

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

Office-Use-Only
2018 OCT 12 AM 11:45

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

Check if different than previously reported. (ACC)

LOGANSPORT

IN

46947

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS REPORT



NEW (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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

07

01

2018

through

09

30

2018

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

10

09

2018

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

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

07 01 2018

To:

09 30 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		27,351.34
(b) Cash on Hand at Beginning of Reporting Period.....	27,889.78	
(c) Total Receipts (from Line 19).....	5,898.79	13,997.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33,788.57	41,348.60
7. Total Disbursements (from Line 31).....	17,739.68	25,299.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16,048.89	16,048.89
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
1050 First Street, N.E.
Washington, DC 20463

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

20180930 10:10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: **07 01 2018** To: **09 30 2018**

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).....	500. ⁰⁰	1,750. ⁰⁰
(ii) Unitemized.....	5,398. ⁷⁹	12,247. ²⁶
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,898. ⁷⁹	13,997. ²⁶
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,898. ⁷⁹	13,997. ²⁶
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5,898. ⁷⁹	13,997. ²⁶
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,898. ⁷⁹	13,997. ²⁶

20180930 10:11:01 AM

DETAILED SUMMARY PAGE
of Disbursements

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	17,739.68	25,299.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17,739.68	25,299.71
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))..	17,739.68	25,299.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17,739.68	25,299.71

2016 RELEASE UNDER E.O. 13526

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).....	5,898.79	13,997.26
34. Total Contribution Refunds (from Line 28(d)).....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	5,898.79	13,997.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶	17,739.68	25,299.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶	17,739.68	25,299.71

2025 RELEASE UNDER E.O. 14176

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YANTIS FAMILY TRUST

Mailing Address
1440 YANTIS BOULEVARD

City
LOGANSPORT State
IN Zip Code
46947

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 ▼
5.00

Date of Receipt
09 06 2018

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **500.00**

TOTAL This Period (last page this line number only).....▶ **500.00**

NON-FEDERAL GOVERNMENT

**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 3		
	<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

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NAME OF COMMITTEE (In Full)
CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) COMCAST BUSINESS			Date of Disbursement 07/31/2018		
Mailing Address 4112 CONCEPT DRIVE					
City PLYMOUTH	State MI	Zip Code 48170	FEC Identification Number C 000 20453		
Purpose of Disbursement PHONE		Category/Type 001	Amount of Each Disbursement this Period 86.77		
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) ▼		Memo Item		
State:	District:				

B. Full Name (Last, First, Middle Initial) COMCAST BUSINESS			Date of Disbursement 08/31/2018		
Mailing Address 4112 CONCEPT DRIVE					
City PLYMOUTH	State MI	Zip Code 48170	FEC Identification Number C 000 20453		
Purpose of Disbursement PHONE		Category/Type 001	Amount of Each Disbursement this Period 86.77		
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) ▼		Memo Item		
State:	District:				

C. Full Name (Last, First, Middle Initial) COMCAST BUSINESS			Date of Disbursement 09/30/2018		
Mailing Address 4112 CONCEPT DRIVE					
City PLYMOUTH	State MI	Zip Code 48170	FEC Identification Number C 000 20453		
Purpose of Disbursement PHONE		Category/Type 001	Amount of Each Disbursement this Period 86.77		
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) ▼		Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	260.31
TOTAL This Period (last page this line number only).....▶	

2018-10-11 10:00 AM

**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)

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

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NAME OF COMMITTEE (In Full)
CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SALIN BANK
Mailing Address 8455 KEYSTONE CROSSING DRIVE
City INDIANAPOLIS State IN Zip Code 46204
Purpose of Disbursement STATEMENT FEE Category/Type 001
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____
Date of Disbursement 07 / 31 / 2018
FEC Identification Number 000020453
Amount of Each Disbursement this Period 5.00
 Memo Item

B. Full Name (Last, First, Middle Initial) SALIN BANK
Mailing Address 8455 KEYSTONE CROSSING DRIVE
City INDIANAPOLIS State IN Zip Code 46204
Purpose of Disbursement STATEMENT FEE Category/Type 001
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____
Date of Disbursement 08 / 31 / 2018
FEC Identification Number 000020453
Amount of Each Disbursement this Period 5.-
 Memo Item

C. Full Name (Last, First, Middle Initial) SALIN BANK
Mailing Address 8455 KEYSTONE CROSSING DRIVE
City INDIANAPOLIS State IN Zip Code 46204
Purpose of Disbursement STATEMENT FEE Category/Type 001
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____
Date of Disbursement 09 / 30 / 2018
FEC Identification Number 000020453
Amount of Each Disbursement this Period 5.00
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 15.00
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 3 OF 8		
	<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

