

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 JAN 21 AM 11:52  
Office Use Only

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) **PO BOX 791**  
 Check if different than previously reported. (ACC) **LOGANS PORT IN 46947**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C 000 20 453**

3. IS THIS REPORT  NEW (N) OR AMENDED (A)

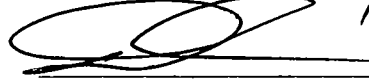
4. TYPE OF REPORT (Choose One)

|   |   |  |                  |               |   |
|---|---|--|------------------|---------------|---|
| (a) Quarterly Reports:  | April 15 Quarterly Report (Q1)                        | Feb 20 (M2)                              | May 20 (M5)      | Aug 20 (M8)   | Nov 20 (M11)<br><small>(Non-Election Year Only)</small> |
|   | July 15 Quarterly Report (Q2)                         | Mar 20 (M3)                              | Jun 20 (M6)      | Sep 20 (M9)   | Dec 20 (M12)<br><small>(Non-Election Year Only)</small> |
|   | October 15 Quarterly Report (Q3)                      | Apr 20 (M4)                              | Jul 20 (M7)      | Oct 20 (M10)  | Jan 31 (YE)   |
| <input checked="" type="checkbox"/> January 31 Year-End Report (YE) | July 31 Mid-Year Report (Non-election Year Only) (MY) | (c) 12-Day PRE-Election Report for the:  |                  |               |   |
|   |   | Primary (12P)                            | Convention (12C) | General (12G) | Special (12S)   |
| Termination Report (TER)  | Election on   | (d) 30-Day POST-Election Report for the: |                  |               |   |
|   |   | General (30G)                            | Runoff (30R)     | Special (30S) |   |

5. Covering Period **07 01 2015** through **12 31 2015**

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 **DAVID RICHEY**

Signature of Treasurer  Date **01 14 2016**

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

20160112 10:00:00 AM

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Cass Co Republican Central Committee*

Report Covering the Period: From:

MM ' DD ' YYYY  
07 ' 01 ' 2015

To:

MM ' DD ' YYYY  
12 ' 31 ' 2015

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1, 2015

2015

58,660.53

(b) Cash on Hand at  
Beginning of Reporting Period.....

58,125.75

(c) Total Receipts (from Line 19).....

12,702.18

16,871.70

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

70,827.93

75,532.23

7. Total Disbursements (from Line 31).....

48,118.56

52,822.86

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

22,709.37

22,709.37

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  
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)

Page 3

Write or Type Committee Name

*Cass Co Republican Central Committee (CCRCC)*

Report Covering the Period: From:

*MM ' DD ' YYYY*  
*07 ' 01 ' 2015*

To:

*MM ' DD ' YYYY*  
*12 ' 31 ' 2015*

**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).....
- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

|                  |
|------------------|
|                  |
| <i>12,702.18</i> |
|                  |
|                  |
|                  |

|                  |
|------------------|
|                  |
| <i>16,871.70</i> |
|                  |
|                  |
|                  |

- (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).....▶

|                  |
|------------------|
| <i>12,702.18</i> |
|------------------|

|                  |
|------------------|
| <i>16,871.70</i> |
|------------------|

**12. Transfers From Affiliated/Other Party Committees.....**

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|--|
|  |
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**13. All Loans Received.....**

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|--|

**14. Loan Repayments Received.....**

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

**15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....**

|  |
|--|
|  |
|--|

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|  |
|--|

**16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

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|--|
|  |
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|  |
|--|

**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))..

|  |
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|  |
|--|

**19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

|                  |
|------------------|
| <i>12,702.18</i> |
|------------------|

|                  |
|------------------|
| <i>16,871.70</i> |
|------------------|

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

|                  |
|------------------|
| <i>12,702.18</i> |
|------------------|

|                  |
|------------------|
| <i>16,871.70</i> |
|------------------|

NON-FEDERAL CONTRIBUTIONS



**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) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

|           |
|-----------|
| 12,702.18 |
| 0         |
| 12,702.18 |
| 48,118.56 |
| 0         |
| 48,118.56 |

|           |
|-----------|
| 16,871.70 |
| 0         |
| 16,871.70 |
| 52,822.86 |
| 0         |
| 52,822.86 |

NON-FEDERAL CONTRIBUTIONS

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                              |                              |                              |                             |                              |              |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                              |                              |                             |                              | PAGE 1 OF 12 |
|   | <input 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)  
**Cass Co Republican Central Comm**

A. **Owens MACHINE & Welding**  
 Mailing Address: **1110 N 6th St**  
 City: **Montecello** State: **IN** Zip Code: **47906**  
 Purpose of Disbursement: **HELLUM TANKS**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07 / 10 / 2015**  
 Amount of Each Disbursement this Period: **738.30**  
 Category/Type: **003**

