

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2018 FEB 05 PM 12:20
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

POST OFFICE Box 791

Check if different
than previously
reported. (ACC)

LOGANSPOUT

IN

46947

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00020453

3. IS THIS
REPORT

NEW
(N) OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(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)

(a) Quarterly Reports:

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

01 01 2017

through

12 31 2017

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

ROBIN BC BANCROFT

Signature of Treasurer

Robin BC Bancroft

Date

01 28 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

01 / 01 / 2017

To:

12 / 31 / 2017

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2017

21,964.65

(b) Cash on Hand at
Beginning of Reporting Period.....

21,964.65

(c) Total Receipts (from Line 19).....

16,585.32

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

38,549.97

38,549.97

7. Total Disbursements (from Line 31).....

11,198.63

11,198.63

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

27,351.34

27,351.34

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

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 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

(ii) Non-Federal Share

(b) Other Federal Operating Expenditures

(c) Total Operating Expenditures
 (add 21(a)(i), (a)(ii), and (b))

22. Transfers to Affiliated/Other Party Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures (use Schedule E)

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:
 (a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contribution Refunds
 (add Lines 28(a), (b), and (c))

29. Other Disbursements (Including Non-Federal Donations)

30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely With Federal Funds

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements
 (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

11,198.63
11,198.63

11,198.63
11,198.63

11,198.63

11,198.63

11,198.63

11,198.63

NOT FOR FILING

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)	16,585.32	16,585.32
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16,585.32	16,585.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11,198.63	11,198.63
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11,198.63	11,198.63

NOT FOR OFFICIAL USE 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)

PAGE 1 OF 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

COMCAST BUSINESS

Mailing Address

41112 CONCEPT DRIVE

City

State

Zip Code

PLYMOUTH

MI

48170

Purpose of Disbursement

PHONE

Candidate Name

10

001
Category/
Type

Date of Disbursement

01 30 2017

Amount of Each Disbursement this Period

72.60

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

COMCAST BUSINESS

Mailing Address

41112 CONCEPT DRIVE

City

State

Zip Code

PLYMOUTH

MI

48170

Purpose of Disbursement

PHONE

Candidate Name

10

001
Category/
Type

Date of Disbursement

03 02 2017

Amount of Each Disbursement this Period

74.09

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

COMCAST BUSINESS

Mailing Address

41112 CONCEPT DRIVE

City

State

Zip Code

PLYMOUTH

MI

48170

Purpose of Disbursement

PHONE

Candidate Name

10

001
Category/
Type

Date of Disbursement

03 30 2017

Amount of Each Disbursement this Period

74.09

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

220.78

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)

PAGE 2 OF 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

COMCAST BUSINESS

Mailing Address

4112 CONCEPT DRIVE

City

PLYMOUTH

State

Zip Code

MI

48170

Purpose of Disbursement

PHONE

Candidate Name

29

001
Category/
Type

Date of Disbursement

04/28/2017

Amount of Each Disbursement this Period

67.96

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

COMCAST BUSINESS

Mailing Address

4112 CONCEPT DRIVE

City

PLYMOUTH

State

Zip Code

MI

48170

Purpose of Disbursement

PHONE

Candidate Name

29

001
Category/
Type

Date of Disbursement

05/28/2017

Amount of Each Disbursement this Period

61.82

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

COMCAST BUSINESS

Mailing Address

4112 CONCEPT DRIVE

City

PLYMOUTH

State

Zip Code

MI

48170

Purpose of Disbursement

PHONE

Candidate Name

29

001
Category/
Type

Date of Disbursement

06/30/2017

Amount of Each Disbursement this Period

61.82

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

191.70

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)

PAGE 3 OF 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. SALIN BANK

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

01/31/2017

Amount of Each Disbursement this Period

5.00

B. SALIN BANK

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

02/28/2017

Amount of Each Disbursement this Period

5.00

C. SALIN BANK

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

03/31/2017

Amount of Each Disbursement this Period

5.00

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

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

15.00

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)

PAGE 4 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

CASS COUNT REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

SALIN BANK

Date of Disbursement

04/28/2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

20

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B.

SALIN BANK

Date of Disbursement

05/30/2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

20

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

SALIN BANK

Date of Disbursement

06/30/2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

Candidate Name

20

001

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

15.00

**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)

PAGE 5 OF 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. CASS COUNTY REPUBLICAN HOLDING CORP

03 02 2017

Mailing Address

POB 791

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

DONATION - TRANSFER

01

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

1500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B. CASS COUNTY REPUBLICAN HOLDING CORP

Date of Disbursement

06 26 2017

Mailing Address

POB 791

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

DONATION - TRANSFER

02

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

1500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C. CASS COUNTY 4-H FAIR ASSOCIATION

Date of Disbursement

05 12 2017

Mailing Address

2281 EAST COUNTY ROAD 125 NORTH / 200 COURT

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

FAIR RESERVATION

003

Candidate Name

003
Category/
Type

Amount of Each Disbursement this Period

225.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

3225.00

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)

PAGE 6 OF 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

BARRIE McCLAIN

Mailing Address

2135 SOUTH RIDGEVIEW WAY

City

LOGANSPORT

State

Zip Code

IN

46947

Purpose of Disbursement

TRK REIMBURSEMENT

Candidate Name

001
Category/
Type

Date of Disbursement

03 02 2017

Amount of Each Disbursement this Period

89.87

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

MICHAEL STAUDU HAR

Mailing Address

2606 HIGH STREET

City

LOGANSPORT

State

Zip Code

IN

46947

Purpose of Disbursement

ENVELOP REIMBURSEMENT

Candidate Name

001
Category/
Type

Date of Disbursement

03 04 2017

Amount of Each Disbursement this Period

17.59

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

CASS COUNTY HEALTH DEPT

Mailing Address

512 HIGH STREET

City

LOGANSPORT

State

Zip Code

IN

46947

Purpose of Disbursement

FAIR CERTIFICATE

Candidate Name

003
Category/
Type

Date of Disbursement

05 22 2017

Amount of Each Disbursement this Period

100-

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

207.46

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)

PAGE **7** OF **13**

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

CASS COUNTY 4-H ASSOCIATION

Mailing Address

2281 E CR 125N / 200 COURT PARK RM 302

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

LINCOLN DAY DINNER

Candidate Name

003

Category/
Type

Amount of Each Disbursement this Period

1495.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B.

