

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 14 11 02 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Midland County Republican Committee		2. FEC IDENTIFICATION NUMBER C00109116
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO Box 100		
CITY, STATE and ZIP CODE Midland, MI 48640		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FFC 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 <u>July 1, 1996</u> through <u>Sept. 30, 1996</u>			
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 5,809.65
(b)	Cash on Hand at Beginning of Reporting Period	\$ 17,177.27	
(c)	Total Receipts (from Line 18)	\$ 3,444.47	\$ 34,295.90
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,621.74	\$ 40,105.55
7.	Total Disbursements (from Line 20)	\$ 5,241.99	\$ 24,725.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,379.75	\$ 15,379.75
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 930 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-2420
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 Scott I. Haines			
Signature of Treasurer 		Date 7/28/97	

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Midland County Republican Committee	FROM Jul 1, 1996 TO Sept. 30, 1996	
	COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	600.00	16,900.00
ii. Unitemized	1,135.00	15,425.00
iii. Total (add i and ii) >	1,735.00	32,325.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	1,735.00	32,325.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) <u>Ins. Claim</u>	1,640.64	1,789.89
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	68.83	181.01
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,444.47	34,295.90
20. Total Federal Receipts (subtract line 16 from line 19) >		
B 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		
c. Total Operating Expenditures (add a i, a ii, and b) >	5,241.99	24,725.80
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	645.00 in-kind	1935.00 in-kind
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 a, b and c) >		
29. Other Disbursements <u>Non-Federal Candidates</u>	450.00 in-kind	450.00 in-kind
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,336.99	27,110.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,886.49	26,660.80
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1,735.00	32,325.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	1,735.00	32,325.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	5,241.99	24,725.80
36. Offsets to Operating Expenditures (from line 15)	1,640.64	1,789.89
37. Net Operating Expenditures (subtract line 35 from 35) >	3,601.35	22,935.91

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a 1

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
J. Daniel Cline 2391 Perrine Rd. Midland, MI 48640 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	self-employed Occupation: Physician Aggregate Year-to-Date > \$ 300.00	7-9-96	300.00
B. Full Name, Mailing Address and ZIP Code F.R. Lehman 2201 Mapleleaf Drive Midland, MI 48640 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	Retired Occupation: Aggregate Year-to-Date > \$ 300.00	9-11-96	300.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): fundraising	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only) 600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Part)

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
Ameritech Saginaw, MI 48640	Telephone Service	7-3-96	110.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-9-96	150.00
	<input type="checkbox"/> Other (specify)	9-18-96	512.00
B. Full Name, Mailing Address and ZIP Code AT&T Saginaw-, MI 48640	Purpose of Disbursement Long Distance Bill	8-9-96	30.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Kelly Services 142 Ashman Midland, MI 48640	Purpose of Disbursement Office Wages	7-3-96	155.04
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-15-96	330.48
	<input type="checkbox"/> Other (specify)	7-16-96	114.24
D. Full Name, Mailing Address and ZIP Code Kelly Services (cont)	Purpose of Disbursement Office Wages	7-31-96	220.32
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Consumers Power Company Saginaw, MI 48602	Purpose of Disbursement Gas & Electric	7-3-96	157.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-9-96	86.00
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Office Supply Company 420 Cambridge Midland, MI 48640	Purpose of Disbursement Office Supplies	7-3-96	65.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9-10-96	37.23
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Midland Investment Company 5800 Eastman Midland, MI 48640	Purpose of Disbursement Office Rent	7-19-96	725.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code A.S. Arbury 115 Jerome Midland, MI 48640	Purpose of Disbursement Liability Insurance	7-24-96	204.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-24-96	204.00
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Postmaster Midland, MI 48640	Purpose of Disbursement Stamps	7-25-96	32.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-14-96	32.00
	<input type="checkbox"/> Other (specify)	8-28-96	32.00

SUBTOTAL of Disbursements This Page (optional)

3196.31

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
21B		

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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
Gardener's Delight 2348 E. Gordonville Midland, MI 48640	Moving Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-12-96	59.64
Qualatex 412 Bayliss Midland, MI 48640	Rug Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-22-96	90.00
Mills Upholstery 133 Ashman Midland, MI 48640	New window blinds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-23-96	807.60
Kelly Services 142 Ashman Midland, MI 48640	Office Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-28-96 9-10-96 9-27-96	367.20 422.48 77.52
Consumers Power Company Saginaw, MI 48601	Gas & Electric Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-10-96	221.24
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2045.68
TOTAL This Period (last page this line number only)	5241.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
23		

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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
Dave Camp for Congress PO Box 423 Midland, MI 48640	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-96	215.00 (in-kind)
Dave Camp for Congress PO Box 423 Midland, MI 48640	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-1-96 9-1-96	215.00 215.00 (in-kinds)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	645.00
TOTAL This Period (last page will list line number only)	645.00 (in-kind)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Bill Schuette for State Senate PO Box 476 Midland, MI 48640	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-96	450.00 (in-kind)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	450.00 (in-kind)
TOTAL This Period (last page this line number only)	450.00 (in-kind)