B. **Cass Co Republican Holding Corp**  
 Mailing Address: **PO Box 791**  
 City: **Logansport** State: **IN** Zip Code: **46947**  
 Purpose of Disbursement: **RENT**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07 / 15 / 2015**  
 Amount of Each Disbursement this Period: **3000.00**  
 Category/Type: **001**

C. **COMCAST**  
 Mailing Address: **41112 Concept Dr**  
 City: **Plymouth** State: **MI** Zip Code: **48170**  
 Purpose of Disbursement: **Phone**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07 / 28 / 2015**  
 Amount of Each Disbursement this Period: **6700**  
 Category/Type: **001**

SUBTOTAL of Disbursements This Page (optional)..... **3805.30**  
 TOTAL This Period (last page this line number only).....

2010-01-21 10:00:00

**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 2 OF 12

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Cross Co Republican Central Comm

Full Name (Last, First, Middle Initial)

**A.** POSTMASTER

Mailing Address: 406 9th St

City: LOGANSPOET State: IN Zip Code: 46947

Purpose of Disbursement: FEC Report Category/Type: 001

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 07 / 29 / 2015

Amount of Each Disbursement this Period: 76.7

**B.** SALIN BANK

Mailing Address: 8455 Keystone Crossing Dr

City: INDIANAPOLIS State: IN Zip Code: 46204

Purpose of Disbursement: STATEMENT FEE Category/Type: 001

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 07 / 31 / 2015

Amount of Each Disbursement this Period: 500

**C.** Owens Machine & Welding

Mailing Address: 1110 N 6th St

City: Monticello State: IN Zip Code: 47906

Purpose of Disbursement: Helium Tank gas - sales tax Category/Type: 003

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08 / 24 / 2015

Amount of Each Disbursement this Period: 246.10

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

2587.7

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

2587.7

NON-FUNCTIONAL DOCUMENT

**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 **12**

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 |

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NAME OF COMMITTEE (In Full)

**Cass Co Republican Central Comm (CCRCC)**

Full Name (Last, First, Middle Initial)

**A.**

Comcast

Mailing Address: 4112 Concept Dr

City: PLYMOUTH, State: MT, Zip Code: 48170

Purpose of Disbursement: Phone

Candidate Name: [ ] Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08/28/2015

Amount of Each Disbursement this Period: 67.04

**B.**

Chamber of Commerce

Mailing Address: 3115 5th St

City: LOGANSPOET, State: IN, Zip Code: 46947

Purpose of Disbursement: Pancake Day

Candidate Name: [ ] Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08/30/2015

Amount of Each Disbursement this Period: 85.00

**C.**

Ted Franklin for Mayor

Mailing Address: 315 S Hillcrest

City: LOGANSPOET, State: IN, Zip Code: 46947

Purpose of Disbursement: Mayoral Campaign

Candidate Name: [ ] Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08/30/2015

Amount of Each Disbursement this Period: 1,350.00

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

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

1,502.04



**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 12

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 |

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NAME OF COMMITTEE (In Full)

CC RCC

Full Name (Last, First, Middle Initial)

A.

Solw Bank

Date of Disbursement

08 / 31 / 2015

Mailing Address

8455 Keystone Crossing De

City State Zip Code

Indianapolis IN 46204

Purpose of Disbursement

Statement Fee

Amount of Each Disbursement this Period

500

Candidate Name

001

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

COMMITTEE TO REELECT CAROL SUE HAYWORTH

Date of Disbursement

09 / 20 / 2015

Mailing Address

603 TANQUY ST

City State Zip Code

LOGANSPOET IN 46947

Purpose of Disbursement

Campaign - Treasurer/Clerk

Amount of Each Disbursement this Period

100.00

Candidate Name

003

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

JOE BUCK

Date of Disbursement

09 / 20 / 2015

Mailing Address

325 BURLINGTON AVE

City State Zip Code

LOGANSPOET IN 46947

Purpose of Disbursement

Campaign - City Council

Amount of Each Disbursement this Period

50.00

Candidate Name

003

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

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

155.00

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 5 OF 12

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 |

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NAME OF COMMITTEE (In Full)

CC RCC

Full Name (Last, First, Middle Initial)

A.

Bob Bishop

Date of Disbursement

09 / 20 / 2015

Mailing Address

308 S Hillcrest

City Logansport IN State IN Zip Code 46947

Purpose of Disbursement

Campaign - City Council

Amount of Each Disbursement this Period

50.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Category/Type

Full Name (Last, First, Middle Initial)

B.

Mid-America Radio Group

Date of Disbursement

09 / 23 / 2015

Mailing Address

PO Box 719

City Logansport IN State IN Zip Code 46947

Purpose of Disbursement

Radio Ad

Amount of Each Disbursement this Period

2400.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Category/Type

Full Name (Last, First, Middle Initial)

C.

