONState
CAZip Code
94583-2324FEC ID number of contributing
federal political committee.**C** C00035006

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		20		2025

Transaction ID : SA11C.88847

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

COZEN O'CONNOR POLITICAL ACTION COMMITTEEMailing Address ONE LIBERTY PLACE
1650 MARKET STREETCity
PHILADELPHIAState
PAZip Code
19103-7301FEC ID number of contributing
federal political committee.**C** C00312777

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		20		2025

Transaction ID : SA11C.88856

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CROWLEY MARITIME CORPORATION FEDERAL PAC

Mailing Address 9487 REGENCY SQUARE BLVD

City
JACKSONVILLEState
FLZip Code
32225-8126FEC ID number of contributing
federal political committee.**C** C00147231

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		01		2025

Transaction ID : SA11C.88446

Amount of Each Receipt this Period

500.00

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

2500.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CTIA - THE WIRELESS ASSOCIATION POLITICAL ACTION COMMITTEEMailing Address 1400 16TH STREET NW
SUITE 600City
WASHINGTONState
DCZip Code
20036-2225FEC ID number of contributing
federal political committee.**C** C00262295

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88888

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

DELTA AIR LINES PAC

Mailing Address 1212 NEW YORK AVE STE 2000

City
WASHINGTONState
DCZip Code
20005-3987FEC ID number of contributing
federal political committee.**C** C00104802

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88942

Amount of Each Receipt this Period

4000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

EMPLOYEES OF RTX CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1000 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209-3927FEC ID number of contributing
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.88852

Amount of Each Receipt this Period

1500.00

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

6500.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ENBRIDGE (U.S.) INC. PAC (ENBRIDGE-DCP PAC)

A.

Mailing Address 5400 WESTHEIMER CT

City
HOUSTONState
TXZip Code
77056-5310FEC ID number of contributing
federal political committee.

C C00429662

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.88849

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ERNST & YOUNG POLITICAL ACTION COMMITTEE

B.

Mailing Address 1101 NEW YORK AVENUE, NW

City
WASHINGTONState
DCZip Code
20005-4269FEC ID number of contributing
federal political committee.

C C00227744

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88822

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FROGMAN PAC

C.

Mailing Address 7816 ROSE GARDEN LANE

City
SPRINGFIELDState
VAZip Code
22153-2368FEC ID number of contributing
federal political committee.

C C00809012

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 26 2025

Transaction ID : SA11C.88873

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

9500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS CORPORATION PAC**A.** Mailing Address 2941 FAIRVIEW PARK DR.

City

FALLS CHURCH

State

VA

Zip Code

22042-4522

FEC ID number of contributing
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA11C.88886

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GENERAL MOTORS COMPANY PAC (GM PAC)**B.** Mailing Address 25 MASSACHUSETTS AVE NW
STE 400

City

WASHINGTON

State

DC

Zip Code

20001-1427

FEC ID number of contributing
federal political committee.**C** C00076810

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA11C.88922

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL PAC**C.** Mailing Address 101 CONSTITUTION AVE NW
STE 500W

City

WASHINGTON

State

DC

Zip Code

20001-2177

FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA11C.88913

Amount of Each Receipt this Period

2000.00

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

5500.00

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

BergmanforCongress

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL PACMailing Address 101 CONSTITUTION AVE NW
STE 500WCity
WASHINGTONState
DCZip Code
20001-2177FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88921

Amount of Each Receipt this Period

3000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

IN THE ARENA PAC

Mailing Address PO BOX 7244

City
LITTLE ROCKState
ARZip Code
72217-7244FEC ID number of contributing
federal political committee.**C** C00623512

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		16		2025

Transaction ID : SA11C.88821

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMailing Address 1615 L STREET, NW
SUITE 900City
WASHINGTONState
DCZip Code
20036-5623FEC ID number of contributing
federal political committee.**C** C00032698

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.89066

Amount of Each Receipt this Period

1500.00

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

7000.00

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

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

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ITC HOLDINGS CORP. PAC (ITC PAC)

A.

Mailing Address 201 TOWNSEND ST
STE 900

City
LANSING

State
MI

Zip Code
48933-1529

FEC ID number of contributing
federal political committee.

C C00388462

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88827

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHNSON & JOHNSON PAC

B.

Mailing Address 1 JOHNSON AND JOHNSON PLZ

City
NEW BRUNSWICK

State
NJ

Zip Code
08933-0001

FEC ID number of contributing
federal political committee.

C C00010983

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88944

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KBR, INC. PAC

C.

Mailing Address 601 JEFFERSON, SUITE 3797

City
HOUSTON

State
TX

Zip Code
77002-7900

FEC ID number of contributing
federal political committee.

C C00431114

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88887

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

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

6000.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

LEONARDO DRS PAC

A.

Mailing Address 2345 CRYSTAL DR.

STE 1000

City

ARLINGTON

State

VA

Zip Code

22202-4801

FEC ID number of contributing
federal political committee.

C C00275123

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11C.88826

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN EMPLOYEES PAC

B.

Mailing Address 2121 CRYSTAL DR.

STE 100

City

ARLINGTON

State

VA

Zip Code

22202-3706

FEC ID number of contributing
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2025

Transaction ID : SA11C.88854

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN EMPLOYEES PAC

C.

Mailing Address 2121 CRYSTAL DR.

STE 100

City

ARLINGTON

State

VA

Zip Code

22202-3706

FEC ID number of contributing
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11C.88920

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

8000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

LOUISIANA-PACIFIC CORP FEDERAL PAC**A.**Mailing Address 1610 WEST END AVENUE
SUITE 200City
NASHVILLEState
TNZip Code
37203-3236FEC ID number of contributing
federal political committee.**C** C00109165

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88917

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL ALLIANCE OF FOREST OWNERS PAC (NAFO PAC)**B.**Mailing Address 122 C ST NW
STE 630City
WASHINGTONState
DCZip Code
20001-2148FEC ID number of contributing
federal political committee.**C** C00469080

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88912

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**C.**Mailing Address 66 CANAL CENTER PLZ
STE 300City
ALEXANDRIAState
VAZip Code
22314-1576FEC ID number of contributing
federal political committee.**C** C00089458

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88945

Amount of Each Receipt this Period

2000.00

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

4000.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ORACLE AMERICA, INC. PAC (ORACLE PAC)

A.

Mailing Address 1015 15TH ST NW
STE 200City
WASHINGTONState
DCZip Code
20005-2635FEC ID number of contributing
federal political committee.

C C00323048

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88941

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

POTLATCHDELTIC CORPORATION POLITICAL ACTION COMMITTEE (POTLA

Mailing Address 601 WEST FIRST AVENUE
SUITE 1600City
SPOKANEState
WAZip Code
99201-3807FEC ID number of contributing
federal political committee.

C C00041608

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88915

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RESOLUTE FOREST PRODUCTS INC. POLITICAL ACTION COMMITTEE AKA

Mailing Address 1950 ROLAND CLARKE PLACE SUITE 300

City
RESTONState
VAZip Code
20191-1414FEC ID number of contributing
federal political committee.

C C00350884

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88885

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

8500.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ROCK HOLDINGS INC. PAC

A.Mailing Address 101 S WASHINGTON SQ
STE 300City
LANSINGState
MIZip Code
48933-1732FEC ID number of contributing
federal political committee.**C** C00388827

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.88939

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC

B.

Mailing Address 1155 15TH ST NW

City
WASHINGTONState
DCZip Code
20005-2706FEC ID number of contributing
federal political committee.**C** C00570226

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		09		2025

Transaction ID : SA11C.88712

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SERCO INC. POLITICAL ACTION COMMITTEE (SERCO PAC)

C.Mailing Address 12930 WORLDGATE DRIVE
SUITE 600City
HERNDONState
VAZip Code
20170-6027FEC ID number of contributing
federal political committee.**C** C00402669

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		20		2025

Transaction ID : SA11C.88848

Amount of Each Receipt this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

TEXTRON INC. PAC

A.

Mailing Address 40 WESTMINSTER ST

City

PROVIDENCE

State

RI

Zip Code

02903-2525

FEC ID number of contributing
federal political committee.

C C00123612

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 05 2025

Transaction ID : SA11C.88715

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE BOEING COMPANY PAC

B.

Mailing Address 929 LONG BRIDGE DR.

City

ARLINGTON

State

VA

Zip Code

22202-4208

FEC ID number of contributing
federal political committee.

C C00142711

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.88851

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE BOEING COMPANY PAC

C.

Mailing Address 929 LONG BRIDGE DR.

