

**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
REPORTNEW
(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 2025

through

M M M / D D D / Y Y Y Y Y Y
12 31 2025

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

M M M / D D D / Y Y Y Y Y Y
12 31 2025

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Marquette County Democratic PartyReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
07		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
12		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>14611.17</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>22124.19</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>4675.73</div></div>	<div><div></div><div>19550.55</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>26799.92</div></div>	<div><div></div><div>34161.72</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>3754.79</div></div>	<div><div></div><div>11116.59</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>23045.13</div></div>	<div><div></div><div>23045.13</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	

☒ 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Marquette County Democratic Party

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 07 / 01 / 2025

To:

 M M / D D / Y Y Y Y
 12 / 31 / 2025

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).....	1576.00	5000.00
(ii) Unitemized	2349.73	12800.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3925.73	17800.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	750.00	1750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4675.73	19550.55
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))	4675.73	19550.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4675.73	19550.55

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	3754.79	11116.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3754.79	11116.59
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)) ..	3754.79	11116.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3754.79	11116.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	4675.73	19550.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4675.73	19550.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3754.79	11116.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	3754.79	11116.59

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(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. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2025

Transaction ID : SA11Al.10311

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

B. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2025

Transaction ID : SA11Al.10350

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

C. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2025

Transaction ID : SA11Al.10403

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

<input checked="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. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2025

Transaction ID : SA11AI.10419

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

B. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA11AI.10445

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

C. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2025

Transaction ID : SA11AI.10460

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Braamse, John, , ,

Mailing Address 410 N. Sixth St.

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marquette Area Public SchoolsOccupation (for Individual)
Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2025

Transaction ID : SA11Al.10466

Amount of Each Receipt this Period

81.00

☐ Memo Item

Donation

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

B. Darling, Francine, , ,

Mailing Address 4 Scenic Hills

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

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 / 01 / 2025

Transaction ID : SA11Al.10335

Amount of Each Receipt this Period

50.00

☐ Memo Item

Donation

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

C. Darling, Francine, , ,

Mailing Address 4 Scenic Hills

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2025

Transaction ID : SA11Al.10383

Amount of Each Receipt this Period

30.00

☐ Memo Item

Donation

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

81.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Darling, Francine, , ,

Mailing Address 4 Scenic Hills

City
Marquette

State
MI

Zip Code
49855

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 ▼

370.00

Date of Receipt

08 / 29 / 2025

Transaction ID : SA11Al.10390

Amount of Each Receipt this Period

60.00

☐ Memo Item

Donation

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

B. Darling, Francine, , ,

Mailing Address 4 Scenic Hills

City
Marquette

State
MI

Zip Code
49855

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 ▼

420.00

Date of Receipt

12 / 31 / 2025

Transaction ID : SA11Al.10479

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Fisher, Ann, Hilton, ,

Mailing Address 618 Brookstone Court

City
Marquette

State
MI

Zip Code
49855

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

08 / 04 / 2025

Transaction ID : SA11Al.10341

Amount of Each Receipt this Period

50.00

☐ Memo Item

Donation

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Fisher, Ann, Hilton, ,

Mailing Address 618 Brookstone Court

City
MarquetteState
MIZip Code
49855FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2025

Transaction ID : SA11Al.10352

Amount of Each Receipt this Period

25.00

☐ Memo Item

Donation

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

B. Fisher, Ann, Hilton, ,

Mailing Address 618 Brookstone Court

City
MarquetteState
MIZip Code
49855FEC 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

M M / D D / Y Y Y Y Y Y
09 / 16 / 2025

Transaction ID : SA11Al.10404

Amount of Each Receipt this Period

25.00

☐ Memo Item

Donation

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

C. Fisher, Ann, Hilton, ,

Mailing Address 618 Brookstone Court

City
MarquetteState
MIZip Code
49855FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2025

Transaction ID : SA11Al.10418

Amount of Each Receipt this Period

25.00

☐ Memo Item

Donation

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Fisher, Ann, Hilton, ,

Mailing Address 618 Brookstone Court

City
MarquetteState
MIZip Code
49855FEC 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 ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA11Al.10444