Comcast

Date of Disbursement

09 / 28 / 2015

Mailing Address

4112 Concept Dr

City Plymouth MI State MI Zip Code 48170

Purpose of Disbursement

Phone

Amount of Each Disbursement this Period

67.04

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Category/Type

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

2517.04

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

2517.04

**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 12

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

CCRCE

Full Name (Last, First, Middle Initial)

A. Splin Bank

Date of Disbursement

09 / 30 / 2015

Mailing Address

8455 Keystone Crossing Dr

City State Zip Code

Indianapolis IN 46204

Purpose of Disbursement

Statement Fee

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

500

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Boon Dockers

Date of Disbursement

10 / 2 / 2015

Mailing Address

1 Eel River Ave

City State Zip Code

Logansport IN 46947

Purpose of Disbursement

Fall Fund Raise

Candidate Name

003

Category/  
Type

Amount of Each Disbursement this Period

2173.55

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Postmaster

Date of Disbursement

10 / 13 / 2015

Mailing Address

406 9th St

City State Zip Code

Logansport IN 46947

Purpose of Disbursement

Stamps

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

98.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2276.55

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

2276.55

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                              |                              |                              |                             |                              |              |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                              |                              |                             |                              | PAGE 7 OF 12 |
|   | <input 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 |              |

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NAME OF COMMITTEE (In Full)  
**CC R CC**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Teresa Popejoy</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 13 / 2015</b> |
| Mailing Address<br><b>915 20th St</b>   |  |   |
| City<br><b>Logansport IN</b>  | State<br><b>IN</b>   | Zip Code<br><b>46942</b>  |
| Purpose of Disbursement<br><b>Campaign - City Council</b>   |  | Amount of Each Disbursement this Period<br><b>50.00</b>         |
| Candidate Name<br><b>Campaign - City Council</b>  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mike Stajduhar</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 13 / 2015</b> |
| Mailing Address<br><b>2606 High St</b>  |  |   |
| City<br><b>Logansport IN</b>  | State<br><b>IN</b>   | Zip Code<br><b>46942</b>  |
| Purpose of Disbursement<br><b>Campaign - City Council</b>   |  | Amount of Each Disbursement this Period<br><b>50.00</b>         |
| Candidate Name<br><b>Campaign - City Council</b>  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Gary Fox</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 14 / 2015</b> |
| Mailing Address<br><b>134 Wheatland Ave</b>   |  |   |
| City<br><b>Logansport IN</b>  | State<br><b>IN</b>   | Zip Code<br><b>46942</b>  |
| Purpose of Disbursement<br><b>Campaign - City Council</b>   |  | Amount of Each Disbursement this Period<br><b>50.00</b>         |
| Candidate Name<br><b>Campaign - City Council</b>  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |                |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional).....▶      | <b>1,50.00</b> |
| TOTAL This Period (last page this line number only).....▶ |                |

2015-10-13 10:00:00

**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 8 OF 12

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 |

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NAME OF COMMITTEE (In Full)

CCRC

Full Name (Last, First, Middle Initial)

A. TEO FRANKLIN FOR Mayor

Mailing Address

315 S Hillcrest

City

Logansport

State

IN

Zip Code

46942

Purpose of Disbursement

Mayoral Campaign

Candidate Name

001  
Category/  
Type

Date of Disbursement

10 / 29 / 2015

Amount of Each Disbursement this Period

29,700.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO REELECT COL. SUE HAYWORTH

Mailing Address

603 TANGUY ST

City

Logansport

State

IN

Zip Code

46947

Purpose of Disbursement

Campaign - Treasurer/Clerk

Candidate Name

001  
Category/  
Type

Date of Disbursement

10 / 19 / 2015

Amount of Each Disbursement this Period

5,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. MARK IT TED

Mailing Address

PO Box 772

City

Lebanon

State

IN

Zip Code

46052

Purpose of Disbursement

Campaign Resource

Candidate Name

001  
Category/  
Type

Date of Disbursement

10 / 26 / 2015

Amount of Each Disbursement this Period

1,656.24

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

36,356.24

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

36,356.24

**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  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
CCRC

A. Full Name (Last, First, Middle Initial)  
POST MASTER

Mailing Address  
406 9th St

City Logansport State IN Zip Code 46947

Purpose of Disbursement  
Stamps

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM/DD/YYYY  
10/26/2015

Amount of Each Disbursement this Period  
196.00

Category/Type  
00.1

B. Full Name (Last, First, Middle Initial)  
Comcast

Mailing Address  
4112 Concept Dr

City Plymouth State MI Zip Code 48170

Purpose of Disbursement  
Phone

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM/DD/YYYY  
10/28/2015

Amount of Each Disbursement this Period  
67.01

Category/Type  
00.1

C. Full Name (Last, First, Middle Initial)  
Solin Bank

Mailing Address  
8455 Keystone Crossing Dr

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Statement Fee

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM/DD/YYYY  
10/30/2015

Amount of Each Disbursement this Period  
50.00

Category/Type  
00.1

SUBTOTAL of Disbursements This Page (optional)..... 268.01

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

2015 RELEASE UNDER E.O. 13526

**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 0 OF 12 |
|   | <input 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 |              |