City

ARLINGTON

State

VA

Zip Code

22202-4208

FEC ID number of contributing
federal political committee.

C C00142711

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88923

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

3500.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

THE BOEING COMPANY PAC

A. Mailing Address 929 LONG BRIDGE DR.

City
ARLINGTON

State
VA

Zip Code
22202-4208

FEC ID number of contributing
federal political committee.

C C00142711

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88924

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE BOEING COMPANY PAC

B. Mailing Address 929 LONG BRIDGE DR.

City
ARLINGTON

State
VA

Zip Code
22202-4208

FEC ID number of contributing
federal political committee.

C C00142711

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88925

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE FARM CREDIT COUNCIL PAC

C. Mailing Address 50 F ST NW
STE 900

City
WASHINGTON

State
DC

Zip Code
20001-1530

FEC ID number of contributing
federal political committee.

C C00193631

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88926

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION C

A.

Mailing Address 4301 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22203-4419

FEC ID number of contributing
federal political committee.

C C00002972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88823

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TRELLIX SKYHIGH PAC

B.

Mailing Address 1640 BORO PLACE
SUITE 300

City

MCLEAN

State

VA

Zip Code

22102-3630

FEC ID number of contributing
federal political committee.

C C00679985

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88882

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TURKISH COALITON USA PAC

C.

Mailing Address 1032 15TH STREET NW #128

City

WASHINGTON

State

DC

Zip Code

20005-1502

FEC ID number of contributing
federal political committee.

C C00432526

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11C.88819

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

6000.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA E

A.

Mailing Address 9800 FREDERICKSBURG ROAD

City

SAN ANTONIO

State

TX

Zip Code

78288-0001

FEC ID number of contributing
federal political committee.

C C00164145

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.88919

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

UPPER HAND FUND

B.

Mailing Address P.O. BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing
federal political committee.

C C00503151

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.88853

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

5000.00

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

131500.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BMW VICTORY COMMITTEEMailing Address 824 S MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605-1369FEC ID number of contributing
federal political committee.**C** C00832444

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1353.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	5	

Transaction ID : SA12.88871

Amount of Each Receipt this Period

1353.86

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name (Last, First, Middle Initial)

PERDOCEO EDUCATION CORPORATION POLITICAL ACTION COMMITTEEMailing Address 1750 E. GOLF RD.
SUITE 350City
SCHAUMBURGState
ILZip Code
60173-5041FEC ID number of contributing
federal political committee.**C** C00461574

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA12.88872

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

JFC ATTRIB: BMW VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

THE BERGMAN VICTORY COMMITTEEMailing Address 824 S MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605-1369FEC ID number of contributing
federal political committee.**C** C00696088

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

659746.14

Date of Receipt

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

Transaction ID : SA12.88457

Amount of Each Receipt this Period

0.00

☐ Memo Item

TRANSFER

TRANSFER TO SHOW CORRECTED MEMOS

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

1353.86

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

PRICE, TEDDY, R., MR.,

A.

Mailing Address P.O. BOX 1438

City

WINNFIELD

State

LA

Zip Code

71483-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL MANAGEMENT COMPANY LLC

Occupation

CEO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

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

Transaction ID : SA.85620.8.FIX

Amount of Each Receipt this Period

- 3300.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

THE BERGMAN VICTORY COMMITTEE

Mailing Address 824 S MILLEDGE AVE
STE 101

City

ATHENS

State

GA

Zip Code

30605-1369

FEC ID number of contributing
federal political committee.

C

C00696088

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

659746.14

Date of Receipt

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

Transaction ID : SA12.88458

Amount of Each Receipt this Period

1461.97

☐ Memo Item

TRANSFER

TRANSFER OF NET JFC FUNDS - CORRECTION

C.

Full Name (Last, First, Middle Initial)

ACKER, SCOTT, , ,

Mailing Address 9915 SW 140TH ST

City

MIAMI

State

FL

Zip Code

33176-6735

FEC ID number of contributing
federal political committee.

C

Name of Employer

MED BOT LAB

Occupation

OWNER

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	4

Transaction ID : SA.84029.9.FIX

Amount of Each Receipt this Period

- 100.00

☒ Memo Item

TRANSFER

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

1461.97

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

PRICE, TEDDY, R., MR.,

Mailing Address P.O. BOX 1438

City
WINNFIELDState
LAZip Code
71483-1438FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL MANAGEMENT COMPANY LLCOccupation
CEO

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 25 2024

Transaction ID : SA.85620.9.FIX

Amount of Each Receipt this Period

1600.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

THE BERGMAN VICTORY COMMITTEE

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

C C00696088

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

177387.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA12.88948

Amount of Each Receipt this Period

72278.11

☐ Memo Item

TRANSFER

TRANSFER OF NET JFC FUNDS

Full Name (Last, First, Middle Initial)

AHMED, TANWEER, , ,

Mailing Address 18934 KUYKENDAHL RD

City
SORINGState
TXZip Code
77379-5589FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

KFC

MGR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 12 2025

Transaction ID : SA.88671.10.25Q2

Amount of Each Receipt this Period

3000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

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

72278.11

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

ALBERT, DAVID, , ,

A.

Mailing Address 228 EAST FIRETHORN CIRCLE

City

INLET BEACH

State

FL

Zip Code

32461-8700

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAVERLY GROUPOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2025

Transaction ID : SA.88667.10.25Q2

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

ASHFAQ, BABAR, , ,

Mailing Address 859 RIVERVALE RD

City

RIVER VALE

State

NJ

Zip Code

07675-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABAR ASHFAQOccupation
GENERAL CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2082.03

Date of Receipt

M M / D D / Y Y Y Y Y
05 12 2025

Transaction ID : SA.88673.10.25Q2

Amount of Each Receipt this Period

2082.03

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

BACKERS, CAROL, L., ,

Mailing Address 7765 KELLOG RD NW

City

ALDEN

State

MI

Zip Code

49612-9669

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 21 2025

Transaction ID : SA.88461.10.25Q2

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

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

0.00

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

PAGE 52 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BACKERS, CAROL, L., ,

A. Mailing Address 7765 KELLOG RD NW

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 29 2025

Transaction ID : SA.88701.10.25Q2

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEEB. Full Name (Last, First, Middle Initial)
BACKERS, CAROL, L., ,

Mailing Address 7765 KELLOG RD NW

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

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2025

Transaction ID : SA.88867.10.25Q2

Amount of Each Receipt this Period

25.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEEC. Full Name (Last, First, Middle Initial)
BALL, BRYAN, , ,

Mailing Address 7 SUGAR MAPLE ROW

City
CHESTERState
NJZip Code
07930-3010FEC ID number of contributing
federal political committee.

C

Name of Employer
IMMUNOMEDICSOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88908.10.25Q2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

0.00

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

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

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

PAGE 53 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BALL, JENNIFER, , ,

A.

Mailing Address 7 SUGAR MAPLE ROW

City

CHESTER

State

NJ

Zip Code

07930-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88909.10.25Q2

Amount of Each Receipt this Period

3500.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

BRAMER, DONALD, , ,

Mailing Address 122 C STREET NW - SUITE 510

City

WASHINGTON

State

DC

Zip Code

20001-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRAMER GROUP

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 14 2025

Transaction ID : SA.88451.10.25Q2

Amount of Each Receipt this Period

250.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

BRAMER, DONALD, , ,

Mailing Address 122 C STREET NW - SUITE 510

City

WASHINGTON

State

DC

Zip Code

20001-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRAMER GROUP

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 12 2025

Transaction ID : SA.88670.10.25Q2

Amount of Each Receipt this Period

250.00



Memo Item

TRANSFER

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

0.00

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

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

PAGE 54 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BRAMER, DONALD, , ,

A.

