PAGE 1 / 8

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3A	For (Other Than An Au	uthorized	l Commit	tee		Office Us	se Only	
1. NAME OF COMMITTEE (in		E OR PRINT ▼		mple: If typ r the lines.	ning, type	12FE	4M5		
Second Disrrict	Democrati	c Party							
ADDRESS (number and	street)	31 W. 140 th Street							
Check if different than previous reported. (AC	ly G	rant				MI	49327	, ,	
2. FEC IDENTIFICA	ATION NUMBE	ER ▼	CITY 🛦			STATE A		ZIP COD)E ▲
C C00306038		3.	IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REP (Choose One) (a) Quarterly Rep		Report Due On:	eb 20 (M2) lar 20 (M3) pr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	<u> </u>	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	ĕ	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October Quarterly January	Report (Q3)	(c) 12-Day PRE-Election Report for the:	Etion on	Primary (12 Convention		=	eral (12G) sial (12S)	in the State of	Runoff (12R)
July 31 M Report (N Year Onl	/lid-Year lon-election	(d) 30-Day POST-Election Report for the:	etion on	General (30	OG)	Runc	off (30R)	in the State of	Special (30S)
5. Covering Period	07 /	01 2020		through	M M M	30	/ Y Y 202	20	
I certify that I have ex Type or Print Name of	D	eport and to the best ean, Dallas, , Mr., Jr.	of my kno	wledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Dean, Dalla	as, , Mr., Jr.		[Electronical	lly Filed]	Date 1	0 06		2020
NOTE: Submission of fa	alse, erroneous,	or incomplete information	tion may su	ıbject the pe	rson signing t	this Report	to the penalti	es of 52 l	U.S.C. § 30109
Office Use								FORI Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Second Disrrict Democratic Party

Report Covering the Period: From: 07 01 2020 To: 09 30 2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2020		7940.54			
	(b) Cash on Hand at Beginning of Reporting Period	6430.77				
	(c) Total Receipts (from Line 19)	1190.00	7698.00			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7620.77	15638.54			
7.	Total Disbursements (from Line 31)	6722.70	14740.47			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	898.07	898.07			
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				

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 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Second Disrri	ct Democratic	Party
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07 01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 210.00 2885.00 (i) Itemized (use Schedule A)..... 4213.00 780.00 (ii) Unitemized (iii) TOTAL (add 7098.00 990.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 7098.00 990.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 400.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 200.00 (Dividends, Interest, etc.)..... 200.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 7698.00 12, 13, 14, 15, 16, 17, and 18(c))....... 1190.00 20. Total Federal Receipts 1190.00 7698.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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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)	990.00	7098.00			
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	990.00	7098.00			
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6722.70	9740.47			
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	400.00			
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6722.70	9340.47			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 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 Disrrict Democratic Party Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davidson, Dr Robert, , , Date of Receipt Mailing Address 15524 Oak Ridge Drive 2020 City Zip Code State Transaction ID: SA11AI.4981 MI Spring Lake Drive 49456 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Spectrum Health **Emergency room Doctor** donation Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Davidson, Dr Robert, , , Date of Receipt Mailing Address 15524 Oak Ridge Drive 2020 City State Zip Code Transaction ID: SA11AI.5002 MI Spring Lake Drive 49456 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Spectrum Health **Emergency room Doctor** donation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Davidson, Dr Robert, , , Date of Receipt Mailing Address 15524 Oak Ridge Drive 22 2020 City State Zip Code Transaction ID: SA11AI.5005 MI Spring Lake Drive 49456 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) donation Spectrum Health **Emergency room Doctor** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) **X** 11a 11b 11c

7 OF

for each category of the 12 Detailed Summary Page 13 14 15 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 Disrrict Democratic Party Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Ed, , Ms, Date of Receipt Mailing Address 101 South James Street 2020 10 City Zip Code State Transaction ID: SA11AI.4986 MI Ludington 49431 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired retired donation Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... 210.00 TOTAL This Period (last page this line number only).....

S 17

SCHEDULE B (FEC Form 3X)					IE NUMBER: PAGE 8 OF 8					
ITEMIZED DISBURSEMENTS				(check only one)						
	Detailed Summary Page			21b 28a	22 28b	23 28c		26 27 29 30b		
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NAME OF COMMITTEE (In Full)										
Second Disrrict Democratic Party										
Full Name (Last, First, Middle Initial)										
A. Berghoef, Bryan, , ,					Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address P.O. BOX 1976										
City Holland	State Zip Code MI 49422				FEC Identification Number					
Purpose of Disbursement				_						
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Candidate Name			Categor	y/	Transaction ID : SB21B.5013 Amount of Each Disbursement this Period					
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Full Name (Last, First, Middle Initial)										
B. Berghoef, Bryan, , ,	Berghoef, Bryan, , ,				Date of Disbursement					
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Mailing Address 5566 Branch Road					07 28 2020					
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TOTAL This Period (last page this line number only))						_	6710.00		