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NAME OF COMMITTEE (In Full)
CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CASS COUNTY REPUBLICAN HOLDING CORP			Date of Disbursement 08/26/2018		
Mailing Address POB 791			FEC Identification Number C00020453		
City LOGANSPORT	State IN	Zip Code 46947	Amount of Each Disbursement this Period 1,500.⁰⁰		
Purpose of Disbursement DONATION - TRANSFER			Category/Type 001		
Candidate Name			Memo Item		
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:				

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE			Date of Disbursement 08/22/2018		
Mailing Address			FEC Identification Number C00020453		
City LOGANSPORT	State IN	Zip Code 46947	Amount of Each Disbursement this Period 325.-		
Purpose of Disbursement PURCHASE STAMPS			Category/Type 003		
Candidate Name			Memo Item		
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:				

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE			Date of Disbursement 08/25/2018		
Mailing Address			FEC Identification Number C00020453		
City KOKOMO	State IN	Zip Code	Amount of Each Disbursement this Period 16.⁷⁰		
Purpose of Disbursement STAMPS, CERTIFIED MAIL			Category/Type 001		
Candidate Name			Memo Item		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	1,841.⁷⁰
TOTAL This Period (last page this line number only).....▶	

2018-10-10 10:00 AM COMM-FEC

**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 8

21b 22 23 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. ED SCHRODER

08 / 22 / 2018

Mailing Address

POST OFFICE BOX 643

City

ROYAL CENTER

State

IN

Zip Code

46978

Purpose of Disbursement

CONTRIBUTION

011

FEC Identification Number

C 000 204 53

Candidate Name

ED SCHRODER

Category/
Type

Amount of Each Disbursement this Period

2600.⁰⁰

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District: CASS

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. RYAN BROWNING

08 / 22 / 2018

Mailing Address

4290 SOUTH CR 650 WEST

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

CONTRIBUTION

011

FEC Identification Number

C 000 204 53

Candidate Name

RYAN BROWNING

Category/
Type

Amount of Each Disbursement this Period

2600.⁰⁰

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District: CASS

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. MARK STRONG

08 / 22 / 2018

Mailing Address

2712 EAST BROADWAY

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

CONTRIBUTION

011

FEC Identification Number

C 000 204 53

Candidate Name

MARK STRONG

Category/
Type

Amount of Each Disbursement this Period

2100.⁰⁰

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District: Cc1

Memo Item

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

7300.⁰⁰

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) <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)
CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GROVER BISHOP	Date of Disbursement MM / DD / YYYY 08 / 22 / 2018
Mailing Address 417 MONTGOMERY STREET	FEC Identification Number C00020453
City: LOGANSPORT State: IN Zip Code: 46947	Amount of Each Disbursement this Period \$ 700.00
Purpose of Disbursement CONTRIBUTION	Category/Type <input checked="" type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> J
Candidate Name GROVER BISHOP	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: CASS	

Full Name (Last, First, Middle Initial) B. BRIAN REED	Date of Disbursement MM / DD / YYYY 08 / 22 / 2018
Mailing Address 9370 EAST CR 950 SOUTH	FEC Identification Number C00020453
City: GALVESTON State: IN Zip Code: 46932	Amount of Each Disbursement this Period \$ 700.00
Purpose of Disbursement CONTRIBUTION	Category/Type <input checked="" type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> J
Candidate Name BRIAN REED	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: CASS	

Full Name (Last, First, Middle Initial) C. SUNNY JACKSON GORDON (SAILOR)	Date of Disbursement MM / DD / YYYY 08 / 22 / 2018
Mailing Address POST OFFICE BOX 392	FEC Identification Number C00020453
City: GALVESTON State: IN Zip Code: 46932	Amount of Each Disbursement this Period \$ 700.00
Purpose of Disbursement CONTRIBUTION	Category/Type <input checked="" type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> J
Candidate Name SUNNY JACKSON GORDON	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: Jackson	

SUBTOTAL of Disbursements This Page (optional).....	\$ 2,100.00
TOTAL This Period (last page this line number only).....	\$

2018-10-10 10:00 AM

**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 **9**

21b 22 23 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. McCORD'S DO IT BEST

Mailing Address **2865 EAST MARKET STREET**

City **LOGANSPORT** State **IN** Zip Code **46947**

Purpose of Disbursement
4-H booth improvements

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

07 / 22 / 2018

FEC Identification Number

C00020453

Amount of Each Disbursement this Period

1,19.84

Memo Item

Full Name (Last, First, Middle Initial)