Mailing Address 122 C STREET NW - SUITE 510

City

WASHINGTON

State

DC

Zip Code

20001-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRAMER GROUP

Occupation

CONSULTANT

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA.88842.10.25Q2

Amount of Each Receipt this Period

250.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

BRICKER, PAUL, , ,

Mailing Address 9431 SHELLWAY DRIVE

City

RAPID CITY

State

MI

Zip Code

49676-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer

ECS

Occupation

SENIOR VP

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA.88844.10.25Q2

Amount of Each Receipt this Period

2000.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

BRODY, JULIE, , ,

Mailing Address 210 PARK LN

City

ATHERTON

State

CA

Zip Code

94027-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA.88896.10.25Q2

Amount of Each Receipt this Period

3500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

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

0.00

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

PAGE 55 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BROWNELL, STEPHEN, C., ,**A.**

Mailing Address 306 PROVENCAL ROAD

City

GROSSE POINTE FARM

State

MI

Zip Code

48236-2959

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

Name of Employer

THE KIRLIN COMPANY

Occupation

ENGINEERING EXECUTIVE

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA.88902.10.25Q2

Amount of Each Receipt this Period

3500.00

☒

Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

CAREY, STEVE, , ,

Mailing Address 1411 RUSSELL RD

City

ALEXANDRIA

State

VA

Zip Code

22301-2050

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

Name of Employer

SELF

Occupation

ADVOCACY

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

Transaction ID : SA.88843.10.25Q2

Amount of Each Receipt this Period

2500.00

☒

Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

CARLIN, BRIAN, , ,

Mailing Address 44679 ENDICOTT DR STE 234

City

ASHBURN

State

VA

Zip Code

20147-5567

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

Name of Employer

PURPLE JAY

Occupation

CEO

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

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

Transaction ID : SA.88664.10.25Q2

Amount of Each Receipt this Period

520.51

☒

Memo Item

TRANSFER

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

0.00

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

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

PAGE 56 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

CHOE, YONG, , ,

A.

Mailing Address 45 SUTTON SQ SW #806

City

WASHINGTON

State

DC

Zip Code

20024-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer

YC CONSULTING

Occupation

CONSULTING

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA.88903.10.25Q2

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

COMMACK , JOHN, H., ,

Mailing Address 692 OHIO PL

City

SARASOTA

State

FL

Zip Code

34236-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer

KINGCEDAR HOLDINGS, LLC

Occupation

VENTURE CAPITAL

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2025

Transaction ID : SA.88863.10.25Q2

Amount of Each Receipt this Period

3500.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

COX, CHRISTOPHER, , ,

Mailing Address 1908 CASEY KEY ROAD

City

NOKOMIS

State

FL

Zip Code

34275-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAVIGATORS GLOBAL

Occupation

CONSULTING

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA.88911.10.25Q2

Amount of Each Receipt this Period

1000.00



Memo Item

TRANSFER

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

0.00

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

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

PAGE 57 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

DUNKEL, ROBERT, , ,

A.

Mailing Address 98046 LITTLE PINEY ISLAND PT

City

FERNANDINA BEACH

State

FL

Zip Code

32034-0820

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUNKEL GOVERNMENT RELATIONS

Occupation

LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA.88930.10.25Q2

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

FASO, JOHN, , ,

Mailing Address PO BOX 474

City

KINDERHOOK

State

NY

Zip Code

12106-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

Transaction ID : SA.88666.10.25Q2

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

FOURNIER, ALAN, , ,

Mailing Address 11 SPRING HOLLOW ROAD

City

FAR HILLS

State

NJ

Zip Code

07931-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

PENNANT INVESTORS

Occupation

BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA.88897.10.25Q2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

FRIESEN, MATTHEW, , ,

A.

Mailing Address 201 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

C2 STRATEGIES

Occupation

PARTNER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt

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

Transaction ID : SA.88449.10.25Q2

Amount of Each Receipt this Period

1250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

FRIESEN, MATTHEW, , ,

B.

Mailing Address 201 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

C2 STRATEGIES

Occupation

PARTNER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2025

Transaction ID : SA.88696.10.25Q2

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

GENTRY, JAMES, , ,

C.

Mailing Address 38219 BAYBERRY LN

City

SELBYVILLE

State

DE

Zip Code

19975-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer

C2 STRATEGIES

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2025

Transaction ID : SA.88695.10.25Q2

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

0.00

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

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

PAGE 59 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

GIANDONI, WILLIAM, , ,

A.

Mailing Address 10601 BROOKEVILLE COURT

City

GREAT FALLS

State

VA

Zip Code

22066-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPREZZATURAOccupation
IT ENGINEER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA.88663.10.25Q2

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

HARPER, THOMAS, C., ,

Mailing Address 2404 SANFORD ST

City

ALEXANDRIA

State

VA

Zip Code

22301-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
C2 STRATEGIESOccupation
GOV AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA.88697.10.25Q2

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

JEWETT, ADRIAN, , ,

Mailing Address 7500 WOODMONT AVE. #914

City

BETHESDA

State

MD

Zip Code

20814-5379

FEC ID number of contributing
federal political committee.

C

Name of Employer
VOGEL GROUPOccupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA.88901.10.25Q2

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

KEISER, ANDY, J., ,

A.

Mailing Address 301 TENNESSEE AVENUE NE

City

WASHINGTON

State

DC

Zip Code

20002-6445

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAVIGATORS GLOBALOccupation
PRINCIPAL

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88900.10.25Q2

Amount of Each Receipt this Period

1000.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

KOPELMAN, JAY, , ,

Mailing Address 395 IRWIN N RD

City

IRWIN

State

ID

Zip Code

83428-

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 25 2025

Transaction ID : SA.88862.10.25Q2

Amount of Each Receipt this Period

250.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

KRETZSCHMAR, BRENDAN, , ,

Mailing Address 203 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
C2 STRATEGIESOccupation
GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA.88448.10.25Q2

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

KRETZSCHMAR, BRENDAN, , ,

A.

Mailing Address 203 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

C2 STRATEGIES

Occupation

GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 21 2025

Transaction ID : SA.88699.10.25Q2

Amount of Each Receipt this Period

2000.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

MCCUBBINS , ANDREW, , ,

Mailing Address 14708 S DRAPER WOODS COVE

City

DRAPER

State

UT

Zip Code

84020-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88907.10.25Q2

Amount of Each Receipt this Period

3500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

MCLELLEN, MICHAEL, , ,

Mailing Address 4925 WEATHERSTONE LN SE

City

KENTWOOD

State

MI

Zip Code

49508-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 02 2025

Transaction ID : SA.88709.10.25Q2

Amount of Each Receipt this Period

100.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MIAN, SHAHID, , ,

A.

Mailing Address 16 DIETZ STREET

City

CENTRAL ISLIP

State

NY

Zip Code

11722-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 12 2025

Transaction ID : SA.88672.10.25Q2

Amount of Each Receipt this Period

1000.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

MITRZYK, KEVIN, , ,

Mailing Address 750 N WASHINGTON AVE

City

SAGINAW

State

MI

Zip Code

48607-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAKE STATE RAILWAY COMPANY

Occupation

CFO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 16 2025

Transaction ID : SA.88841.10.25Q2

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

MONROE, JAMISON, , ,

Mailing Address 3605 HOODS HILL RD.

City

NASHVILLE

State

TN

Zip Code

37215-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 25 2025

Transaction ID : SA.88864.10.25Q2

Amount of Each Receipt this Period

3500.00



Memo Item

TRANSFER

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

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

MOSSABASHA, MALIK, , ,

A.

Mailing Address 215 LA PLAZA COURT

City

ROYAL OAK

State

MI

Zip Code

48073-4087

FEC ID number of contributing
federal political committee.

C

Name of Employer

BASHA DIAGNOSTICS

Occupation

PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2025

Transaction ID : SA.88453.10.25Q2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

MUCHMORE, DEBORAH, A., MRS.,

Mailing Address 2098 AVALANCHE ROAD

City

HOLT

State

MI

Zip Code

48842-7715

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA.88932.10.25Q2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

NIDDEL, RYAN, , ,

Mailing Address 7855 GLENMORE DR.

City

POWELL

State

OH

Zip Code

43065-7488

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIVERSIFIED BOTANICS

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 25 2025

Transaction ID : SA.88861.10.25Q2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

NOTAY, TORAL, , ,

A.

Mailing Address 9633 FIRENZE CIR

City

NAPLES

State

FL

Zip Code

34113-8136

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMERSONOccupation
MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

Transaction ID : SA.88447.10.25Q2

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

B.

Full Name (Last, First, Middle Initial)

PAUL, SHANNON, , ,

Mailing Address 628 S 25TH STREET

City

ARLINGTON

State

VA

Zip Code

22202-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
C2 STRATEGIESOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA.88698.10.25Q2

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

C.

Full Name (Last, First, Middle Initial)

PAYNE, CHRIS, , ,

Mailing Address 5837 CARNOUSTIE COURT

City

AVE MARIA

State

FL

Zip Code

34142-5260

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROSS POTOMAC CONSULTINGOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA.88690.10.25Q2

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

0.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

RZEPNIEWSKI, SLYVIA, , ,

A.

Mailing Address 1503 ALAMEDA DR

City

AUSTIN

State

TX

Zip Code

78704-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA.88898.10.25Q2

Amount of Each Receipt this Period

1000.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

SIMS, JAMES, , ,

B.

