13031021008

## STATEMENT OF

FEC			N	RECEIVED		
FORM 1				••	2013 JAN 28 PM J	2: <sub>3,7</sub>
1. NAME OF COMMITTEE (in	n full)	(Check if national is changed)		ple:If typing, type the lines.	FEE MIL CEN	TER
Branch		unty Re	epubli	can's		·
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ADDRESS (number a	and street)	IPO BOX	(127			
(Check if a	address	1 1 1 1 1 1 1	1 1 1 1			
is changed	u)	COLDWA	ater		MI 490 STATE	36 ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRE	SS				1
(Check if a is changed			<u>                                     </u>		<u> </u>	
		Optional Second E-N	Mail Address			
			<u> </u>			
		DDE00 (41DL)				
COMMITTEE'S WEB		JRESS (URL)				
is changed			<u> </u>	<u> </u>		
			<u> </u>			
2. DATE O		1 2013	, it intowns - I provide move and provide at the last of the last	00993		
3. FEC IDENTIFIC	LATION INC		n who	<u>(                                    </u>		
4. IS THIS STATEM	MENT	NEW (N)	OR X	AMENDED (A)		
I certify that I have e	examined th	nis Statement and to the	ne best of my kr	owledge and belief	t is true, correct and com	olete.
Type or Print Name	of Treasure	Ralph	Scho	fex	generalised (10 to the sandon man and consent of the STATE (10 to 10	HAND I DON'S BOTT AND RELIGIOUS IN THE STATE STA
Signature of Treasure	er	Soffi	Sch	fu	Date 01 / 1	8 2013
NOTE: Submission of	false, errone	eous, or incomplete infor			this Statement to the penal	ties of 2 U.S.C. §437g.
Office Use Only			- [ -	For further information Federal Election Commiss Foll Free 800-424-9530	sion FEV	C FORM 1 vised 06/2012)

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TYPE	OF C	OMMITTEE
Can	didate	Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
<b>/</b> L\		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate
(b)	ال <sub>ىس</sub> ى:	information below.)
Name		
Cano	lidate	
	lidate	Office State Senate President
Party	Affiliati	Based Breed Control
(c)		This committee supports/opposes only one candidate, and is\NOT an authorized committee.
Name	e of	
Cand	lidate	
Pari	ty Con	nmittee:
(d)	X	This committee is a LTY (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Par
		Research for the second
Poli		ction Committee (PAC):
(e)	Seal)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)
		lant.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
loin	t Eune	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	17	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
		committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	4	
	1.	
	2.	FEC ID number
	3.	
	J.	- Committee and the committee of the com
	4.	FEC ID number C

FEC Form 1 (Revised 02/200	9)	Page <b>3</b>
Write or Type Committee Name	•	
Branch Co	ounty Republican's	
6. Name of Any Connected Organia	zation, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
1		
Mailing Address		
L	CITY STATE	ZIP CODE
P. COMPA.		
Relationship: Connected Orga	nization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by books and records.</li> </ol>	name, address (phone number optional) and position of the person in p	ossession of committee
بانمال	1 61000000	,
Full Name KULLY		
Mailing Address	28 Bethanna Dr	<u> </u>
	4 1 4 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
نا∑ا ن	oldwater mi 149	1036-
Title or Position	CITY STATE	ZIP CODE
Deputy Trea	SUVIEV Telephone number 5111-	279-8484
<ol> <li>Treasurer: List the name and addr any designated agent (e.g., assista</li> </ol>	ress (phone number optional) of the treasurer of the committee; and the ant treasurer).	name and address of
-	E. Schafer	
Mailing Address	28 Bethanna Dr.	
<u>L</u>		
الم	Oldwater MI 49	ZIP CODE
Title or Position TREASUFER:		2791-18484

FEC For	m 1 (Hevised	02/2009)			Page 4
	·				
Full Name of Designated Agent	Lill	<u> </u>			
Mailing Address					
•			1 1 1 1 1 1 1 1		
		CITY		STATE	ZIP CODE
Title or Position					
		1.	Telephone n	umber	
Banks or Othe safety deposit b Name of Bank,	oxes or main Depository, e	c.			
safety deposit b	Depository, e	ains funds. ic. Hhern: Michi		ė Tr	ust
safety deposit b Name of Bank,	Depository, e	ains funds. ic. Hoern: Michi 151: West: F	Igan Bank	ie The	ust
safety deposit b Name of Bank,	Depository, e	ains funds. ic. Hoern: Michi 151: West: F	igan Bank Pearl Stree	ie The	ust
safety deposit b Name of Bank,	Depository, e	thern Michi	igan Bank Pearl Stree	ie Tri	<u>nst                                    </u>
safety deposit b Name of Bank,	Depository, e	thern Michies F Lucity Coldwater	igan Bank Pearl Stree	E Tre	149036-LI
safety deposit b Name of Bank, Mailing Address	Depository, e	thern Michies F Lucity Coldwater	Igan Bank Pearl Stree	E Tre	149036-LI
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, e	thern Michiest F Loid water	Igan Bank Pearl Stree	E Tre	149936-L ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, e	thern Michiest F Loid water	Igan Bank Pearl Stree	E Tre	149936-L ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, e	thern Michiest F Loid water	Igan Bank Pearl Stree	E Tre	149936-L ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, e	thern Michiest F Loid water	Igan Bank Pearl Stree	E Tre	149936-L ZIP CODE

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Ne	ext Business Day Delivery			
Received from House Records & Registration C	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
l <sub>a</sub> /	1/28/13			
PREPARER	DATE PREPARED			

(3/2005)