

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2007 APR 27 AM 8:25

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) (Check if address is changed)

c/o Joseph B. KIRSCH
282 ROOSEVELT AVENUE
HOLLAND MI 49424

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

THREEMING@SBCGLOBAL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE
NONE

COMMITTEE'S FAX NUMBER

2. DATE 04 17 2007

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 Joseph B. Kirsch

Signature of Treasurer *Joseph B. Kirsch* Date 04 17 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-894-1100	FEC FORM 1 (Revised 02/2003)
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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
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (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

LANING 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 |

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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 Joseph B. Kirsch

Mailing Address 282 ROOSEVELT AVENUE

HOLLAND MI 49424

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 616-399-8622

8. 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 JOSEPH B. KIRSCH

Mailing Address 282 ROOSEVELT AVENUE

HOLLAND MI 49424

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 616-399-8622

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Telephone number

27059432445

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.

FIFTH THIRD BANK

Mailing Address

12443 Riley

HOLLAND

MI

49424

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

ER PREPARER 4/27/07
 DATE PREPARED

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