Mailing Address 871 GAMBELS RD

City

GRAND JUNCTION

State

CO

Zip Code

81505-8618

FEC ID number of contributing
federal political committee.

C

Name of Employer

NIOCORP DEVELOPMENTS LTD.

Occupation

BUSINESS EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA.88905.10.25Q2

Amount of Each Receipt this Period

500.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

SMITH, CHRISTINE, N., MS,

C.

Mailing Address 2082 WILLOW BEACH ST

City

KEEGO HARBOR

State

MI

Zip Code

48320-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

91.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA.88931.10.25Q2

Amount of Each Receipt this Period

26.03



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

SMITH, MARK, , ,

A. Mailing Address 418 FAIRCHILD DRIVECity
LITTLETONState
COZip Code
80126-4752FEC ID number of contributing
federal political committee.

C

Name of Employer
NIOCORPOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88904.10.25Q2

Amount of Each Receipt this Period

520.51

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

SUKARI, AMMAR, , ,

B. Mailing Address 3714 WABEEK LAKE DR. WCity
BLOOMFIELD HILLSState
MIZip Code
48302-1274FEC ID number of contributing
federal political committee.

C

Name of Employer
WAYNE STATE UNIVERSITYOccupation
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 14 2025

Transaction ID : SA.88452.10.25Q2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

TORRE, FRANK, , ,

C. Mailing Address INDUSTRIAL ROW DRIVECity
TROYState
MIZip Code
48084-FEC ID number of contributing
federal political committee.

C

Name of Employer
SIGNAL RESTORATIONOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 15 2025

Transaction ID : SA.88691.10.25Q2

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

WAGNER, DANIEL, , ,

A.

Mailing Address 6127 ROXBURY AVE

City

SPRINGFIELD

State

VA

Zip Code

22152-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

C2 STRATEGIES

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2025

Transaction ID : SA.88694.10.25Q2

Amount of Each Receipt this Period

2000.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

WALKER , JEFFREY, , ,

B.

Mailing Address 12750 MARSH LANDING

City

WEST PALM

State

FL

Zip Code

33418-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2025

Transaction ID : SA.88865.10.25Q2

Amount of Each Receipt this Period

1000.00



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

WARBASSE, LAWRENCE, , ,

C.

Mailing Address 339 SIXTH ST

City

TRAVERSE CITY

State

MI

Zip Code

49684-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUND OHYSICIANS

Occupation

PHYSICIAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

104.10

Date of Receipt

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

Transaction ID : SA.88665.10.25Q2

Amount of Each Receipt this Period

104.10



Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

WARREN, CHRIS, K., MR.,

A. Mailing Address 10859 CENTER ROAD

City

TRAVERSE CITY

State

MI

Zip Code

49686-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer
WTCMOccupation
MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : SA.88692.10.25Q2

Amount of Each Receipt this Period

1200.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE**B.** Full Name (Last, First, Middle Initial)
ASTRANIS SPACE TECHNOLOGIES CORP. POLITICAL ACTION COMMITTEE

Mailing Address 575 20TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94107-4345

FEC ID number of contributing
federal political committee.

C

C00822544

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	2	5

Transaction ID : SA.88906.10.25Q2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE**C.** Full Name (Last, First, Middle Initial)
KAYLA'S PAC LISTMailing Address 1032 15TH ST NW
128

City

WASHINGTON

State

DC

Zip Code

20005-1502

FEC ID number of contributing
federal political committee.

C

C00664706

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	2	5

Transaction ID : SA.88269.10.25Q2

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

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

0.00

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

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

PAGE 69 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BERGMAN VICTORY COMMITTEE**A.** Mailing Address P.O. BOX 9891City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00626507

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16212.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA12.88949

Amount of Each Receipt this Period

16212.12

☐ Memo Item

TRANSFER

TRANSFER OF NET JFC FUNDS

B. Full Name (Last, First, Middle Initial)
BALL, BRYAN, , ,
Mailing Address 7 SUGAR MAPLE ROWCity
CHESTERState
NJZip Code
07930-3010FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation
EXECUTIVE

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA.88908.11.25Q2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE**C.** Full Name (Last, First, Middle Initial)
BALL, JENNIFER, , ,
Mailing Address 7 SUGAR MAPLE ROWCity
CHESTERState
NJZip Code
07930-3010FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation
HOMEMAKER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : SA.88909.11.25Q2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

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

16212.12

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

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

PAGE 70 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

BROWNELL, STEPHEN, C., ,**A.**

Mailing Address 306 PROVENCAL ROAD

City

GROSSE POINTE FARM

State

MI

Zip Code

48236-2959

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

Name of Employer

THE KIRLIN COMPANY

Occupation

ENGINEERING EXECUTIVE

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88902.11.25Q2

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

FOURNIER, ALAN, , ,

Mailing Address 11 SPRING HOLLOW ROAD

City

FAR HILLS

State

NJ

Zip Code

07931-2402

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

Name of Employer

PENNANT INVESTORS

Occupation

BUSINESS OWNER

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA.88897.11.25Q2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

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

Full Name (Last, First, Middle Initial)

MALIK, ASAD, , ,

Mailing Address 900 E. SQUARE LAKE ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-1955

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

Name of Employer

AMERILODGE GROUP

Occupation

PRESIDENT CEO

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 21 2025

Transaction ID : SA.88462.11.25Q2

Amount of Each Receipt this Period

2300.00

☒ Memo Item

TRANSFER

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

NIDDEL, RYAN, , ,

A. Mailing Address 7855 GLENMORE DR.

City
POWELL

State
OH

Zip Code
43065-7488

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIVERSIFIED BOTANICS

Occupation
CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 25 2025

Transaction ID : SA.88861.11.25Q2

Amount of Each Receipt this Period

3000.00

☒ Memo Item

TRANSFER

TRANSFER FROM THE BERGMAN VICTORY
COMMITTEE

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

91306.06

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

PAGE 72 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

PARK PLACE HOTEL

A. Mailing Address 300 E STATE STREET

City

TRAVERSE CITY

State

MI

Zip Code

49684-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

Transaction ID : SA14.21904

Amount of Each Receipt this Period

1500.00

☐ Memo Item

LODGING REFUND

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1500.00

1500.00

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

PAGE 73 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. FEHSENFELD, EMILY, , ,

Mailing Address PO BOX 252

City
SECRETARYState
MDZip Code
21664Purpose of Disbursement
VOID OF PREVIOUS- CHECK RECUT 4/22/2025

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 250.00

Transaction ID : SB17.I21587

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEHSENFELD, EMILY, , ,

Mailing Address PO BOX 252

City
SECRETARYState
MDZip Code
21664Purpose of Disbursement
GRASSROOTS CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I21588

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FEHSENFELD, EMILY, , ,

Mailing Address PO BOX 252

City
SECRETARYState
MDZip Code
21664Purpose of Disbursement
VOID OF PREVIOUS- DUPLICATE PAYMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 500.00

Transaction ID : SB17.I21659

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

- 500.00

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

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

PAGE 74 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. HOGGE, JAMES, , ,

Mailing Address 117 E FIFTH ST

City
GAYLORDState
MIZip Code
49735-1225Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2970.00

Transaction ID : SB17.I21648

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOGGE, JAMES, , ,

Mailing Address 117 E FIFTH ST

City
GAYLORDState
MIZip Code
49735-1225Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9693.75

Transaction ID : SB17.I21814

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOGGE, JAMES, , ,

Mailing Address 117 E FIFTH ST

City
GAYLORDState
MIZip Code
49735-1225Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8980.01

Transaction ID : SB17.I21815

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12663.75

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. HERTZ

Mailing Address 14501 HERTZ QUAIL SPRINGS PARKWAY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

City
MOUNTAIN VIEWState
CAZip Code
94043-Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

511.44

Transaction ID : SB17.I21818

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SHEPLER'S MACKINAC ISLAND FERRY

Mailing Address 556 E CENTRAL AVE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

City
MACKINAW CITYState
MIZip Code
49701-9695Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

68.00

Transaction ID : SB17.I21817

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. THE GATEHOUSE

Mailing Address 1547 CADOTTE AVENUE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

City
MACKINAC ISLANDState
MIZip Code
49757-5124Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

134.30

Transaction ID : SB17.I21816

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. PAULY, LAUREN, , ,Mailing Address 3563 LA CASITA AVENUE
APT 103City
TRAVERSE CITYState
MIZip Code
49684Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1150.00

Transaction ID : SB17.I21558

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CERONE, HEATHER, , ,

Mailing Address 2054 ARROWHEAD DR

City
TRAVERSE CITYState
MIZip Code
49686Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

