

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAR 8019

DEC 9 10 25 AM '96

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Midland County Republican Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 100	2. FEC IDENTIFICATION NUMBER C00109116
CITY, STATE and ZIP CODE Midland, MI 48640	
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1 October 96 through 26 Nov 96		
6. (a) Cash on Hand January 1, 19 96		\$ 5,588.34
(b) Cash on Hand at Beginning of Reporting Period	\$ 14,782.80	
(c) Total Receipts (from Line 1B)	\$ 950.00	\$ 30,892.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	\$ 15,732.80	\$ 36,480.98
7. Total Disbursements (from Line 3C)	\$ 8,152.56	\$ 33,123.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,580.24	\$ 3,357.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	

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 JOHN C. LEVY	Date
Signature of Treasurer 	4 Dec 96

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>Midland County Republican Committee</i>	REPORT COVERING PERIOD FROM <i>1 Oct 86</i> TO <i>25 Nov 86</i>	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0	16,300
ii. Unitemized	950-	13,730
iii. Total (add i and ii) >	950-	30,030
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	950-	30,030
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	862.64
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	950-	30,892.64
20. Total Federal Receipts (subtract line 18 from line 19) >	950-	30,892.64
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	4,452.56	28,778.04
c. Total Operating Expenditures (add a i, a ii, and b) >	4,452.56	28,778.04
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		645 (in kind)
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	3700-	3700-
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8152.56	33,123.04
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8152.56	33,123.04
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	950-	30,030
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans) (subtract line 33 from 32)	950	30,030
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4,452.56	28,778.04
36. Offsets to Operating Expenditures (from line 15)	0	862.64
37. Net Operating Expenditures (subtract line 36 from 35) >	4,452.56	27,915.40

SCHEDULE A

ITEMIZED RECEIPTS

None

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*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	<i>0</i>
TOTAL This Period (last page this line number only)	<i>0</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Consumers Power Saginaw, MI	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96 11-6-96	241.04 210.-
B. Full Name, Mailing Address and ZIP Code ATT Saginaw, MI	Purpose of Disbursement Long Distance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-2-96 11-1-96	Amount of Each Disbursement This Period 15- 10-
C. Full Name, Mailing Address and ZIP Code Kolly Services 142 Ashman Midland, MI 48640	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-2-96 10-19-96 11-1-96	Amount of Each Disbursement This Period 187- 171.36 97.92
D. Full Name, Mailing Address and ZIP Code Ameritech Saginaw, MI	Purpose of Disbursement Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-2-96 10-29-96 11-6-96	Amount of Each Disbursement This Period 124.42 140.73 111.29
E. Full Name, Mailing Address and ZIP Code Qualatex Linen	Purpose of Disbursement Rugs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-4-96 11-1-96	Amount of Each Disbursement This Period 60- 75-
F. Full Name, Mailing Address and ZIP Code LMA Leasing PO Box 71 Midland, MI 48640	Purpose of Disbursement rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-5-96 10-28-96	Amount of Each Disbursement This Period 1,450- 725-
G. Full Name, Mailing Address and ZIP Code Midland Daily News 124 Mc Donald Midland, MI 48640	Purpose of Disbursement Editorial Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-26-96	Amount of Each Disbursement This Period 665-
H. Full Name, Mailing Address and ZIP Code Fran Hunt Midland, MI	Purpose of Disbursement Reimburse Donuts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-30-96	Amount of Each Disbursement This Period 28.80
I. Full Name, Mailing Address and ZIP Code Stephanie Guaderman Midland, MI 48640	Purpose of Disbursement Reimburse Pizza Drinks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-5-96	Amount of Each Disbursement This Period 2.00-

SUBTOTAL of Disbursements This Page (optional)

4452.56

TOTAL This Period (last page this line number only)

4452.56

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

Page 1 of 2 for
LINE NUMBER 25

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) Midland County Republican Committee																																																																																									
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:																																																																																									
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Lakeview Dr. Stamford, MI 48667A</td> <td>DRAIN Commissioner</td> <td>General</td> <td>10-25-96</td> <td>1,500-</td> </tr> <tr> <td colspan="5">Aggregate General Election Expenditure for this Candidate—\$ 1,500-</td> </tr> <tr> <td colspan="5"> <table border="1"> <thead> <tr> <th>Full Name, Mailing Address and ZIP Code of Each Payee</th> <th>Name of Federal Candidate Supported, State, District & Office Sought</th> <th>Purpose of Expenditure</th> <th>Date (month, day, year)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Ailler, Mary Kay Lee, MI 48640</td> <td>Township clerk in Lee</td> <td>General</td> <td>10-25-96</td> <td>250-</td> </tr> <tr> <td colspan="5">Aggregate General Election Expenditure for this Candidate—\$ 250-</td> </tr> <tr> <td colspan="5"> <table border="1"> <thead> <tr> <th>Full Name, Mailing Address and ZIP Code of Each Payee</th> <th>Name of Federal Candidate Supported, State, District & Office Sought</th> <th>Purpose of Expenditure</th> <th>Date (month, day, year)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Lund, Patsie Harrison, MI 48015</td> <td>State Representative</td> <td>General</td> <td>11-1-96</td> <td>500-</td> </tr> <tr> <td colspan="5">Aggregate General Election Expenditure for this Candidate—\$ 500-</td> </tr> <tr> <td colspan="4">SUBTOTAL of Expenditures This Page (optional)</td> <td>2500-</td> </tr> <tr> <td colspan="4">TOTAL This Period (last page this line number only)</td> <td>2500-</td> </tr> </tbody> </table> </td> </tr> </tbody></table> </td> </tr> </tbody></table> </td></tr></tbody></table>					Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount	Romney, Ronne E. 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SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

Page 2 of 2 hr
LINE NUMBER 25

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) <u>Midland County Republican Committee</u>				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
<u>McNutt, James</u> <u>Midland, MI 48640</u>	<u>State Representative</u>	<u>General</u>	<u>10-25-96</u>	<u>100-</u>
Aggregate General Election Expenditure for this Candidate—\$ <u>100-</u>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
<u>Dunker, Norma</u> <u>Midland, MI 48640</u>	<u>Midland Prosecutor</u>	<u>General</u>	<u>10-25-96</u>	<u>100-</u>
Aggregate General Election Expenditure for this Candidate—\$ <u>100-</u>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
<u>Julian, Larry</u> <u>Owasso, MI 48867</u>	<u>State Representative</u>	<u>General</u>	<u>11-1-96</u>	<u>500-</u>
Aggregate General Election Expenditure for this Candidate—\$ <u>500-</u>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
<u>Hill, Sandy</u> <u>Montrase, MI 48457</u>	<u>State Representative</u>	<u>General</u>	<u>11-1-96</u>	<u>500-</u>
Aggregate General Election Expenditure for this Candidate—\$ <u>500-</u>				
SUBTOTAL of Expenditure This Page (optional)				<u>1200</u>
TOTAL This Period (last page this line number only)				<u>3700-</u>

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

12/5/96

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

EJ.
PREPARER

12/19/96
DATE PREPARED