

FEC FORM 1

STATEMENT OF ORGANIZATION

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2005 JUN -6 A 10:25

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 Brian Rhinesmith 4565 Thompson Rd. Muskegon, MI 49441
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
brianrhine@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
None

COMMITTEE'S FAX NUMBER
None

2. DATE 5/31/05

3. FEC IDENTIFICATION NUMBER C 00306035

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 BRIAN L. RHINESMITH

Signature of Treasurer Brian Rhinesmith Date 5/31/05

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

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
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 |

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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 BRIAN RHINESMITH

Mailing Address 4565 THOMPSON RD.

MUSKEGON

MI

49441

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 231-798-4128

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 BRIAN RHINESMITH

Mailing Address 4565 THOMPSON

MUSKEGON

MI

49441

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 231-798-4128

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

25036621515

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.

5/3 BANK

Mailing Address

5217 HARVEY

MUSKEGON MI 49841
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
 The FEC added this page to the end of this filing to indicate how it was received.

25038621517

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 5/31/05
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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
	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

SL
 PREPARER
 (3/2005)

6/6/05
 DATE PREPARED