

# 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. 12FE4M5

Second Disrrict Democratic Party

ADDRESS (number and street) 2531 W. 140 th Street

Check if different than previously reported. (ACC) Grant MI 49327

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00306035

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 M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2021 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Dean, Dallas, , Mr., Jr.

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Dean, Dallas, , Mr., Jr. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Second Disrrict 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="2021"/>		1886.16
(b) Cash on Hand at Beginning of Reporting Period.....	7579.94	
(c) Total Receipts (from Line 19) .....	8095.00	15015.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15674.94	16901.16
7. Total Disbursements (from Line 31).....	2960.67	4186.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12714.27	12714.27
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**Second District Democratic Party**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3863.00	5363.00
(ii) Unitemized .....	3982.00	6702.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7845.00	12065.00
(b) Political Party Committees .....	250.00	450.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8095.00	12515.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	2500.00
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)).....▶	8095.00	15015.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8095.00	15015.00

**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.....	11.58	11.58
(b) Other Federal Operating Expenditures .....	2949.09	4175.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2960.67	4186.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2960.67	4186.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2949.09	4175.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8095.00	12515.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8095.00	12515.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2949.09	4175.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2949.09	4175.31

**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 21
<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 Disrrict Democratic Party**

**A. Alakson, Robin, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8975 W. 32 Street

City Fremont	State MI	Zip Code 49412
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michigan Education Association	Occupation (for Individual) Labor rep
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2021

**Transaction ID : SA11AI.5293**

Amount of Each Receipt this Period  
125.00

Memo Item donation

**B. Bird, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16634 James Street

City Holland	State MI	Zip Code 49424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2021

**Transaction ID : SA11AI.5280**

Amount of Each Receipt this Period  
125.00

Memo Item donation

**C. Cavazos, Lynnette, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 536 E. Lake Street

City Pentwater	State MI	Zip Code 49449
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2021

**Transaction ID : SA11AI.5253**

Amount of Each Receipt this Period  
50.00

Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 21
<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 District Democratic Party**

**A. Cavazos, Lynnette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 536 E. Lake Street  
 City Pentwater State MI Zip Code 49449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 15 / 2021  
**Transaction ID : SA11AI.5298**  
 Amount of Each Receipt this Period 50.00  
 Memo Item donation

**B. Cavazos, Lynnette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 536 E. Lake Street  
 City Pentwater State MI Zip Code 49449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI.5329**  
 Amount of Each Receipt this Period 25.00  
 Memo Item donation

**C. Clarke, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Post Office Box 30  
 City Baldwin State MI Zip Code 49304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 13 / 2021  
**Transaction ID : SA11AI.5235**  
 Amount of Each Receipt this Period 30.00  
 Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 8 OF 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Second Disrrict Democratic Party**

**A. Colella, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1837 Lawnel Ave  
 City Muskegon State MI Zip Code 49441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) not employed Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI.5323**  
 Amount of Each Receipt this Period 35.00  
 Memo Item donation

**B. Colella, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1837 Lawnel Ave  
 City Muskegon State MI Zip Code 49441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) not employed Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI.5334**  
 Amount of Each Receipt this Period 35.00  
 Memo Item donation

**C. Davidson, Dr Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15524 Oak Ridge Drive  
 City Spring Lake Drive State MI Zip Code 49456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Health Occupation (for Individual) Emergency room Doctor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11AI.5249**  
 Amount of Each Receipt this Period 125.00  
 Memo Item donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00  
**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: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Second Disrrict Democratic Party**

**A. Davidson, Dr Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15524 Oak Ridge Drive  
 City Spring Lake Drive State MI Zip Code 49456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Health Occupation (for Individual) Emergency room Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 15 / 2021  
**Transaction ID : SA11AI.5292**  
 Amount of Each Receipt this Period 125.00  
 Memo Item donation

**B. Dean, Dallas, , Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2531 W. 140th Street  
 City Grant State MI Zip Code 49327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI.5327**  
 Amount of Each Receipt this Period 35.00  
 Memo Item donation

**C. Dean, Dallas, , Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2531 W. 140th Street  
 City Grant State MI Zip Code 49327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : SA11AI.5319**  
 Amount of Each Receipt this Period 50.00  
 Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 21
<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 Disrrict Democratic Party**

