

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEDERAL OPERATIONS CENTER

NOV 01 21 A 2:50

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT

Example: If typing, type over the lines.

12/15/05

MICHIGAN COUNTY REPUBLICAN COMMITTEE

ADDRESS (number and street)

POST OFFICE BOX 100

Check if different than previously reported. (ACC)

MICHIGAN

MI

48640

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00109116

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (Y1)

(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 (TR)

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

Primary (12P)

General (12G)

Special (12S)

Convention (12C)

Special (12S)

Election on

11 03 2004

in the State of

MI

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

11 03 2004

in the State of

5. Covering Period

10 01 2004

through

10 31 2004

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

[Handwritten Signature]

Date

10 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6407g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name:

MIDLAND COUNTY REPUBLICAN COMMITTEE

Report Covering the Period From: 10 01 2004 To: 10 13 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		22984.25
(b) Cash on Hand at Beginning of Reporting Period	20,029.80	
(c) Total Receipts (from Line 13)	1,700.00	35,852.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20,199.80	58,836.48
7. Total Disbursements (from Line 21)	19,053.50	40,542.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(c))	18,294.45	18,294.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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. 02/2008)

Page 3

Write or Type Committee Name

MIDLAND COUNTY REPUBLICAN COMMITTEE

Report Covering the Period:

From:

10 01 2004

To:

10 13 2004

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)	000	
(ii) Unitemized	17000	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)) ▶	17000	3518384
(b) Political Party Committees	000	35000
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(i), (b), and (c)) (Carry		
Totals to Line 83, page 5) ▶	17000	3553384
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 87, page 5)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)	000	31839
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule M3)		
(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)) ▶	17000	3585223
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	17000	3585223

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	1690.35	30892.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1690.35	30892.03
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	215.00	2150.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (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 Lines 28(a), (b), and (c))		
29. Other Disbursements <i>Non-Federal Candidates</i>		7500.00
30. Federal Election Activity (2 U.S.C. 5431(20))		
(a) Allocated Federal Election Activity (from Schedule M8)		
(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, 24, 25, 26, 27, 28(d), 29 and 30(c))	1905.35	40542.03
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	1905.35	40542.03

DETAILED SUMMARY PAGE
of Disbursements

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)	17000	3553284
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17000	3553384
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	190535	4054203
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	173535	(500819)

**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 4	
<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 21c	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. LJM Leasing		Date of Disbursement 10 01 2004
Mailing Address 213 E Main		Amount of Each Disbursement this Period 610.00
City Midland	State Mi	
Zip Code 48640		Category Type CO1
Purpose of Disbursement Co. Portion of HQ Rent		
Candidate Name		
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: _____	

Full Name (Last, First, Middle Initial) B. Postmaster		Date of Disbursement 10 01 2004
Mailing Address 2400 Rudd		Amount of Each Disbursement this Period 185.00
City Midland	State Mi	
Zip Code 48640		Category Type CO1
Purpose of Disbursement Stamps		
Candidate Name		
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: _____	

Full Name (Last, First, Middle Initial) C. Kelly Services		Date of Disbursement 10 01 2004
Mailing Address 1212 Solutions Center		Amount of Each Disbursement this Period 136.56
City Chicago	State IL	
Zip Code 60617		Category Type CO1
Purpose of Disbursement Temp Service Wages		
Candidate Name		
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: _____	

SUBTOTAL of Disbursements This Page (optional)	931.56
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"/> 21c	<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"/> 29
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NAME OF COMMITTEE (or Fund)

MIDLAND COUNTY REPUBLICAN COMMITTEE

Full Name (Last, First, Middle Initial)

A. AT & T

Date of Disbursement

10/09/2004

Mailing Address

P.O. Box 27-60

Amount of Each Disbursement this Period

43.91

City

Kansas City

State

MO

Zip Code

64180

Purpose of Disbursement

Long Distance Phone Service

OOI

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Consumers Energy

Date of Disbursement

10/09/2004

Mailing Address

Amount of Each Disbursement this Period

236.44

City

Jackson

State

MI

Zip Code

48937

Purpose of Disbursement

Gas + Electric

OOI

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SBC

Date of Disbursement

10/09/2004

Mailing Address

Amount of Each Disbursement this Period

190.81

City

Saginaw

State

MI

Zip Code

48603

Purpose of Disbursement

Telephone Service

OOI

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

471.16

SUBTOTAL of Disbursements This Page (optional)

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"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Midland County Republican Committee

A. Burnside + Lang
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5715 Eastman Ave**
 City: **Midland** State: **MI** Zip Code: **48640**
 Purpose of Disbursement: **Accounting Services** Category Type: **001**
 Candidate Name: _____
 Office Sought: _____ Disbursement For: General
 State: _____ District: _____

Date of Disbursement: **10 11 2004**
 Amount of Each Disbursement this Period: **15.00**

B. Village Green
 Full Name (Last, First, Middle Initial)
 Mailing Address: **715 S. Saginaw**
 City: **Midland** State: **MI** Zip Code: **48640**
 Purpose of Disbursement: **Volunteer Gift** Category Type: **003**
 Candidate Name: _____
 Office Sought: _____ Disbursement For: General
 State: _____ District: _____

Date of Disbursement: **10 11 2004**
 Amount of Each Disbursement this Period: **56.13**

C. Judith Rapanos
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1012 W. Sugar**
 City: **Midland** State: **MI** Zip Code: **48640**
 Purpose of Disbursement: **Reimburse Food Expenses** Category Type: **007**
 Candidate Name: _____
 Office Sought: _____ Disbursement For: General
 State: _____ District: _____

Date of Disbursement: **10 13 2004**
 Amount of Each Disbursement this Period: **57.18**

SUBTOTAL of Disbursements This Page (optional) **128.31**

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of this
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"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Midland County Republican Committee

A.

Full Name (Last, First, Middle Initial)
Kelly Services

Mailing Address
Data Solutions Center

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Temp Service Wages

Candidate Name

Category Type 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
10 13 2004

Amount of Each Disbursement this Period
159.32

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 159.32

TOTAL This Period (last page this line number only) 1,690.35

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

Use separate schedules for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 28	<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)
Midland Co. REPUBLICAN COMMITTEE

A.

Full Name (Last, First, Middle Initial): **L M Leasing**

Date of Disbursement: **10 of 2004**

Mailing Address: **213 E. Main**

City: **Midland** State: **MI** Zip Code: **48640**

Purpose of Disbursement: **In-kind Rent** Category/Type: **011**

Candidate Name: **Dave Camp**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MI** District: **04**

Amount of Each Disbursement this Period: **215.00**

B.

Full Name (Last, First, Middle Initial): _____

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: _____

C.

Full Name (Last, First, Middle Initial): _____

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional)	215.00
TOTAL This Period (last page this line number only)	215.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-15-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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

[Signature]
 PREPARER

(5/2004)

10-21-04
 DATE PREPARED