

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MIDLAND COUNTY REPUBLICAN COMMITTEE

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="2014"/>	<input type="text"/>	<input type="text" value="13494.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34075.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="101.22"/>	<input type="text" value="41957.37"/>
(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="34176.68"/>	<input type="text" value="55451.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9976.71"/>	<input type="text" value="31251.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24199.97"/>	<input type="text" value="24199.97"/>
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MIDLAND COUNTY REPUBLICAN COMMITTEE

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

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).....	0.00	16525.00
(ii) Unitemized	100.00	13275.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	100.00	29800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6575.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	100.00	36375.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	5000.00
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	575.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.22	7.37
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))..... ▶	101.22	41957.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	101.22	41957.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	808.62	16068.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	808.62	16068.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	9168.09	9168.09
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	125.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	125.00
29. Other Disbursements	0.00	889.95
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9976.71	31251.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9976.71	31251.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	100.00	36375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	36250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	808.62	16068.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	575.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	808.62	15493.90

**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"/> 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

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)
MIDLAND COUNTY REPUBLICAN COMMITTEE

Full Name (Last, First, Middle Initial)

A. Auto-Owners Insurance

Mailing Address P.O. Box 30660

City Lansing State MI Zip Code 48909

Purpose of Disbursement Insurance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8737

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Mercury Network

Mailing Address 129 Ashman St.

City Midland State MI Zip Code 48640

Purpose of Disbursement Internet service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8723

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. QRP

Mailing Address 94 Ashman Circle

City Midland State MI Zip Code 48640

Purpose of Disbursement Printing - Fair poster

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8732

Amount of Each Disbursement this Period

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

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"/> 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

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)
MIDLAND COUNTY REPUBLICAN COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stamas Properties

Mailing Address 102 W. Main

City Midland State MI Zip Code 48640

Purpose of Disbursement
Office rent

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8729

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Stamas Properties

Mailing Address 102 W. Main

City Midland State MI Zip Code 48640

Purpose of Disbursement
Office rent

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8735

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. YP - Yellow Pages

Mailing Address P.O. Box 5010

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Advertising

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8734

Amount of Each Disbursement this Period

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MIDLAND COUNTY REPUBLICAN COMMITTEE		FEC IDENTIFICATION NUMBER C C00109116
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee King Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 334 S Water St		Amount 3666.00
City Saginaw	State MI	Zip Code 48607
Purpose of Expenditure Outbound phone calls to voters	Category/Type 001	Transaction ID : SE.8690 Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2014
Name of Federal Candidate John Moolenaar	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought	6841.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Catherine K. Leikhim		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 1915 Springwood Dr.		Amount 327.00
City Midland	State MI	Zip Code 48640
Purpose of Expenditure Expenses - itemized	Category/Type 004	Transaction ID : SE.8731 Date of Disbursement or Obligation MM / DD / YYYY 08 / 13 / 2014
Name of Federal Candidate John Moolenaar	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought	9168.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3993.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eric J. Friedman
Signature

[Electronically Filed]

Date MM / DD / YYYY
09 / 19 / 2014

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.8731

Facebook Ads

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MIDLAND COUNTY REPUBLICAN COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00109116
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Midland Daily News	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 124 S. McDonald Street	Amount 2414.00
City Midland	State MI
Zip Code 48640	Transaction ID : SE.8682
Purpose of Expenditure Newspaper, online advertising	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
Category/Type 004	Name of Federal Candidate John Moolenaar
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 2414.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kayla North	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 584 Dopp Road	Amount 2000.00
City Midland	State MI
Zip Code 48640	Transaction ID : SE.8693
Purpose of Expenditure Communication coordiantion services	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 03 / 2014
Category/Type 001	Name of Federal Candidate John Moolenaar
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 8841.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4414.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eric J. Friedman
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MIDLAND COUNTY REPUBLICAN COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00109116
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee QRP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 94 Ashman Circle	Amount 761.09
City Midland	State MI
Zip Code 48640	Transaction ID : SE.8728
Purpose of Expenditure Literature drop	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2014
Category/Type 004	Name of Federal Candidate John Moolenaar
Name of Federal Candidate John Moolenaar	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 04 State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
3175.09	

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City	State
Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	761.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9168.09

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eric J. Friedman

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 19 / 2014