

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 ▼ Example: If typing, type over the lines.
Second Congressional District Democratic Party

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 07 / 01 / 2011 through 09 / 30 / 2011

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 David Michael Takitaki

Signature of Treasurer David Michael Takitaki [Electronically Filed] Date 10 / 13 / 2011

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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="3256.76"/>	<input type="text" value="3256.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15986.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3283.00"/>	<input type="text" value="31732.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19269.31"/>	<input type="text" value="34988.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4291.07"/>	<input type="text" value="20010.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14978.24"/>	<input type="text" value="14978.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Write or Type Committee Name

Second Congressional District Democratic Party

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

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 (use Schedule A).....	1070.00	1070.00
(ii) Unitemized	1233.00	29682.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2303.00	30752.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	800.00	800.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3103.00	31552.00
12. Transfers From Affiliated/Other Party Committees.....	180.00	180.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3283.00	31732.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3283.00	31732.00

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4291.07	19385.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4291.07	19385.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	625.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4291.07	20010.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4291.07	20010.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3103.00	31552.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3103.00	31552.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4291.07	19385.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4291.07	19385.52

**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 6 OF 17
<input checked="" type="checkbox"/> 11a	<input 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

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. Dean Garn

Mailing Address 2143 Sandcrest

City Jenison State MI Zip Code 49428

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2011
Transaction ID : SA11AI.4363

Amount of Each Receipt this Period
 255.00

Fall Soiree

Full Name (Last, First, Middle Initial)
B. Nick C. Krieger

Mailing Address 319 N. Rath

City Ludington State MI Zip Code 49431

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

Name of Employer Michigan Court of Appeals Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2011
Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
 200.00

State Account Donation

Full Name (Last, First, Middle Initial)
C. David Michael Takitaki

Mailing Address 1425 West St.

City Muskegon State MI Zip Code 49442

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

Name of Employer Adrian College / MCC Occupation College Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11AI.4445

Amount of Each Receipt this Period
 295.00

Soiree Tickets

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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

FOR LINE NUMBER: PAGE 7 OF 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input 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)
Second Congressional District Democratic Party

A. West MI. Plumbers, Fitters and Service Trades Local Union #174
Full Name (Last, First, Middle Initial)
Mailing Address 1008 O'Malley Drive

City Coopersville	State MI	Zip Code 49404
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FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2011

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period

320.00

Soiree Tickets

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

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

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

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

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	1070.00

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

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

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

A. UAW Michigan V-PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 E. Jefferson
 City State Zip Code
 Detroit MI 48214
 FEC ID number of contributing federal political committee. **C** C00002840
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2011
Transaction ID : SA11C.4378
 Amount of Each Receipt this Period
 800.00
 Soiree Tickets

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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	800.00

**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 9 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial) A. Benzie County Democrats		Date of Receipt
Mailing Address P.O. Box 403		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Beulah	MI	49617
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA12.4451
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Fruit Items Basket
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="30.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michigan Democratic Party		Date of Receipt
Mailing Address 606 Townsend		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lansing	MI	48933
FEC ID number of contributing federal political committee.	<input type="text" value="C C00031054"/>	Transaction ID : SA12.4432
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Books
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Oceana County Democrats		Date of Receipt
Mailing Address 16 S. State St.		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Hart	MI	49420
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA12.4453
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Pancake Basket
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 10 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Second Congressional District Democratic Party

A. Ottawa County Democrats
Full Name (Last, First, Middle Initial)
Mailing Address 1 W. 5th Street
City Holland State MI Zip Code 49423
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **75.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2011
Transaction ID : SA12.4456
Amount of Each Receipt this Period
75.00
In-kind - Soiree Basket

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
M M / D D / Y Y Y Y Y Y
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
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	180.00

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 checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. A-1 Bingo