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NAME OF COMMITTEE (In Full)  
**CC RCC**

**A.** Full Name (Last, First, Middle Initial)  
**RICH McClain**

Date of Disbursement  
11 / 13 / 2015

Mailing Address  
**2135 S Rogevue Way**

City  
**LOGANSPOET IN 46947**

Purpose of Disbursement  
**Tone - Reimbursement**

Candidate Name  
**Tone - Reimbursement**

Amount of Each Disbursement this Period  
**855.9**

Category/Type  
**001**

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

State: District:

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST**

Date of Disbursement  
11 / 28 / 2015

Mailing Address  
**4112 Concept Dr**

City  
**PLYMOUTH MI 48170**

Purpose of Disbursement  
**Phone**

Candidate Name

Amount of Each Disbursement this Period  
**670.1**

Category/Type  
**001**

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

State: District:

**C.** Full Name (Last, First, Middle Initial)  
**SALIN BOWE**

Date of Disbursement  
11 / 30 / 2015

Mailing Address  
**8455 Keystone Crossing Dr**

City  
**INDIANAPOLIS IN 46204**

Purpose of Disbursement  
**Statement Fee**

Candidate Name

Amount of Each Disbursement this Period  
**500**

Category/Type  
**001**

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

State: District:

SUBTOTAL of Disbursements This Page (optional)..... **1576.0**

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

NOTED BY: [unclear]

**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 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 |

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NAME OF COMMITTEE (In Full)

CCRCC

Full Name (Last, First, Middle Initial)

A. Joseph Keyes

Date of Disbursement

12 / 05 / 2015

Mailing Address

5847 SCOTT - ION CT

City: INDIANAPOLIS State: IN Zip Code: 46254

Purpose of Disbursement: CHRISTMAS PARTY ENTERTAINMENT  
Candidate Name

003  
Category/  
Type

Amount of Each Disbursement this Period

200.00

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

Full Name (Last, First, Middle Initial)

B. Logansport Shrine Club

Date of Disbursement

12 / 05 / 2015

Mailing Address

415 High St

City: LOGANSPORT State: IN Zip Code: 46947

Purpose of Disbursement: CHRISTMAS PARTY CATEROR  
Candidate Name

003  
Category/  
Type

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)

C. Conn. Coast

Date of Disbursement

12 / 28 / 2015

Mailing Address

4112 Concept Dr

City: PLYMOUTH State: MI Zip Code: 48170

Purpose of Disbursement: None  
Candidate Name

001  
Category/  
Type

Amount of Each Disbursement this Period

667.01

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

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

667.01

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

667.01



**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 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 |

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Solu Bank

Date of Disbursement

12 / 31 / 2015

Mailing Address

8455 Keystone Crossing Dr

City State Zip Code

INDIANAPOLIS IN 46204

Purpose of Disbursement

STATEMENT FEE

Candidate Name

Other

Category/  
Type

Amount of Each Disbursement this Period

500

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Other

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Other

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

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

500

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

48,118.56

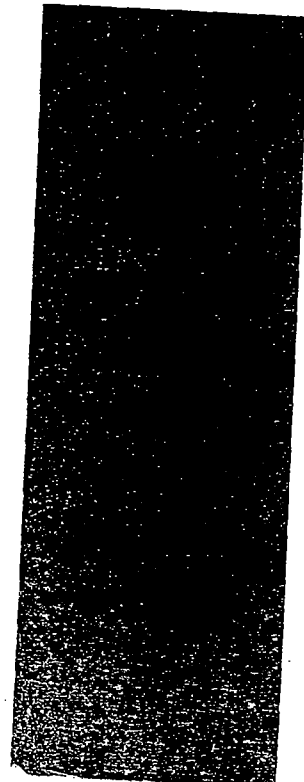
cc

BOX 791

USPOET NO 46947



7015 0920 0001 0470 0468



FEDERAL ELECTION COMMISSION  
999 E STREET NW  
WASHINGTON, DC 20463

NO. 10 01 21 01 000400014

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| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br><b>1/16/16</b> |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked                         |
| <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      |

PREPARER  
(3/2015)



**1/21/16**  
DATE PREPARED

NOTATION: ON 000508115