

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 JUL 23 Office Use Only AHID: 32

1. NAME OF COMMITTEE (in full) TYPE OR PRINT T Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER Committee to Elect Arcand for Congress

ADDRESS (number and street) 416 Washington Ave Iron River MI 49935-1

2. FEC IDENTIFICATION NUMBER T C00555664 3. IS THIS REPORT X NEW (N) OR AMENDED (A) MI 1011

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 04'01'2014 through 06'30'2014

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 Rebecca Peterson Signature of Treasurer Rebecca Peterson Date 07'14'2014

1103001-1-00001-00001

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Committee to Elect Arcand for Congress

Report Covering the Period: From:

04 01 2014

To:

06 30 2014

**COLUMN A  
This Period**

**COLUMN B  
Election Cycle-to-Date**

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e))....

~~21000.00~~  
18428.57

(b) Total Contribution Refunds  
(from Line 20(d)) .....

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)).....

18428.57

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

22 125.38

(b) Total Offsets to Operating  
Expenditures (from Line 14).....

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)).....

22 125.38

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

6107.73

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).....

**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 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Committee to Elect Arcand for Congress

Report Covering the Period:

From:

04 01 2014

To:

06 30 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) ~~510,705.00~~ <sup>RP</sup> 6903.00

(ii) Unitemized ~~5775.89~~ <sup>RP</sup>

(iii) TOTAL of contributions from individuals 12,500.00

(b) Political Party Committees ~~328.00~~

(c) Other Political Committees (such as PACs) 0

(d) The Candidate ~~5622.00~~

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) 18,428.57

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0

13. LOANS: (a) Made or Guaranteed by the Candidate 0

(b) All Other Loans 0

(c) TOTAL LOANS (add Lines 13(a) and (b)) 0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) 0

15. OTHER RECEIPTS (Dividends, Interest, etc.) 0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) 18,428.57

11000000 11000000 11000000

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

22125.38

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

19. LOAN REPAYMENTS:  
(a) Of Loans Made or Guaranteed  
by the Candidate.....

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. 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 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS .....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

22125.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

9804.54

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

18428.57

25. SUBTOTAL (add Line 23 and Line 24).....

28233.11

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

22125.38

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

6107.73

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

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

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)  
The Committee to Elect Arcand for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephanie Jacobson

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. C00555664

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
, 400.00

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

Mailing Address  
PO Box 275

City Argonne State WI Zip Code 54151

FEC ID number of contributing federal political committee. C00555664

Name of Employer Retired Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
04 '09' 2014

Amount of Each Receipt this Period  
, 200.00

**C.** Full Name (Last, First, Middle Initial)  
~~George Satic~~

Mailing Address  
~~1302 Peninsula Dr.~~

City ~~Traverse City~~ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
, , ,

**SUBTOTAL** of Receipts This Page (optional).....600.00

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

UNCLASSIFIED CONFIDENTIAL

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 4

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

The Committee to Elect Arcand for Congress

Full Name (Last, First, Middle Initial)

A. Diane Mitchell

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C 00555664

Name of Employer

Occupation

Receipt For:

Primary General  
Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Eugene Corollo

Mailing Address

P.O. Box 216

City State Zip Code

Lron Mountain MI 49801

FEC ID number of contributing federal political committee.

C 00555664

Name of Employer

Occupation

Receipt For:

Primary General  
Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Larry Lilenthal

Mailing Address

411 Lincon Street

City State Zip Code

Lron Mountain MI 49801

FEC ID number of contributing federal political committee.

C 00555664

Name of Employer

Occupation

Self-employed

Receipt For:

Primary General  
Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

Amount of Each Receipt this Period

2000.00

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

The Committee to Elect Arcand for Congress

Full Name (Last, First, Middle Initial)

A. George Galic  
Mailing Address: 1302 Peninsula Drive  
City: Traverse City State: MI Zip Code: 49686  
FEC ID number of contributing federal political committee: C 00555664  
Name of Employer: Unknown Occupation:  
Receipt For:  Primary General Election Cycle-to-Date:  
Other (specify):

