

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 Marquette County Democratic Party

ADDRESS (number and street) P.O. Box 189 Check if different than previously reported. (ACC) Marquette MI 49855

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00385393 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X 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 / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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 Braamse, John, , ,

Signature of Treasurer Braamse, John, , , Date 04 / 03 / 2024

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

Marquette County 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="2024"/>		<input type="text" value="18204.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18204.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5934.00"/>	<input type="text" value="5934.00"/>
(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="24138.48"/>	<input type="text" value="24138.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1496.61"/>	<input type="text" value="1496.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22641.87"/>	<input type="text" value="22641.87"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Marquette County Democratic Party

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	1250.00	1250.00
(ii) Unitemized	4684.00	4684.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5934.00	5934.00
(b) Political Party Committees	0.00	0.00
(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)	5934.00	5934.00
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	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)).....▶	5934.00	5934.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5934.00	5934.00

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	1496.61	1496.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1496.61	1496.61
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)) ..	1496.61	1496.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1496.61	1496.61

DETAILED SUMMARY PAGE
of Disbursements

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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)	5934.00	5934.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5934.00	5934.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1496.61	1496.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1496.61	1496.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 10
(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	

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)
Marquette County Democratic Party

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Darling, Francine, , ,

Mailing Address 4 Scenic Hills

City Marquette	State MI	Zip Code 49855
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2024

Transaction ID : SA11AI.9426

Amount of Each Receipt this Period
225.00

Memo Item
Donation

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

Mailing Address 503 Craig Street

City Marquette	State MI	Zip Code 49855
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State of Michigan	Occupation (for Individual) State Representative
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2024

Transaction ID : SA11AI.9460

Amount of Each Receipt this Period
325.00

Memo Item
Donation

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

Mailing Address 1406 West Ave.

City Marquette	State MI	Zip Code 49855
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2024

Transaction ID : SA11AI.9444

Amount of Each Receipt this Period
225.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional).....	775.00
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 10
(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)
Marquette County Democratic Party

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Nelson, Jenna, , ,

Mailing Address 123 Ridge St.

City Negaunee	State MI	Zip Code 49866
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
03	/	07	/	2024

Transaction ID : SA11AI.9456

Amount of Each Receipt this Period
225.00

Memo Item
Donation

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

Mailing Address 429 E. Michigan St.

City Marquette	State MI	Zip Code 49855
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Retired
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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
01	/	06	/	2024

Transaction ID : SA11AI.9402

Amount of Each Receipt this Period
250.00

Memo Item
Donation

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	1250.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Square Space

Mailing Address 225 Varick St., 12th Floor

City New York State NY Zip Code 10014

Purpose of Disbursement Website Fee Candidate Name Category/Type 001

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) State: District:

Date of Disbursement

Date of Disbursement: 02 / 13 / 2024

FEC Identification Number

FEC Identification Number: C Transaction ID : SB21B.9478 Amount of Each Disbursement this Period 312.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Square Space

Mailing Address 225 Varick St., 12th Floor

City New York State NY Zip Code 10014

Purpose of Disbursement Website Fee Candidate Name Category/Type 001

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) State: District:

Date of Disbursement

Date of Disbursement: 03 / 14 / 2024

FEC Identification Number

FEC Identification Number: C Transaction ID : SB21B.9479 Amount of Each Disbursement this Period 72.00

Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Postal Service

Mailing Address Federal Building

City Marquette State MI Zip Code 49855

Purpose of Disbursement Post Office Box Rental Candidate Name Category/Type 001

Office Sought: House Senate President Disbursement For: Primary General Other (specify) State: District:

Date of Disbursement

Date of Disbursement: 01 / 02 / 2024

FEC Identification Number

FEC Identification Number: C Transaction ID : SB21B.9434 Amount of Each Disbursement this Period 354.00

Memo Item

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

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

Summary boxes showing 738.00 and a blank box.

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Marquette County Democratic Party

Form A: U.S. Postal Service. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Postage Stamps), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (02/20/2024), FEC Identification Number, Transaction ID (SB21B.9442), and Amount of Each Disbursement (3.90).

Form B: Walmart. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Postage Stamps), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/27/2024), FEC Identification Number, Transaction ID (SB21B.9439), and Amount of Each Disbursement (136.00).

Form C: Walmart. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Office Supplies), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/29/2024), FEC Identification Number, Transaction ID (SB21B.9440), and Amount of Each Disbursement (10.26).

SUBTOTAL of Disbursements This Page (optional) 150.16
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"/> 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

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)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 2552 US41 W

City
Marquette

State
MI

Zip Code
49855

Purpose of Disbursement

Office Supplies

003

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.9465

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

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Memo Item

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

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

6	0	0	0	0	0	0	0	0	0
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9	4	8	.	1	6				
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