

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL ROOM

00 JUN -4 A 10 22

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SECOND CONGRESSIONAL DISTRICT DEMOCRATIC PARTY

ADDRESS (number and street)

17379 HIDDEN TREASURE DRIVE

(Check if address is changed)

West OLIVE

MI

49460-9515

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

[Empty lines for E-mail address]

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

05 20 2001

3. FEC IDENTIFICATION NUMBER ▶

C00306035

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Sue Maturkanich

Signature of Treasurer

Sue Maturkanich

Date

05 20 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9630 Local 802-884-1100

FEC FORM 1 (Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  SUB (National, State or subordinate) committee of the  DEM (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MICHIGAN DEMOCRATIC PARTY \_\_\_\_\_

Mailing Address 606 TOWNSEND \_\_\_\_\_

LANSING MI 48933- \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliate \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

Second Congressional District- DEMOCRATIC PARTY

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name SUE MATURKANICH

Mailing Address 17379 Hidden Treasure Dr  
West Olive MI 49460-9515

Title or Position Treasurer CITY MI STATE 49460 ZIP CODE 9515

Telephone number 616-846-3120

B. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer SUE MATURKANICH

Mailing Address 17379 Hidden Treasure Drive  
West Olive MI 49460-9515

Title or Position Treasurer CITY MI STATE 49460 ZIP CODE 9515

Telephone number 616-846-3120

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

OLD KENT S/3 BANK

Mailing Address

111 LYON STREET NW

Grand Rapids MI 49503-2406

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5/29/01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  JAD PREPARER	  6/4/01 DATE PREPARED