225.75

Transaction ID : SB17.I21823

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City
SAINT LOUISState
MOZip Code
63105-4204Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

225.75

Transaction ID : SB17.I21901

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1375.75

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

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

PAGE 77 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. 4IMPRINT

Mailing Address 2875 ATLAS AVENUE

City
OSHKOSHState
WIZip Code
54904Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

242.75

Transaction ID : SB17.I21770

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 4IMPRINT

Mailing Address 2875 ATLAS AVENUE

City
OSHKOSHState
WIZip Code
54904Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

979.58

Transaction ID : SB17.I21777

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AC HOTEL

Mailing Address 1112 19TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

207.99

Transaction ID : SB17.I21736

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1430.32

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. AC HOTEL

Mailing Address 1112 19TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	13	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

84.72

Transaction ID : SB17.I21839

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADVICTORY LLCMailing Address 190 MONROE AVE
STE 500City
GRAND RAPIDSState
MIZip Code
49503-Purpose of Disbursement
MEDIA BUY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	29	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

20000.00

Transaction ID : SB17.I21613

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AIRBNB

Mailing Address 888 BRANNAN STREET

City
SAN FRANCISCOState
CAZip Code
94103-4928Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	18	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1838.06

Transaction ID : SB17.I21593

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

21922.78

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. AIRBNB

Mailing Address 888 BRANNAN STREET

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94103-4928

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1245.79

Transaction ID : SB17.I21641

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. AIRBNB

Mailing Address 888 BRANNAN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2025

City
SAN FRANCISCOState
CAZip Code
94103-4928

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

649.96

Transaction ID : SB17.I21743

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. AIRBNB

Mailing Address 888 BRANNAN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City
SAN FRANCISCOState
CAZip Code
94103-4928

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

628.78

Transaction ID : SB17.I21771

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

2524.53

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City
FORT WORTHState
TXZip Code
76155-Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

489.96

Transaction ID : SB17.I21547

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City
FORT WORTHState
TXZip Code
76155-Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

463.18

Transaction ID : SB17.I21776

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City
FORT WORTHState
TXZip Code
76155-Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

268.48

Transaction ID : SB17.I21847

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1221.62

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

546.00

Transaction ID : SB17.I21594

☐ Memo Item**B. AMTRAK**

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 227.00

Transaction ID : SB17.I21614

☐ Memo Item**C. ANDERSONS MARKET**

Mailing Address 6545 WESTERN AVE

City
GLEN ARBORState
MIZip Code
49636Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

338.45

Transaction ID : SB17.I21883

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

657.45

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. BOONEDOCKS

Mailing Address 5858 S MANITOU BLVD

City
GLEN ARBOTState
MIZip Code
49636Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

325.94

Transaction ID : SB17.I21882

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1197.61

Transaction ID : SB17.I21549

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

703.85

Transaction ID : SB17.I21706

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2227.40

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1354.12

Transaction ID : SB17.I21863

☐ Memo Item**B. CHICKFILA**

Mailing Address P.O. BOX 725489

City
ATLANTAState
GAZip Code
31139-2489Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

272.69

Transaction ID : SB17.I21905

☐ Memo Item**C. CHIPPEWA HOTEL WATERFRONT**

Mailing Address 7221 MAIN ST

City
MACKINAC ISLANDState
MIZip Code
49757-Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

677.43

Transaction ID : SB17.I21643

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2304.24

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. CHIPPEWA HOTEL WATERFRONT

Mailing Address 7221 MAIN ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

City
MACKINAC ISLANDState
MIZip Code
49757-Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

85.20

Transaction ID : SB17.I21768

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 WEST BROAD STREET

Date of Disbursement

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

City
ATHENSState
GAZip Code
30606Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I21615

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 WEST BROAD STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

City
ATHENSState
GAZip Code
30606Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I21764

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

125.20

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL ROAD
SUITE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I21616

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL ROAD
SUITE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I21782

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMERICA PARK

Mailing Address 2100 WOODWARD AVENUE

City
DETROITState
MIZip Code
48201Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

260.82

Transaction ID : SB17.I21550

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2060.82

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACTMailing Address RESERVOIR PLACE
1601 TRAPELO RDCity
WALTHAMState
MAZip Code
02451-7333Purpose of Disbursement
EMAIL PRODUCTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

64.00

Transaction ID : SB17.I21551

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSTANT CONTACTMailing Address RESERVOIR PLACE
1601 TRAPELO RDCity
WALTHAMState
MAZip Code
02451-7333Purpose of Disbursement
EMAIL PRODUCTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

490.78

Transaction ID : SB17.I21609

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACTMailing Address RESERVOIR PLACE
1601 TRAPELO RDCity
WALTHAMState
MAZip Code
02451-7333Purpose of Disbursement
EMAIL PRODUCTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

64.00

Transaction ID : SB17.I21703

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

618.78

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACTMailing Address RESERVOIR PLACE
1601 TRAPELO RDCity
WALTHAMState
MAZip Code
02451-7333Purpose of Disbursement
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

490.78

Transaction ID : SB17.I21707

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSTANT CONTACTMailing Address RESERVOIR PLACE
1601 TRAPELO RDCity
WALTHAMState
MAZip Code
02451-7333Purpose of Disbursement
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

67.00

Transaction ID : SB17.I21805

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACTMailing Address RESERVOIR PLACE
1601 TRAPELO RDCity
WALTHAMState
MAZip Code
02451-7333Purpose of Disbursement
EMAIL PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

550.14

Transaction ID : SB17.I21862

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1107.92

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. CONSUMER CELLULAR

Mailing Address 9363 EAST BAHIA DRIVE

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.34

Transaction ID : SB17.I21552

☐ Memo Item**B. CONSUMER CELLULAR**

Mailing Address 9363 EAST BAHIA DRIVE

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.34

Transaction ID : SB17.I21644

☐ Memo Item**C. CONSUMER CELLULAR**

Mailing Address 9363 EAST BAHIA DRIVE

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.34

Transaction ID : SB17.I21813

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

91.02

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DELAMAR HOTEL

Mailing Address 615 EAST FRONT STREET

City
TRAVERSE CITYState
MIZip Code
49686Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.I21694

☐ Memo Item**B. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

City
ATLANTAState
GAZip Code
30354-Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

823.37

Transaction ID : SB17.I21553

☐ Memo Item**C. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

City
ATLANTAState
GAZip Code
30354-Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

901.85

Transaction ID : SB17.I21595

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1734.22

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2025

City
ATLANTAState
GAZip Code
30354-Purpose of Disbursement
AIRFARE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

979.54

Transaction ID : SB17.I21695

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2025

City
ATLANTAState
GAZip Code
30354-Purpose of Disbursement
AIRFARE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

413.98

Transaction ID : SB17.I21708

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City
ATLANTAState
GAZip Code
30354-Purpose of Disbursement
AIRFARE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

227.50

Transaction ID : SB17.I21855

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1621.02

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

City
ATLANTAState
GAZip Code
30354-Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

509.55

Transaction ID : SB17.I21881

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.78

Transaction ID : SB17.I21610

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.50

Transaction ID : SB17.I21780

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

510.83

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.78

Transaction ID : SB17.I21781

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.I21802

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.I21866

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

43.28

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.78

Transaction ID : SB17.I21934

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRACY ENGINE LLC

Mailing Address 2125 14TH STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I21935

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
DIRECT MAIL CAGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2030.00

Transaction ID : SB17.I21666

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2090.78

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
DIRECT MAIL CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

784.23

Transaction ID : SB17.I21668

☐ Memo Item**B. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
DIRECT MAIL CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

756.78

Transaction ID : SB17.I21810

☐ Memo Item**C. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
DIRECT MAIL CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

792.36

Transaction ID : SB17.I21929

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2333.37

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 303 2ND STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

62.37

Transaction ID : SB17.I21554

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 303 2ND STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

56.25

Transaction ID : SB17.I21682

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 303 2ND STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

32.66

Transaction ID : SB17.I21709

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

151.28

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 303 2ND STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.47

Transaction ID : SB17.I21741

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 303 2ND STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

84.82

Transaction ID : SB17.I21762

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 303 2ND STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.I21908