**A. Dobson, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6635 Lau RD  
 City Montague State MI Zip Code 49437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2021  
**Transaction ID : SA11AI.5242**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item donation

**B. Fabrick, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Circle Drive  
 City Fruitport State MI Zip Code 49415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hackles Community Care Occupation (for Individual) Phtsician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2021  
**Transaction ID : SA11AI.5357**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item donation

**C. Fabrick, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Circle Drive  
 City Fruitport State MI Zip Code 49415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hackles Community Care Occupation (for Individual) Phtsician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2021  
**Transaction ID : SA11AI.5372**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 21
<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 District Democratic Party**

**A. Gwasdacus, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4379 Shady Oak Court

City Hudsonville	State MI	Zip Code 49426
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A T & T	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2021

**Transaction ID : SA11AI.5228**

Amount of Each Receipt this Period  
20.00

Memo Item donation

**B. Gwasdacus, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4379 Shady Oak Court

City Hudsonville	State MI	Zip Code 49426
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A T & T	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2021

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period  
20.00

Memo Item donation

**C. Gwasdacus, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4379 Shady Oak Court

City Hudsonville	State MI	Zip Code 49426
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A T & T	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : SA11AI.5270**

Amount of Each Receipt this Period  
20.00

Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 21
<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 District Democratic Party**

**A. Gwasdacus, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4379 Shady Oak Court

City Hudsonville	State MI	Zip Code 49426
---------------------	-------------	-------------------

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

Name of Employer (for Individual) A T & T	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2021

**Transaction ID : SA11AI.5347**

Amount of Each Receipt this Period  
70.00

Memo Item donation

**B. Gwasdacus, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4379 Shady Oak Court

City Hudsonville	State MI	Zip Code 49426
---------------------	-------------	-------------------

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

Name of Employer (for Individual) A T & T	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

**Transaction ID : SA11AI.5366**

Amount of Each Receipt this Period  
20.00

Memo Item donation

**C. Gwasdacus, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4379 Shady Oak Court

City Hudsonville	State MI	Zip Code 49426
---------------------	-------------	-------------------

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

Name of Employer (for Individual) A T & T	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period  
20.00

Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Second Disrrict Democratic Party**

**A. Ladas, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2877 Scenic Dr.  
 City Muskegon State MI Zip Code 49446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : SA11AI.5303**  
 Amount of Each Receipt this Period 125.00  
 Memo Item donation

**B. Mahoney, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8008 Old Channet Trl  
 City Montague State MI Zip Code 49437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muskegon County Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11AI.5256**  
 Amount of Each Receipt this Period 30.00  
 Memo Item donation

**C. Mahoney, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8008 Old Channet Trl  
 City Montague State MI Zip Code 49437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muskegon County Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 09 / 03 / 2021  
**Transaction ID : SA11AI.5262**  
 Amount of Each Receipt this Period 125.00  
 Memo Item Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Second Disrrict Democratic Party**

**A. Mahoney, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8008 Old Channet Trl  
 City Montague State MI Zip Code 49437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muskegon County Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 09 / 23 / 2021  
**Transaction ID : SA11AI.5388**  
 Amount of Each Receipt this Period 150.00  
 Memo Item donation

**B. Mahoney, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8008 Old Channet Trl  
 City Montague State MI Zip Code 49437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muskegon County Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI.5335**  
 Amount of Each Receipt this Period 30.00  
 Memo Item donation

**C. Mahoney, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8008 Old Channet Trl  
 City Montague State MI Zip Code 49437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muskegon County Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : SA11AI.5317**  
 Amount of Each Receipt this Period 50.00  
 Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Second District Democratic Party**

**A. McNeil, Patricie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2032 West Glenn  
 City Norton Shores State MI Zip Code 49441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) not employed Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2021  
**Transaction ID : SA11AI.5340**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item donation

**B. Miller, Ed, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 South James Street  
 City Ludington State MI Zip Code 49431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2021  
**Transaction ID : SA11AI.5234**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item donation

**C. Miller, Ed, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 South James Street  
 City Ludington State MI Zip Code 49431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2021  
**Transaction ID : SA11AI.5255**  
 Amount of Each Receipt this Period  
 33.00  
 Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Miller, Ed, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 South James Street

City Ludington	State MI	Zip Code 49431
-------------------	-------------	-------------------