CASS COUNTY REPUBLICAN HOLDING CORP

Mailing Address

POB 791

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

DONATION - TRANSFER

Candidate Name

001

Category/
Type

Date of Disbursement

08 / 25 / 2017

Amount of Each Disbursement this Period

1500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

CASS COUNTY REPUBLICAN HOLDING CORP

Mailing Address

POB 791

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

DONATION - TRANSFER

Candidate Name

001

Category/
Type

Date of Disbursement

10 / 31 / 2017

Amount of Each Disbursement this Period

1500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

4495.00

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)

PAGE **8** OF **13**

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Full Name (Last, First, Middle Initial) **COMCAST BUSINESS**

Mailing Address **4112 CONCEPT DRIVE**

City **PLYMOUTH** State **MI** Zip Code **48170**

Purpose of Disbursement **PHONE**

Candidate Name **PHONE** **3Q** **001** Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) **▼**

State: District:

Date of Disbursement **07/31/2017**

Amount of Each Disbursement this Period **61.84**

B.

Full Name (Last, First, Middle Initial) **COMCAST BUSINESS**

Mailing Address **4112 CONCEPT DRIVE**

City **PLYMOUTH** State **MI** Zip Code **48170**

Purpose of Disbursement **PHONE**

Candidate Name **PHONE** **3Q** **001** Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) **▼**

State: District:

Date of Disbursement **08/30/2017**

Amount of Each Disbursement this Period **61.88**

C.

Full Name (Last, First, Middle Initial) **COMCAST BUSINESS**

Mailing Address **4112 CONCEPT DRIVE**

City **PLYMOUTH** State **MI** Zip Code **48170**

Purpose of Disbursement **PHONE**

Candidate Name **PHONE** **3Q** **001** Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) **▼**

State: District:

Date of Disbursement **09/28/2017**

Amount of Each Disbursement this Period **61.88**

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

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

185.60

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)

PAGE **9** OF **13**

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

COMCAST BUSINESS

10 / 28 / 2017

Mailing Address

4112 CONCEPT DRIVE

City

State

Zip Code

PLYMOUTH MI 48170

Purpose of Disbursement

PHONE

40

001

Amount of Each Disbursement this Period

61.99

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B.

Date of Disbursement

COMCAST BUSINESS

11 / 29 / 2017

Mailing Address

4112 CONCEPT DRIVE

City

State

Zip Code

PLYMOUTH MI 48170

Purpose of Disbursement

PHONE

40

001

Amount of Each Disbursement this Period

61.99

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

Date of Disbursement

COMCAST BUSINESS

12 / 31 / 2017

Mailing Address

4112 CONCEPT DRIVE

City

State

Zip Code

PLYMOUTH MI 48170

Purpose of Disbursement

PHONE

40

001

Amount of Each Disbursement this Period

61.99

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

185.97

**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)

PAGE **10** OF **13**

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

SALIN BANK

07 / 31 / 2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

30

00.1

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B.

SALIN BANK

Date of Disbursement

08 / 31 / 2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

30

00.1

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

SALIN BANK

Date of Disbursement

09 / 30 / 2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

30

00.1

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

15.00

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)

PAGE **11** OF **13**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

SALIN BANK

10 / 31 / 2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

40

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

SALIN BANK

11 / 30 / 2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

40

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

SALIN BANK

12 / 31 / 2017

Mailing Address

8455 KEYSTONE CROSSING DRIVE

City

State

Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

40

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

15.00

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)

PAGE **13** OF **13**

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NAME OF COMMITTEE (In Full)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

BOONDOCKERS

Mailing Address

1 SEL RIVER

City

State

Zip Code

LOGANSPORT IN 46947

Purpose of Disbursement

DINNER & HALL - FALL FUNDRAISER

Candidate Name

003

Category/
Type

Date of Disbursement

09 / 10 / 2017

Amount of Each Disbursement this Period

2123.75

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

NICK YAX

Mailing Address

5130 EAST COUNTY ROAD 150 NORTH

City

State

Zip Code

LOGANSPORT IN 46947

Purpose of Disbursement

CONGRESS OF COUNTIES REGISTRATION - REIMBURSEMENT

Candidate Name

001

Category/
Type

Date of Disbursement

12 / 22 / 2017

Amount of Each Disbursement this Period

30

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

000

Category/
Type

Date of Disbursement

00 / 00 / 0000

Amount of Each Disbursement this Period

000

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

2153.75
11198.63

END OF YEAR REPORT

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2016 FEB -5 PM 12:20

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LOGANSPORT, IN
46997
FEB 01 '18
AMOUNT

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999 G STREET N.W.
WASHINGTON, DC 20463

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 10px;"><div>PREPARER <i>MP</i> (3/2015)</div><div style="text-align: right;"><i>2/16/2018</i> DATE PREPARED</div></div>	

2018-02-01 10:00:00