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

144.28

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. DOUDS MARKET

Mailing Address 7200 MACKINAC ISLAND

Date of Disbursement

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

City
MACKINAC ISLANDState
MIZip Code
49757-

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

216.79

Transaction ID : SB17.I21746

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. DUCKS UNLIMITED INC

Mailing Address SHELBY FARMS PARK, 1 WATERFOWL WAY

Date of Disbursement

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

City
MEMPHISState
TNZip Code
38120-

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

668.00

Transaction ID : SB17.I21555

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. ELITE CARD PROCESSING

Mailing Address 13701 MAUGANSVILLE ROAD

Date of Disbursement

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

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

C

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

81.12

Transaction ID : SB17.I21663

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

965.91

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. ELITE CARD PROCESSING

Mailing Address 13701 MAUGANSVILLE ROAD

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

87.53

Transaction ID : SB17.I21806

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELITE CARD PROCESSING

Mailing Address 13701 MAUGANSVILLE ROAD

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

64.41

Transaction ID : SB17.I21925

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELKS LODGE OF NORTHERN MICHIGAN

Mailing Address 625 BAY STREET

City
TRAVERSE CITYState
MIZip Code
49684Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

312.00

Transaction ID : SB17.I21645

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

463.94

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City
SAINT LOUISState
MOZip Code
63105-4204Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : SB17.I21900

☒ Memo Item**B. FATHER FRED FOUNDATION**

Mailing Address 826 HASTINGS STREET

City
TRAVERSE CITYState
MIZip Code
49686Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

336.00

Transaction ID : SB17.I21711

☐ Memo Item**C. FRIDA MEXICAN GRILL**

Mailing Address 18740 STONE OAK PARKWAY

City
SAN ANTONIOState
TXZip Code
78258Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

63.27

Transaction ID : SB17.I21739

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

399.27

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

City
STERLINGState
VAZip Code
20166Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1157.13

Transaction ID : SB17.I21669

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

City
STERLINGState
VAZip Code
20166Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1886.40

Transaction ID : SB17.I21808

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

City
STERLINGState
VAZip Code
20166Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1911.18

Transaction ID : SB17.I21927

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4954.71

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

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

PAGE 101 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2025

City
STERLINGState
VAZip Code
20166

FEC Identification Number

C

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

955.53

Transaction ID : SB17.I21931

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2025

City
STERLINGState
VAZip Code
20166

FEC Identification Number

C

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5641.48

Transaction ID : SB17.I21932

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2025

City
SCOTTSDALEState
AZZip Code
85260-

FEC Identification Number

C

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

113.86

Transaction ID : SB17.I21557

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

6710.87

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21596

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21612

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21696

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

26.97

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

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

PAGE 103 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.98

Transaction ID : SB17.I21712

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

119.88

Transaction ID : SB17.I21738

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21742

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

146.85

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

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

PAGE 104 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21799

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

51.22

Transaction ID : SB17.I21832

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21853

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

69.20

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

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

PAGE 105 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21887

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COMMailing Address 14455 N HAYDEN RD.
STE 226City
SCOTTSDALEState
AZZip Code
85260-Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8.99

Transaction ID : SB17.I21903

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GRAND HOTEL

Mailing Address 286 GRAND AVE

City
MACKINAC ISLANDState
MIZip Code
49757-Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

4214.48

Transaction ID : SB17.I21713

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4232.46

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. GRAND HOTEL

Mailing Address 286 GRAND AVE

City
MACKINAC ISLANDState
MIZip Code
49757-Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

140.03

Transaction ID : SB17.I21773

☐ Memo Item**B. GRAND TRAVERSE AREA RIGHT TO LIFE**

Mailing Address PO BOX 5416

City
TRAVERSE CITYState
MIZip Code
49696-5416Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.I21591

☐ Memo Item**C. GRAND TRAVERSE RESORT AND SPA**

Mailing Address 100 GRAND TRAVERSE VILLAGE BLVD

City
ACMEState
MIZip Code
49610-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

73.26

Transaction ID : SB17.I21902

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1163.29

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. GRAND TRAVERSE RESORT AND SPA

Mailing Address 100 GRAND TRAVERSE VILLAGE BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City
ACMEState
MIZip Code
49610-Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.I21906

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAMPTON INN & SUITES

Mailing Address 920 SPRING ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City
PETOSKEYState
MIZip Code
49770-Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

520.58

Transaction ID : SB17.I21618

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAMPTON INN & SUITES

Mailing Address 920 SPRING ST.

Date of Disbursement

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

City
PETOSKEYState
MIZip Code
49770-Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

- 383.92

Transaction ID : SB17.I21646

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

311.66

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. HOTEL IROQUOIS

Mailing Address 7485 MAIN STREET

Date of Disbursement

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

City
MACKINAC ISLANDState
MIZip Code
49757

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

266.24

Transaction ID : SB17.I21775

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. HOTELS.COM

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

Date of Disbursement

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

City
DALLASState
TXZip Code
75231-

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

292.16

Transaction ID : SB17.I21647

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. HOTELS.COM

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

Date of Disbursement

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

City
DALLASState
TXZip Code
75231-

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

490.57

Transaction ID : SB17.I21744

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1048.97

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

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

PAGE 109 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. HOTELS.COM

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

City
DALLASState
TXZip Code
75231-Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

190.84

Transaction ID : SB17.I21769

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOTELS.COM

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY

City
DALLASState
TXZip Code
75231-Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

454.86

Transaction ID : SB17.I21909

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

526.56

Transaction ID : SB17.I21670

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1172.26

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

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

PAGE 110 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

439.64

Transaction ID : SB17.I21928

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JIMMY JOHN'S

Mailing Address 2212 FOX DR

City
CHAMPAIGNState
ILZip Code
61820-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

249.49

Transaction ID : SB17.I21649

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEVY

Mailing Address 980 NORTH MICHIGAN AVENUE

City
CHICAGOState
ILZip Code
60611Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

146.22

Transaction ID : SB17.I21831

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

835.35

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. LEVY

Mailing Address 980 NORTH MICHIGAN AVENUE

City
CHICAGOState
ILZip Code
60611Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

136.31

Transaction ID : SB17.I21836

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.25

Transaction ID : SB17.I21559

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.I21640

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

156.56

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.75

Transaction ID : SB17.I21716

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.I21801

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.I21804

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

42.75

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.90

Transaction ID : SB17.I21865

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LGM CONSULTING GROUP, LLCMailing Address 8 THE GREEN
SUITE 7217City
DOVERState
DEZip Code
19901Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

22.50

Transaction ID : SB17.I21890

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOCHENHEATH GOLF CLUB

Mailing Address 7951 TURNBERRY CIR

City
WILLIAMSBURGState
MIZip Code
49690-Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I21830

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2523.40

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

21.21

Transaction ID : SB17.I21619

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

37.84

Transaction ID : SB17.I21678

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2025

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

42.56

Transaction ID : SB17.I21792

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

101.61

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

36.23

Transaction ID : SB17.I21834

☐ Memo Item**B. MARTINS TAVERN**

Mailing Address 1264 WISCONSIN AVENUE NORTHWEST

City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

286.15

Transaction ID : SB17.I21560

☐ Memo Item**C. MIDDLETOWN VALLEY BANK**

Mailing Address 1101 PROFESSIONAL COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.91

Transaction ID : SB17.I21664

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

371.29

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.71

Transaction ID : SB17.I21807

☐ Memo Item**B. MIDDLETOWN VALLEY BANK**

Mailing Address 1101 PROFESSIONAL COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

47.78

Transaction ID : SB17.I21933

☐ Memo Item**C. MISS NAPLES**

Mailing Address 550 PORT O CALL WAY

City
NAPLESState
FLZip Code
34102-3402Purpose of Disbursement
EVENT FACILITY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

772.50

Transaction ID : SB17.I21561

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

868.99

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. NATIONALS PARK

Mailing Address 1500 SOUTH CAPITOL STREET SOUTHWES

Date of Disbursement

M M	D D	Y Y Y Y
05	02	2025

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT TICKETS

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

828.00

Transaction ID : SB17.I21684

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. NORTH BAR & GRILL

Mailing Address 160 EAST FRONT STREET

Date of Disbursement

M M	D D	Y Y Y Y
05	12	2025

City
TRAVERSE CITYState
MIZip Code
49684Purpose of Disbursement
MEETING EXPENSE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

176.66

Transaction ID : SB17.I21697

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. NORTH BAR & GRILL

Mailing Address 160 EAST FRONT STREET

Date of Disbursement

M M	D D	Y Y Y Y
05	19	2025

City
TRAVERSE CITYState
MIZip Code
49684Purpose of Disbursement
MEETING EXPENSE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

72.68

Transaction ID : SB17.I21717

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

1077.34

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. ONPOINT DATA STRATEGY LLCMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.I21665

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ONPOINT DATA STRATEGY LLCMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

265.47

Transaction ID : SB17.I21667

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ONPOINT DATA STRATEGY LLCMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.I21809

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

965.47

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. ONPOINT DATA STRATEGY LLCMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

270.00

Transaction ID : SB17.I21926

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ONPOINT DATA STRATEGY LLCMailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL PROCESSING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