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

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2021

**Transaction ID : SA11AI.5302**

Amount of Each Receipt this Period  
100.00

Memo Item donation

**B. Miller, Ed, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 South James Street

City Ludington	State MI	Zip Code 49431
-------------------	-------------	-------------------

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

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
578.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2021

**Transaction ID : SA11AI.5324**

Amount of Each Receipt this Period  
40.00

Memo Item donation

**C. Miller, Ed, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 South James Street

City Ludington	State MI	Zip Code 49431
-------------------	-------------	-------------------

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

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
828.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2021

**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
250.00

Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 OF 21
<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 District Democratic Party**

**A. Nagy, Kim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2407 Basswood St.

City Jenison	State MI	Zip Code 49428
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Northview Public Schools	Occupation (for Individual) Teacher
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2021

**Transaction ID : SA11AI.5304**

Amount of Each Receipt this Period  
15.00

Memo Item donation

**B. Nagy, Kim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2407 Basswood St.

City Jenison	State MI	Zip Code 49428
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Northview Public Schools	Occupation (for Individual) Teacher
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2021

**Transaction ID : SA11AI.5356**

Amount of Each Receipt this Period  
15.00

Memo Item donation

**C. Nagy, Kim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2407 Basswood St.

City Jenison	State MI	Zip Code 49428
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Northview Public Schools	Occupation (for Individual) Teacher
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

**Transaction ID : SA11AI.5361**

Amount of Each Receipt this Period  
15.00

Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Second Disrrict Democratic Party**

**A. Nagy, Kim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2407 Basswood St.

City Jenison	State MI	Zip Code 49428
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Northview Public Schools	Occupation (for Individual) Teacher
---	--

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
12	/	30	/	2021

**Transaction ID : SA11AI.5368**

Amount of Each Receipt this Period  
15.00

Memo Item donation

**B. Pennington, Donna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Lakeshore Dr

City Muskegon	State MI	Zip Code 49441
------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) Social Worker
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2021

**Transaction ID : SA11AI.5359**

Amount of Each Receipt this Period  
145.00

Memo Item donation

**C. Waters, Nancy, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1883 Eloise Dr

City Muskegon	State MI	Zip Code 49444
------------------	-------------	-------------------

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

Name of Employer (for Individual) County of Muskegon	Occupation (for Individual) County Clerk
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2021

**Transaction ID : SA11AI.5245**

Amount of Each Receipt this Period  
1000.00

Memo Item donation0

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1160.00
<b>TOTAL</b> This Period (last page this line number only).....	3863.00

**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 19 OF 21
<input type="checkbox"/> 11a	<input checked="" 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 Disrrict Democratic Party**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Newaygo County Democratic Party**

Mailing Address P.O.BOX 146

City Newaygo	State MI	Zip Code 49337
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00452854

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		15		2021

**Transaction ID : SA11B.5289**

Amount of Each Receipt this Period  
250.00

Memo Item  
dinner sponsor

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00

**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"/> 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 Disrrict Democratic Party**

Full Name (Last, First, Middle Initial)

**A. Graphics, MICR, , ,**

Mailing Address 2637 Emerson

City  
Norton Shores

State  
MI

Zip Code  
49441

Purpose of Disbursement  
printing

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	2	1		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.5385**  
 Amount of Each Disbursement this Period  
 [ ] 27.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kitchen, Daves's Kuntry, , ,**

Mailing Address 5102 Ripley Street

City  
Montague

State  
MI

Zip Code  
49437

Purpose of Disbursement  
refreshments

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	2	1		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.5377**  
 Amount of Each Disbursement this Period  
 [ ] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Printing, Micrgraphics, , ,**

Mailing Address 2637 Emerson BI VD

City  
Norton Shores

State  
MI

Zip Code  
49441

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	1		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.5374**  
 Amount of Each Disbursement this Period  
 [ ] 466.26

Memo Item

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

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

2	4	9	3	.	2	9
2	4	9	3	.	2	9

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Second Disrrict Democratic Party

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.5389**  Memo Item

Pharmacy, Walgreens, , ,

Mailing Address 3284 Colby RD

City Whitehall State MI Zip Code 49461

Purpose of Disbursement: hand sanitizer

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 11.58

Date 09 / 23 / 2021

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		11.58		11.58

B. Full Name (Last, First, Middle Initial)  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		11.58		11.58

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		11.58		11.58