Mailing Address 827 Bridge St. NW

City Grand Rapids State MI Zip Code 49504

Purpose of Disbursement
Texas Hold'em Deposit / Earnest Money

003
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2011

Transaction ID : SB21B.4359

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Denise Garn

Mailing Address 2143 Sandcrest

City Jenison State MI Zip Code 49428

Purpose of Disbursement
In-kind - Books

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4410

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Denise Garn

Mailing Address 2143 Sandcrest

City Jenison State MI Zip Code 49428

Purpose of Disbursement
In-kind - Glass Wall Pocket

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4424

Amount of Each Disbursement this Period

25.00

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

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

475.00

**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 checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. Denise Garn

Mailing Address 2143 Sandcrest

City Jenison State MI Zip Code 49428

Purpose of Disbursement
In-kind - Cherry Basket

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4426

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

B. Denise Garn

Mailing Address 2143 Sandcrest

City Jenison State MI Zip Code 49428

Purpose of Disbursement
In-kind - Candle

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4430

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Michigan Charitable Gaming Association

Mailing Address 215 South Washington Square
Suite 210

City Lansing State MI Zip Code 48933

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2011

Transaction ID : SB21B.4343

Amount of Each Disbursement this Period

300.00

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

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

361.00

**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 checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. Michigan Democratic Party

Mailing Address 606 Townsend

City Lansing State MI Zip Code 48933

Purpose of Disbursement
In-kind - Books

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4433

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Olszewski

Mailing Address 7054 Crestwood

City Jenison State MI Zip Code 49428

Purpose of Disbursement
In-kind - Wine Basket

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4412

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Olszewski

Mailing Address 7054 Crestwood

City Jenison State MI Zip Code 49428

Purpose of Disbursement
In-kind - Wine Basket 2

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2011

Transaction ID : SB21B.4414

Amount of Each Disbursement this Period

25.00

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

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

100.00

**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 checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. Ross L Pike

Mailing Address P.O. Box 146

City Newaygo State MI Zip Code 49307

Purpose of Disbursement
Mileage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4356

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ross L Pike

Mailing Address P.O. Box 146

City Newaygo State MI Zip Code 49307

Purpose of Disbursement
In-kind - Flag

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4428

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mary Robling

Mailing Address 809 Moss Rd.

City Beulah State MI Zip Code 49617

Purpose of Disbursement
Mileage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4342

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements 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

FOR LINE NUMBER:
(check only one)

<input checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. Mary Robling

Mailing Address 809 Moss Rd.

City Beulah State MI Zip Code 49617

Purpose of Disbursement
Mileage

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2011

Transaction ID : SB21B.4345

Amount of Each Disbursement this Period

198.44

Full Name (Last, First, Middle Initial)

B. Mary Robling

Mailing Address 809 Moss Rd.

City Beulah State MI Zip Code 49617

Purpose of Disbursement
Mileage, Printing, Meeting Meal

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2011

Transaction ID : SB21B.4350

Amount of Each Disbursement this Period

558.68

Full Name (Last, First, Middle Initial)

C. Mary Robling

Mailing Address 809 Moss Rd.

City Beulah State MI Zip Code 49617

Purpose of Disbursement
Milage and Meeting Food

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : SB21B.4362

Amount of Each Disbursement this Period

369.35

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

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

1126.47

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. David Michael Takitaki

Mailing Address 1425 West St.

City Muskegon State MI Zip Code 49442

Purpose of Disbursement
Mileage and Mailing Expenses

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4339

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. David Michael Takitaki

Mailing Address 1425 West St.

City Muskegon State MI Zip Code 49442

Purpose of Disbursement
Mileage and Gas Card

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4348

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. David Michael Takitaki

Mailing Address 1425 West St.

City Muskegon State MI Zip Code 49442

Purpose of Disbursement
Mileage - Ludington

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4349

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements 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

FOR LINE NUMBER:
(check only one)

<input checked="" 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"/> 30b

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NAME OF COMMITTEE (In Full)
Second Congressional District Democratic Party

Full Name (Last, First, Middle Initial)

A. David Michael Takitaki

Mailing Address 1425 West St.

City Muskegon State MI Zip Code 49442

Purpose of Disbursement
Treasurer's Stipend

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4357

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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