

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

NOV OCT 18 A 11:14

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12784MS

SECOND CONGRESSIONAL DISTRICT DEMOCRATIC PARTY

ADDRESS (number and street) 17377 Highland Drive

Check if different than previously reported. (AOO)

West Glyn A MI 48256-9305

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000306035

3. IS THIS REPORT NEW OR AMENDED (A) X

Table with 4 columns: (a) Type of Report (Cross Out), (b) Monthly Report Due On, (c) 12-Day PRE-Election Report for this, (d) 30-Day POST-Election Report for this. Includes options like Quarterly Reports, Primary, General, Runoff, etc.

5. Covering Period 10/01/2004 through 10/31/2004

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 Sue Matrakian

Signature of Treasurer Sue Matrakian Date 10/16/2004

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Second Congressional District Democratic Party

Report Covering the Period: From: 10 01 2004 To: 10 13 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	2,000	5,647.90
(b) Cash on Hand at Beginning of Reporting Period	7,354.65	
(c) Total Receipts (from Line 19)	895.00	14,325.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8,249.65	14,894.35
7. Total Disbursements (from Line 24)	602.09	7,241.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,647.56	7,652.56 *
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	* 85.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	0

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-894-1100

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

Second Congressional District - DEMOCRATIC PARTY

Report Covering the Period:

From 10 01 2004

To: 10 13 2004

1. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	200.00	
(ii) Unitemized	295.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	495.00	1,099.35
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	495.00	1,099.35
12. Transfers From Affiliated/Other Party Committees	400.00	3,900.00
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Officers To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	895.00	14,894.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	895.00	14,894.35

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

I. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4):		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	26,397.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	26,397.00
22. Transfers to Affiliated/Other Party Committees	60,209	60,209
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	4,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §414(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Partners/Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6):		
(i) Federal Share	0	0
(ii) "Levies" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	60,209	7,241.79
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	60,209	7,241.79

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	495.00	10,994.35
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	495.00	10,994.35
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	0	2,637.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	107.09	2,354.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)

Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. Darlene Deividy

Mailing Address

4356 Larchwood Dr

City

Muskegon

State

MI

Zip Code

49422

FEC ID number of contributing
federal political committee

C

Name of Employer

Muskegon Community Coll

Occupation

Librarian (part-time)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

10 / 12 / 2009

Amount of Each Receipt This Period

2,000.00

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt This Period

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,000.00
2,000.00

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

Any information received 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)

Second Congressional District - Democratic Party

Full Name (Last, First, Middle Initial)

A. Muskegon County Democrats

Date of Disbursement

10 02 2004

Mailing Address

435 Channel Rd.

CITY

North Muskegon

State

MI

Zip Code

49745

Purpose of Disbursement

transfer (office supplies)

001
Category/
Type

Amount of Each Disbursement this Period

549.09

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Muskegon County Democrats

Date of Disbursement

10 02 2004

Mailing Address

435 Channel Rd

City

North Muskegon

State

MI

Zip Code

49745

Purpose of Disbursement

transfer (office supplies)

001
Category/
Type

Amount of Each Disbursement this Period

57.00

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Mailing Address

Date of Disbursement

Mailing Address

CITY

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

602.09

TOTAL This Period (last page this form number only)

602.09

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10-18-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>NW</i> PREPARER	<i>10-18-04</i> DATE PREPARED