264.56

Transaction ID : SB17.I21930

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OTSEGO COUNTY FIRE DEPARTMENT

Mailing Address PO BOX 954

City
GAYLORDState
MIZip Code
49754Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.I21622

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1034.56

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. OTSEGO COUNTY FIRE DEPARTMENT

Mailing Address PO BOX 954

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2025

City
GAYLORDState
MIZip Code
49754

FEC Identification Number

C

Purpose of Disbursement
VOID OF PREVIOUS- CHECK NOT CASHED 6/3/2025

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

- 500.00

Transaction ID : SB17.I21788

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. OTSEGO COUNTY FIRE DEPARTMENT

Mailing Address PO BOX 954

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2025

City
GAYLORDState
MIZip Code
49754

FEC Identification Number

C

Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.I21790

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. PARK PLACE HOTEL

Mailing Address 300 E STATE STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City
TRAVERSE CITYState
MIZip Code
49684-

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I21563

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1500.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 824 MILLEDGE AVE, SUITE 101

City
ATHENSState
GAZip Code
30605-Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2183.08

Transaction ID : SB17.I21564

☐ Memo Item**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 MILLEDGE AVE, SUITE 101

City
ATHENSState
GAZip Code
30605-Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2025.19

Transaction ID : SB17.I21623

☐ Memo Item**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 MILLEDGE AVE, SUITE 101

City
ATHENSState
GAZip Code
30605-Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2030.02

Transaction ID : SB17.I21829

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6238.29

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. RED GINGER RESTAURANT

Mailing Address 237 E FRONT ST

City
TRAVERSE CITYState
MIZip Code
49684-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

159.62

Transaction ID : SB17.I21699

☐ Memo Item**B. REFLECT BISTRO**

Mailing Address 255 MUNSON AVE

City
TRAVERSE CITYState
MIZip Code
49686-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

73.19

Transaction ID : SB17.I21651

☐ Memo Item**C. ROCKETREACH, LLC**Mailing Address 800 BELLEVUE WAY NORTHEAST
FLOOR 5, UNIT 110City
BELLEVUEState
WAZip Code
98004Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.I21565

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

331.81

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. ROCKETREACH, LLCMailing Address 800 BELLEVUE WAY NORTHEAST
FLOOR 5, UNIT 110City
BELLEVUEState
WAZip Code
98004Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.I21718

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROCKETREACH, LLCMailing Address 800 BELLEVUE WAY NORTHEAST
FLOOR 5, UNIT 110City
BELLEVUEState
WAZip Code
98004Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.I21837

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SAULT AREA CHAMBER

Mailing Address 2581 I 75 BUSINESS SPUR

City
SAULT STE. MARIEState
MIZip Code
49783Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I21566

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

448.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. SHEPLER'S MACKINAC ISLAND FERRY

Mailing Address 556 E CENTRAL AVE

Date of Disbursement

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

City
MACKINAW CITYState
MIZip Code
49701-9695

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

217.33

Transaction ID : SB17.I21745

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. SHEPLER'S MACKINAC ISLAND FERRY

Mailing Address 556 E CENTRAL AVE

Date of Disbursement

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

City
MACKINAW CITYState
MIZip Code
49701-9695

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I21751

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. SHERATON HOTEL

Mailing Address 4 GALLERIA BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
METAIRIEState
LAZip Code
70001-2081

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

350.34

Transaction ID : SB17.I21846

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

587.67

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. SHILLING CANNING COMPANY

Mailing Address 360 WATER STREET SOUTHEAST

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT FACILITY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2305.06

Transaction ID : SB17.I21652

☐ Memo Item**B. SOLACE OUTPOST**

Mailing Address 71 POTOMAC AVENUE SOUTHEAST

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

127.49

Transaction ID : SB17.I21567

☐ Memo Item**C. SOLACE OUTPOST**

Mailing Address 71 POTOMAC AVENUE SOUTHEAST

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

96.77

Transaction ID : SB17.I21911

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2529.32

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. SPIRELIGHT WEB

Mailing Address 3534 N VIRGINIA LN

City
FRESNOState
CAZip Code
93726Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

68.00

Transaction ID : SB17.I21568

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SPIRELIGHT WEB

Mailing Address 3534 N VIRGINIA LN

City
FRESNOState
CAZip Code
93726Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.I21660

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SPIRELIGHT WEB

Mailing Address 3534 N VIRGINIA LN

City
FRESNOState
CAZip Code
93726Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.I21700

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

136.00

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. SPIRELIGHT WEB

Mailing Address 3534 N VIRGINIA LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2025

City
FRESNOState
CAZip Code
93726Purpose of Disbursement
WEB DESIGN

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.I21761

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SPIRELIGHT WEB

Mailing Address 3534 N VIRGINIA LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2025

City
FRESNOState
CAZip Code
93726Purpose of Disbursement
WEB DESIGN

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.I21797

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STAYBRIDGE SUITES

Mailing Address 855 W WASHINGTON ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City
MARQUETTEState
MIZip Code
49855-4139Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.I21624

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

82.00

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

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

PAGE 128 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. STAYBRIDGE SUITES

Mailing Address 855 W WASHINGTON ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2025

City
MARQUETTEState
MIZip Code
49855-4139

FEC Identification Number

C

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

229.89

Transaction ID : SB17.I21719

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. STRAITS

Mailing Address 333 SANTANA ROW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2025

City
SAN JOSEState
CAZip Code
95128

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.I21765

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE 906 SPORTS BAR & GRILL

Mailing Address 145 WEST WASHINGTON STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City
MARQUETTEState
MIZip Code
49855

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

146.36

Transaction ID : SB17.I21625

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

676.25

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE ELEVATED GROUP

Mailing Address 410 1ST STREET SUITE 310

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2025

City
WASHINGTONState
DCZip Code
20003-1866

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1873.05

Transaction ID : SB17.I21570

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. THE GATEHOUSE

Mailing Address 1547 CADOTTE AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2025

City
MACKINAC ISLANDState
MIZip Code
49757-5124

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

133.13

Transaction ID : SB17.I21748

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE GATEHOUSE

Mailing Address 1547 CADOTTE AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2025

City
MACKINAC ISLANDState
MIZip Code
49757-5124

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

52.79

Transaction ID : SB17.I21750

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

2058.97

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE LANDMARK INN

Mailing Address 230 N FRONT STREET

City
MARQUETTEState
MIZip Code
49855-Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

311.06

Transaction ID : SB17.I21626

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE SALT LINE

Mailing Address 79 POTOMAC AVE SE

City
WASHINGTONState
DCZip Code
20003-3848Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

447.87

Transaction ID : SB17.I21571

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE SALT LINE

Mailing Address 79 POTOMAC AVE SE

City
WASHINGTONState
DCZip Code
20003-3848Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.22

Transaction ID : SB17.I21601

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

858.15

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE SALT LINE

Mailing Address 79 POTOMAC AVE SE

City
WASHINGTONState
DCZip Code
20003-3848Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37.74

Transaction ID : SB17.I21627

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE SALT LINE

Mailing Address 79 POTOMAC AVE SE

City
WASHINGTONState
DCZip Code
20003-3848Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

190.15

Transaction ID : SB17.I21732

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE SALT LINE

Mailing Address 79 POTOMAC AVE SE

City
WASHINGTONState
DCZip Code
20003-3848Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

434.05

Transaction ID : SB17.I21794

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

661.94

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE SALT LINE

Mailing Address 79 POTOMAC AVE SE

City
WASHINGTONState
DCZip Code
20003-3848Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

82.50

Transaction ID : SB17.I21840

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

City
GRAND RAPIDSState
MIZip Code
49506-3033Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

161.59

Transaction ID : SB17.I21572

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

City
GRAND RAPIDSState
MIZip Code
49506-3033Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

142.19

Transaction ID : SB17.I21701

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

386.28

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

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

PAGE 133 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

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

City
GRAND RAPIDSState
MIZip Code
49506-3033

FEC Identification Number

C

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.74

Transaction ID : SB17.I21720

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

City
GRAND RAPIDSState
MIZip Code
49506-3033

FEC Identification Number

C

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.99

Transaction ID : SB17.I21819

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
GRAND RAPIDSState
MIZip Code
49506-3033

FEC Identification Number

C

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.99

Transaction ID : SB17.I21850

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

138.72

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City
GRAND RAPIDSState
MIZip Code
49506-3033