B. McCORD'S DO IT BEST

Mailing Address **2865 EAST MARKET STREET**

City **LOGANSPORT** State **IN** Zip Code **46947**

Purpose of Disbursement
4-H booth improvements; stationery

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

08 / 26 / 2018

FEC Identification Number

C00020453

Amount of Each Disbursement this Period

109.12

Memo Item

Full Name (Last, First, Middle Initial)

C. McCORD'S DO IT BEST

Mailing Address **2865 EAST MARKET STREET**

City **LOGANSPORT** State **IN** Zip Code **46947**

Purpose of Disbursement
toner cartridge

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

09 / 24 / 2018

FEC Identification Number

C00020453

Amount of Each Disbursement this Period

94.15

Memo Item

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

323.11

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 **7** OF **8**

<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)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. LOGANSPORT/CASS COUNTY CHAMBER OF COMMERCE

Mailing Address

311 SOUTH 5TH STREET

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

PANCAKE DAY REGISTRATION

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

07 / 22 / 2018

FEC Identification Number

C00020453

Amount of Each Disbursement this Period

85.-

Memo Item

Full Name (Last, First, Middle Initial)

B. CHERYL ALCORN

Mailing Address

4781 WEST CR 50 NORTH

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

REIMBURSEMENT FOR PICTURE FRAMES

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

08 / 06 / 2018

FEC Identification Number

C00020453

Amount of Each Disbursement this Period

145.63

Memo Item

Full Name (Last, First, Middle Initial)

C. PRICELESS BANNERS

Mailing Address

2006 CHIEFTAIN ROW

City

LOGANSPORT

State

IN

Zip Code

46947

Purpose of Disbursement

FOUR BILLBOARDS - CAMPAIGN

Candidate Name

MULTIPLE CANDIDATES

004
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District: **CASS**

Date of Disbursement

08 / 13 / 2018

FEC Identification Number

C00020453

Amount of Each Disbursement this Period

5585.-

Memo Item

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

581563

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

20180101 11:00:00 AM

**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"/> 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)

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

<p>A. CASS COUNTY 4-H FAIR CLUB ASSOCIATION INC</p>			<p>Date of Disbursement</p> <p>08 / 26 / 2018</p>	
<p>Mailing Address</p> <p>7221 EAST CR 300 NORTH</p>			<p>FEC Identification Number</p> <p>C00020453</p>	
<p>City</p> <p>LOGANSPORT</p>	<p>State</p> <p>IN</p>	<p>Zip Code</p> <p>46947</p>	<p>Amount of Each Disbursement this Period</p> <p>83.93</p>	
<p>Purpose of Disbursement</p> <p>PERCENTAGE FROM BIRTH</p>			<p>Category/Type</p> <p>001</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>State:</p> <p>District:</p>	<p><input type="checkbox"/> Memo Item</p>	

<p>B.</p>			<p>Date of Disbursement</p>	
<p>Mailing Address</p>			<p>FEC Identification Number</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement</p>			<p>Category/Type</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>State:</p> <p>District:</p>	<p><input type="checkbox"/> Memo Item</p>	

<p>C.</p>			<p>Date of Disbursement</p>	
<p>Mailing Address</p>			<p>FEC Identification Number</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement</p>			<p>Category/Type</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>State:</p> <p>District:</p>	<p><input type="checkbox"/> Memo Item</p>	

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

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

83.93
1,773.968

2016-10-11 10:00 AM

01-01-2018 10:11:00 AM

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INSURANCE INCLUDED *

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R BANCROFT
390 E CR 80S
BANKSBORO, IN 46902



1023

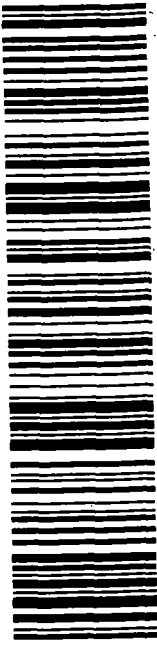


20463

U.S. POSTAGE PAID
PM 2-DRY
KOKOMO, IN
46902
OCT 10, 18
AMOUNT
\$6.70
R2305M146578-06

EXPECTED DELIVERY DAY: 10/12/2018

USPS TRACKING NUMBER



9505 5117 7154 8283 2468 21

TO: FEDERAL ELECTION COMMISSION
1050 First Street, NE
WASHINGTON, DC 20463



EB14E 11/14/2013

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2018-10-10 10:00:00 AM

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Postmarked	
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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 10-10-18
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<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
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

mf
 PREPARER
 (3/2015)

10-12-18
 DATE PREPARED