Amount of Each Receipt this Period

25.00

☐ Memo Item

Donation

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

B. Fisher, Ann, Hilton, ,

Mailing Address 618 Brookstone Court

City
MarquetteState
MIZip Code
49855FEC 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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2025

Transaction ID : SA11Al.10461

Amount of Each Receipt this Period

25.00

☐ Memo Item

Donation

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

C. Horswill, Merrill, , ,

Mailing Address PO Box 3304

City
PlacidaState
FLZip Code
33946FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2025

Transaction ID : SA11Al.10357

Amount of Each Receipt this Period

250.00

☐ Memo Item

Donation

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Ittner, Neenah, , ,

Mailing Address 115 Lakewood Lane

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2025

Transaction ID : SA11Al.10447

Amount of Each Receipt this Period

250.00

☐ Memo Item

Donation

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

B. Potts, Deborah, , ,

Mailing Address 418 E Crescent

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2025

Transaction ID : SA11Al.10309

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

C. Potts, Deborah, , ,

Mailing Address 418 E Crescent

City
MarquetteState
MIZip Code
49855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2025

Transaction ID : SA11Al.10339

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 23
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Potts, Deborah, , ,

Mailing Address 418 E Crescent

City
Marquette

State
MI

Zip Code
49855

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 ▼

320.00

Date of Receipt

MM / DD / YYYY
 09 / 03 / 2025

Transaction ID : SA11Al.10392

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

B. Potts, Deborah, , ,

Mailing Address 418 E Crescent

City
Marquette

State
MI

Zip Code
49855

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 ▼

330.00

Date of Receipt

MM / DD / YYYY
 10 / 03 / 2025

Transaction ID : SA11Al.10415

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

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

C. Potts, Deborah, , ,

Mailing Address 418 E Crescent

City
Marquette

State
MI

Zip Code
49855

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 ▼

340.00

Date of Receipt

MM / DD / YYYY
 12 / 03 / 2025

Transaction ID : SA11Al.10456

Amount of Each Receipt this Period

10.00

☐ Memo Item

Donation

SUBTOTAL of Receipts This Page (optional)..... ►

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Stafford, William, , ,Mailing Address 1913 Sherman Ave.,
Apt 4ECity
EvanstonState
ILZip Code
60201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2025

Transaction ID : SA11Al.10326

Amount of Each Receipt this Period

100.00

☐ Memo Item

Donation

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

B. Stafford, William, , ,Mailing Address 1913 Sherman Ave.,
Apt 4ECity
EvanstonState
ILZip Code
60201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2025

Transaction ID : SA11Al.10382

Amount of Each Receipt this Period

100.00

☐ Memo Item

Donation

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

C. Stafford, William, , ,Mailing Address 1913 Sherman Ave.,
Apt 4ECity
EvanstonState
ILZip Code
60201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2025

Transaction ID : SA11Al.10411

Amount of Each Receipt this Period

100.00

☐ Memo Item

Donation

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 23
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Stafford, William, , ,Mailing Address 1913 Sherman Ave.,
Apt 4ECity
EvanstonState
ILZip Code
60201FEC 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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2025

Transaction ID : SA11Al.10423

Amount of Each Receipt this Period

100.00

☐ Memo Item

Donation

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

B. Stafford, William, , ,Mailing Address 1913 Sherman Ave.,
Apt 4ECity
EvanstonState
ILZip Code
60201FEC 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 ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2025

Transaction ID : SA11Al.10450

Amount of Each Receipt this Period

100.00

☐ Memo Item

Donation

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

C. Stafford, William, , ,Mailing Address 1913 Sherman Ave.,
Apt 4ECity
EvanstonState
ILZip Code
60201FEC 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 ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2025

Transaction ID : SA11Al.10465

Amount of Each Receipt this Period

100.00

☐ Memo Item

Donation

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

1576.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 23

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Michigan Legacy PAC

Mailing Address PO Box 21910

City
DetroitState
MIZip Code
48221FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2025**Transaction ID : SA11C.10328**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Donation

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

B. TATE FOR MICHIGAN

Mailing Address P. O. BOX 10087

City
LANSINGState
MIZip Code
48901FEC ID number of contributing
federal political committee.