FEC Identification Number

C

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.49

Transaction ID : SB17.I21852

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2025

City
GRAND RAPIDSState
MIZip Code
49506-3033

FEC Identification Number

C

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.94

Transaction ID : SB17.I21858

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2025

City
GRAND RAPIDSState
MIZip Code
49506-3033

FEC Identification Number

C

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.99

Transaction ID : SB17.I21886

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

60.42

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 2153 WEALTHY ST SE

City
GRAND RAPIDSState
MIZip Code
49506-3033Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

60.81

Transaction ID : SB17.I21913

☐ Memo Item**B. THIRSTY FISH SPORTS GRILLE**

Mailing Address 221 E STATE ST

City
TRAVERSE CITYState
MIZip Code
49684-2514Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

295.40

Transaction ID : SB17.I21721

☐ Memo Item**C. TOM'S FOOD MARKET**

Mailing Address 13940 SW BAY SHORE DR

City
TRAVERSE CITYState
MIZip Code
49684-6264Purpose of Disbursement
CATERING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

396.21

Transaction ID : SB17.I21735

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

752.42

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

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

PAGE 136 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. U & I LOUNGE

Mailing Address 214 E FRONT STREET

City
TRAVERSE CITYState
MIZip Code
49684-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

74.00

Transaction ID : SB17.I21677

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U & I LOUNGE

Mailing Address 214 E FRONT STREET

City
TRAVERSE CITYState
MIZip Code
49684-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

225.32

Transaction ID : SB17.I21680

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U & I LOUNGE

Mailing Address 214 E FRONT STREET

City
TRAVERSE CITYState
MIZip Code
49684-Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

182.25

Transaction ID : SB17.I21681

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

481.57

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

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

PAGE 137 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

490.80

Transaction ID : SB17.I21574

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2025

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

486.09

Transaction ID : SB17.I21575

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2025

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

142.16

Transaction ID : SB17.I21597

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1119.05

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

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

PAGE 138 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

28.62

Transaction ID : SB17.I21602

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

117.82

Transaction ID : SB17.I21628

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

142.19

Transaction ID : SB17.I21654

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

288.63

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

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

PAGE 139 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

104.06

Transaction ID : SB17.I21676

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

21.21

Transaction ID : SB17.I21679

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.07

Transaction ID : SB17.I21683

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

169.34

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

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

PAGE 140 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

64.10

Transaction ID : SB17.I21702

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

347.90

Transaction ID : SB17.I21722

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

103.38

Transaction ID : SB17.I21734

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

515.38

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

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

PAGE 141 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.I21767

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

79.44

Transaction ID : SB17.I21793

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

173.32

Transaction ID : SB17.I21796

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

262.75

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

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

PAGE 142 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.32

Transaction ID : SB17.I21798

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.64

Transaction ID : SB17.I21820

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94105-2800Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

142.94

Transaction ID : SB17.I21835

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

514.90

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

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

PAGE 143 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

53.97

Transaction ID : SB17.I21841

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.68

Transaction ID : SB17.I21845

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

86.24

Transaction ID : SB17.I21851

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

187.89

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.I21854

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 555 MARKET ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94105-2800

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

240.18

Transaction ID : SB17.I21912

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER EATS

Mailing Address 1455 MARKET STREET

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94103

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

325.82

Transaction ID : SB17.I21576

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

569.00

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

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

PAGE 145 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER EATS

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

72.16

Transaction ID : SB17.I21598

☐ Memo Item**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.91

Transaction ID : SB17.I21603

☐ Memo Item**C. UBER EATS**

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

93.90

Transaction ID : SB17.I21629

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

199.97

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER EATS

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

65.41

Transaction ID : SB17.I21655

☐ Memo Item**B. UBER EATS**

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.38

Transaction ID : SB17.I21821

☐ Memo Item**C. UBER EATS**

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.37

Transaction ID : SB17.I21822

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

155.16

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UBER EATS

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

92.11

Transaction ID : SB17.I21859

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER EATS

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

41.86

Transaction ID : SB17.I21884

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S WACKER DR

City
CHICAGOState
ILZip Code
60606-7147Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1796.45

Transaction ID : SB17.I21723

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1930.42

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 233 S WACKER DR

City
CHICAGOState
ILZip Code
60606-7147Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

123.61

Transaction ID : SB17.I21857

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. USPSMailing Address 600 PENNSYLVANIA AVE SE
SUITE 2City
WASHINGTONState
DCZip Code
20003-Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

332.00

Transaction ID : SB17.I21606

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VASCASA

Mailing Address 850 NORTHWEST 13TH AVENUE

City
PORTLANDState
ORZip Code
97209-3680Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

827.53

Transaction ID : SB17.I21599

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1283.14

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 1 VERIZON WAY

City
BASKING RIDGEState
NJZip Code
07920-Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

476.14

Transaction ID : SB17.I21577

☐ Memo Item**B. VERIZON WIRELESS**

Mailing Address 1 VERIZON WAY

City
BASKING RIDGEState
NJZip Code
07920-Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

505.31

Transaction ID : SB17.I21656

☐ Memo Item**C. VERIZON WIRELESS**

Mailing Address 1 VERIZON WAY

City
BASKING RIDGEState
NJZip Code
07920-Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

406.52

Transaction ID : SB17.I21766

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1387.97

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

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

PAGE 150 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. VICTORY TEXT LLC

Mailing Address 190 MONROE AVE NW

City
GRAND RAPIDSState
MIZip Code
49503Purpose of Disbursement
DIGITAL MARKETING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

537.20

Transaction ID : SB17.I21791

☐ Memo Item**B. VRBO**

Mailing Address 11920 ALTERRA PKWY. 100

City
AUSTINState
TXZip Code
78758Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

198.00

Transaction ID : SB17.I21600

☐ Memo Item**C. WALTERS SPORT**

Mailing Address 10 N STREET SOUTHEAST

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

61.24

Transaction ID : SB17.I21578

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

796.44

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. WALTERS SPORT

Mailing Address 10 N STREET SOUTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2025

City
WASHINGTONState
DCZip Code
20024

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.22

Transaction ID : SB17.I21833

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. WALTERS SPORT

Mailing Address 10 N STREET SOUTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2025

City
WASHINGTONState
DCZip Code
20024

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

46.93

Transaction ID : SB17.I21843

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. WASHINGTON NATIONALS

Mailing Address 1500 SOUTH CAPITOL STREET, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
EVENT FACILITY

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

76.66

Transaction ID : SB17.I21733

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

162.81

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. WASHINGTON NATIONALS

Mailing Address 1500 SOUTH CAPITOL STREET, SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
EVENT FACILITY

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

87.06

Transaction ID : SB17.I21838

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

158.73

Transaction ID : SB17.I21861

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

78.80

Transaction ID : SB17.I21891

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

324.59

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

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.60

Transaction ID : SB17.I21936

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. EMMET COUNTY REPUBLICAN COMMITTEE

Mailing Address P.O. BOX 2100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2025

City
PETOSKEYState
MIZip Code
49770-

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

518.45

Transaction ID : SB17.I21710

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

589.05

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

116488.62

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

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. BMW VICTORY COMMITTEE

Mailing Address PO BOX 30844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	5

City
BETHESDAState
MDZip Code
20824

FEC Identification Number

☒ C00832444Purpose of Disbursement
TRANSFER TO COVER JFC EXPENSES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Transaction ID : SB18.I21662

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. BMW VICTORY COMMITTEE

Mailing Address PO BOX 30844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

City
BETHESDAState
MDZip Code
20824

FEC Identification Number

☒ C00832444Purpose of Disbursement
TRANSFER TO COVER JFC EXPENSES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	4	0	0	.	0	0
---	---	---	---	---	---	---

Transaction ID : SB18.I21811

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE BERGMAN VICTORY COMMITTEEMailing Address 824 S. MILLEDGE AVE
STE 101

Date of Disbursement

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

City
ATHENSState
GAZip Code
30605

FEC Identification Number

☒ C00696088Purpose of Disbursement
TRANSFER OF EXCESSIVE DISTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	2	1	6	.	3	5
---	---	---	---	---	---	---

Transaction ID : SB18.I21590

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1	0	1	1	6	.	3	5
---	---	---	---	---	---	---	---

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

1	0	1	1	6	.	3	5
---	---	---	---	---	---	---	---

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

PAGE 155 OF 155

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

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NAME OF COMMITTEE (In Full)

BergmanforCongress

Full Name (Last, First, Middle Initial)

A. ALI, RAO , , ,

Mailing Address 1609 ENCLAVE COURT

City
SOUTHLAKEState
TXZip Code
76092Purpose of Disbursement
VOID OF PREVIOUS - CHARGED BACK THROUGH WINRED

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 3300.00

Transaction ID : SB20A.I21661

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

- 3300.00

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

- 3300.00