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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Examples: If typing, type over the lines.

12FF4M5

MANISTEE COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street)

6520 MAIDENS ROAD

Check if different than previously reported. (ACC)

BEAR LAKE

MI

49614

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00404871

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)
 Mar 20 (M3)
 Apr 20 (M4)

May 20 (M5)
 Jun 20 (M6)
 Jul 20 (M7)

Aug 20 (M8)
 Sep 20 (M9)
 Oct 20 (M10)

Nov 20 (M11) (Non-Election Year Only)
 Dec 20 (M12) (Pre-Election Year Only)
 Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

10 14 2004

through

11 22 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 MARK J. WARD

Signature of Treasurer

Date

11 28 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457D.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MANISTEE COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period:

From

10 14 2004

To

11 22 2004

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

5. (a) Cash on Hand January 1, 00.00

(b) Cash on Hand at Beginning of Reporting Period

1,220.82

(c) Total Receipts (from Line 19)

3,405.00

(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)

4,625.82

7. Total Disbursements (from Line 31)

3,265.23

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

1,359.59

9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 144)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MANISTEE COUNTY DEMOCRATIC COMMITTEE

Report Covering the Period: From: 10/10/2004 To: 11/22/2004

| I. 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 (see Schedule A) | 70500 | |
| (ii) Unitemized | 70000 | |
| (iii) TOTAL (add Lines 11(i) and (ii)) | 140500 | 70000 |
| (b) Political Party Committees | 20000 | 20000 |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Total to Line 33, page 5) | 340500 | 906600 |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Total to Line 27, page 5) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | |
| 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (From Schedules H3) | | |
| (b) Levin Funds (from Schedule H5) | | |
| (c) Total Transfers (add 18(a) and 18(b)) | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 340500 | 906600 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 340500 | 906600 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. 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 | | |
| (j) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | 2 2 6 6 2 3 | 5 6 5 6 4 1 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(j), and (b)) | 2 2 6 6 2 3 | 5 6 5 6 4 1 |
| 22. Transfers to Affiliated/Other Party Committees | | 1 0 5 0 0 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 1 0 0 0 0 0 | 1 0 0 0 0 0 |
| 24. Independent Expenditures (see Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431-20) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share | | |
| (j) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(j), and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 27, 28(d), 29 and 30(c)) | 3 2 6 6 2 3 | 7 7 0 6 4 1 |
| 32. Total Federal Disbursements (subtract Line 21(a)(j) and Line 30(a)(j) from Line 31) | 3 2 6 6 2 3 | 7 7 0 6 4 1 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2009)

| 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) | 3,405,000 | 9,066,000 |
| 34. Total Contribution Refunds (from Line 20(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3,405,000 | 9,066,000 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2,286,723 | 5,656,411 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2,286,723 | 5,656,411 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be 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) **MANISTEE COUNTY DEMOCRATIC COMMITTEE**

A. Full Name (Last, First, Middle Initial)
JOSEPH, TIMOTHY D.

Mailing Address
11371 KERRY ROAD

City **BRETHERS** State **MI** Zip Code **49619**

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

Name of Employer: **JOSEPH BUILDERS** Occupation: **CARPENTER**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**
105.00

Date of Receipt
11 16 2004

Amount of Each Receipt this Period
105.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **▼**

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) **▶**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FDR LINE NUMBER:
(check only one)

PAGE 1 OF 1

| | | | |
|------------------------------|---|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (in Full) MANISTEE COUNTY DEMOCRATIC COMMITTEE

A. Full Name (Last, First, Middle Initial)
SECOND CONGRESSIONAL DISTRICT-DEMOCRATIC COMMITTEE

Date of Receipt

| | | |
|----|----|------|
| MM | DD | YY |
| 11 | 02 | 2002 |

Mailing Address
17379 HIDDEN TREASURE DRIVE

Amount of Each Receipt This Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

City State Zip Code
WEST OLIVE, MI MI 49460

FEC ID number of contributing federal political committee: C 00306035

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 0 0 0 0

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

Date of Receipt

| | | |
|----|----|----|
| MM | DD | YY |
| | | |

Mailing Address

Amount of Each Receipt This Period

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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 ▼

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

Date of Receipt

| | | |
|----|----|----|
| MM | DD | YY |
| | | |

Mailing Address

Amount of Each Receipt This Period

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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 ▼

SUBTOTAL of Receipts This Page (optional) ▶

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

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FORM LINE NUMBERS: (check only one) | PAGE 1 OF 1 |
| | <input checked="" type="checkbox"/> 21a <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"/> 30b | |

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)
MANISTEE COUNTY DEMOCRATIC COMMITTEE

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. RABDATZ, PEGGY | | Date of Disbursement 10 18 2004 |
| Mailing Address 711 CEDAR | | Amount of Each Disbursement this Period 357.00 |
| City MANISTEE | State Zip Code MI 49660 | |
| Purpose of Disbursement REIMBURSEMENT FOR NEWSLETTER EXPENSE | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. MANISTEE INN AND MARINA | | Date of Disbursement 10 28 2004 |
| Mailing Address 378 RIVER STREET | | Amount of Each Disbursement this Period 250.00 |
| City MANISTEE | State Zip Code MI 49660 | |
| Purpose of Disbursement OFFICE RENT | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. RABDATZ, PEGGY | | Date of Disbursement 10 29 2004 |
| Mailing Address 711 CEDAR | | Amount of Each Disbursement this Period 137.50 |
| City MANISTEE | State Zip Code MI 49660 | |
| Purpose of Disbursement POST CARD MAILING REIMBURSEMENT | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional) | |
| TOTAL This Period (last page this line number only) | 744.50 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|-----------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | <input checked="" 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"/> 29c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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 candidate to solicit contributions from such candidate.

NAME OF COMMITTEE (in Full)

MANISTEE COUNTY DEMOCRATIC COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

OCEANA DEMOCRATIC COMMITTEE

11/14/2004

Mailing Address

P.O. BOX 715

City
PENTWATER

State MI Zip Code 49449

Purpose of Disbursement
CONTRIBUTION

011
Category/Type

Amount of Each Disbursement this Period
250.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

MASON COUNTY DEMOCRATIC COMMITTEE

11/14/2004

Mailing Address

2159 NORTH GORDON ROAD

City
SCOTTSVILLE

State MI Zip Code 49454

Purpose of Disbursement
CONTRIBUTION

011
Category/Type

Amount of Each Disbursement this Period
250.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

BENSIE COUNTY DEMOCRATIC COMMITTEE

11/14/2004

Mailing Address

P O BOX 63

City
HONOR

State MI Zip Code 49640

Purpose of Disbursement
CONTRIBUTION

011
Category/Type

Amount of Each Disbursement this Period
500.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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 checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 12-2-04 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <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>JM 13</i> PREPARER (5/2004) | 12-2-04 DATE PREPARED |