C C00904862

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2025**Transaction ID : SA11C.10317**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Donation

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 Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 23

<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)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144

Purpose of Disbursement

Act Blue Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : SB21B.10477

Amount of Each Disbursement this Period

117.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144

Purpose of Disbursement

Processing Fee

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : SB21B.10481

Amount of Each Disbursement this Period

85.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anttila, Bobby, , ,Mailing Address 636 Everett St
Apt 5City
NegauneeState
MIZip Code
49866

Purpose of Disbursement

Reimbursement

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10425

Amount of Each Disbursement this Period

70.99

☐ Memo Item

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

274.57

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 23

<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)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Auto Owners Insurance

Mailing Address 300 S. Front Street

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Insurance Premium

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10428

Amount of Each Disbursement this Period

204.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Auto Owners Insurance

Mailing Address 300 S. Front Street

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Insurance

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10471

Amount of Each Disbursement this Period

204.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Google Services

Mailing Address 1600 Ampitheater Parkway

City
MountainviewState
CAZip Code
94043

Purpose of Disbursement

Telephone

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10465

Amount of Each Disbursement this Period

24.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

433.84

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 23

<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)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Landmark Inn

Mailing Address 230 N Front St

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Banquet Fees

Candidate Name

003

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10425

Amount of Each Disbursement this Period

260.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mail ChimpMailing Address 675 Ponce de Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10426

Amount of Each Disbursement this Period

39.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mail ChimpMailing Address 675 Ponce de Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10430

Amount of Each Disbursement this Period

84.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

384.26

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 23

<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. Mail ChimpMailing Address 675 Ponce de Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10438

Amount of Each Disbursement this Period

51.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mail ChimpMailing Address 675 Ponce de Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email Service

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10468

Amount of Each Disbursement this Period

51.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mail ChimpMailing Address 675 Ponce de Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10478

Amount of Each Disbursement this Period

51.50

☐ Memo Item

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

154.50

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Mail ChimpMailing Address 675 Ponce de Leon Ave NE
Suite 5000City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Email

Candidate Name

001

Category/
Type

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
1	2				2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10480

Amount of Each Disbursement this Period

51.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marquette Township Community Center

Mailing Address 1000 Commerce Dr.

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Hall Rental

Candidate Name

003

Category/
Type

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	7				2	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10369

Amount of Each Disbursement this Period

242.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NMU College DemsMailing Address 105 E Arch
Apt 2City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Payment

Candidate Name

012

Category/
Type

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
1	0				1	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10437

Amount of Each Disbursement this Period

280.45

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

574.38

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Peter White Public Library

Mailing Address 217 N. Front St

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Room Rental

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10475

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sawyer Village Shoppette

Mailing Address 126 Voodoo Ave.

City
GwinnState
MIZip Code
49841

Purpose of Disbursement

Candy

Candidate Name

007

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10375

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Postal Service

Mailing Address Federal Building

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Postage

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10442

Amount of Each Disbursement this Period

80.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

605.68

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 23

<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)

Marquette County Democratic Party

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 2552 US41 W

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

External Hard Drive

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1	/	0	8		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10441

Amount of Each Disbursement this Period

113.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address 2552 US41 W

City
MarquetteState
MIZip Code
49855

Purpose of Disbursement

Telephone SIMM Cards

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	2	0		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10476

Amount of Each Disbursement this Period

9.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Zoom Inc.

Mailing Address 55 Almadan Blvd

City
San JoseState
CAZip Code
95002

Purpose of Disbursement

Meeting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8		/	0	4		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10372

Amount of Each Disbursement this Period

338.91

☐ Memo Item

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

461.75

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

2888.98