FEC

STATEMENT OF

RECEIVED FEC MAIL CENTER

2007 JUL -9 AM 9: 33 **ORGANIZATION** FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MIDIAND COUNTY REPUBLICAN COMMITTEE ADDRESS (number and street) (Check if address is changed) MI 48640 CITY A STATE A ZIP CODE COMMITTEE'S E-MAIL ADDRESS midlandgop@tm.net COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 2. DATE 00109116 FEC IDENTIFICATION NUMBER 4. IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Scott I. Haines Type or Print Name of Treasurer, 2007 Signature of Treasurer Date · NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

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

(Revised 02/2003)

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- 5.		OMMITTEE (Check One)	. 290 &			
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Party Affiliation	Office Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate		<u> </u>			
	(d) XX		Democratic, epublican, etc.) Party.			
	(e)	This committee is a separate segregated fund.				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee.	regated fund or party			
3.	Name of Any	y Connected Organization or Affiliated Committee				
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L		<u>.,, </u>	 			
	Mailing Addre	ess <u> </u>	 			
		<u> </u>				
		CITY ▲ STATE ▲	ZIP CODE A			
	Relationship					
Type of Connected Organization:						
	Corp	oration Corporation w/o Capital Stock Labor Organiz	ation			
	. Mem	bership Organization Trade Association Cooperative				
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V	Vrite or Type Committee N					
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	Full Name SO	OTT I HAINES				
	Mailing Address PO	ST OFFICE BOX 100		444444		
		MTDLAND	ME 48	8620		
	Title or Position▼	CITY A	STATE A	ZIP CODE ▲		
	TREASURER		Telephone number 989	- [859] - [6879]		
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
	Full Name of Treasurer SCC	YTT I. HAINES				
	Mailing Address	POST OFFICE BOX 16				
		MIDLAND	<u>MI</u> 4	8640		
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE		
	TREASURER		Telephone number 989	- <u> 859</u> - 6879		
	Full Name of Designated Agent					
	Mailing Address			 		
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	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE A		
			Telephone number	J-L		

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).		Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds.	ccounts, rents
	Name of Bank, I	Depository, etc.	
		CHEMICIAL BANK	<u></u>
	Mailing Address	333 EAST MAIN	<u> </u>
	-		
		MIDLAND MI 48640	
		CITY ▲ STATE ▲ ZI	P CODE A
	Name of Bank, I	Depository, etc.	
		AG, EDWARDS	
	Mailing Address	123 ASHMAN STREET SUITE 1	
			
		MIDLAND 48640	
		CITY ▲ STATE ▲ ZI	IP CODE A

(3/2005)

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. **Date of Receipt Hand Delivered** Postmarked -**USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):