Date of Receipt: 05 13 2014

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mary Galic  
Mailing Address: 1302 Peninsula Dr.  
City: Traverse City State: MI Zip Code: 49686  
FEC ID number of contributing federal political committee: C 00555664  
Name of Employer: Unknown Occupation:  
Receipt For:  Primary General Election Cycle-to-Date:  
Other (specify):

Date of Receipt: 06 20 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Carol Kolinsky  
Mailing Address:  
City: State: Zip Code:  
FEC ID number of contributing federal political committee: C 00555664  
Name of Employer: Occupation:  
Receipt For:  Primary General Election Cycle-to-Date:  
Other (specify):

Date of Receipt:

Amount of Each Receipt this Period

400.00

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

1300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **4** OF **4**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

**A. Jason Gillman**

Mailing Address

**933 Avenue D #**

City

**Traverse City**

State

**MI**

Zip Code

**49686**

FEC ID number of contributing federal political committee.

**C 00555664**

Name of Employer

Occupation

Receipt For:

Primary      General  
Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**B. Ralph Doble**

Mailing Address

**8155 Whitetail Drive**

City

**Wolverine**

State

**MI**

Zip Code

**49719**

FEC ID number of contributing federal political committee.

**C 00555664**

Name of Employer

Occupation

Receipt For:

Primary      General  
Other (specify)

Election Cycle-to-Date

Date of Receipt

**06 24 2014**

Amount of Each Receipt this Period

**1725.00**

Full Name (Last, First, Middle Initial)

**C. ACE Group**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary      General  
Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**278.00**

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

**2503.00**

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

**6903.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 1 OF 2	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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)  
The Committee to Elect Arcand for Congress

Full Name (Last, First, Middle Initial) <b>A. Ramada Lansing Hotel</b>		Date of Disbursement <b>05 16 2014</b>
Mailing Address <b>7501 W. Saginaw Hwy</b>		Amount of Each Disbursement this Period  <b>244.16</b>
City <b>Lansing</b>	State <b>MI</b>	
Zip Code <b>48917</b>		
Purpose of Disbursement <b>Travel expenses</b>		
Candidate Name <b>Alan Arcand</b>		Category/Type <b>002</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>M</b> District:		

Full Name (Last, First, Middle Initial) <b>B. US Printers</b>		Date of Disbursement <b>04 24 2014</b>
Mailing Address <b>W 4763 Oakwood Rd #10</b>		Amount of Each Disbursement this Period  <b>493.00</b>
City <b>Daggett</b>	State <b>MI</b>	
Zip Code <b>49821</b>		
Purpose of Disbursement <b>Signs</b>		
Candidate Name <b>Alan Arcand</b>		Category/Type <b>003</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MI</b> District: <b>1</b>		

Full Name (Last, First, Middle Initial) <b>C. ICU</b>		Date of Disbursement <b>06 17 2014</b>
Mailing Address <b>2748 Garfield Rd N. Unit 12</b>		Amount of Each Disbursement this Period  <b>450.00</b>
City <b>Traverse City</b>	State <b>MI</b>	
Zip Code <b>49686</b>		
Purpose of Disbursement <b>Advertising</b>		
Candidate Name <b>Alan Arcand</b>		Category/Type <b>004</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MI</b> District: <b>1</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1187.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
The Committee to Elect Arcand for Congress

Full Name (Last, First, Middle Initial) A. <u>Precision Signs</u>		Date of Disbursement <u>06 10 2014</u>	
Mailing Address <u>6125 Valley Dr.</u>		Amount of Each Disbursement this Period  <u>4000.00</u>	
City <u>Bentley</u>	State <u>IA</u>		Zip Code <u>52722</u>
Purpose of Disbursement <u>Signs</u>	Category/ Type <u>003</u>		
Candidate Name <u>Alan Arcand</u>			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: <u>MI</u> District: <u>1</u>			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	<u>4000.00</u>
TOTAL This Period (last page this line number only) .....	<u>5187.16</u>

11030001-1-2009

**SCHEDULE C (FEC Form 3)  
LOANS**

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

PAGE  OF

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)

*The Committee to Elect Arcand for Congress*

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)	Election: Primary General Other (specify) ▼
Mailing Address	

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:	
				% (apr)	Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page ____ of Schedule C
--

NAME OF COMMITTEE (In Full) <i>The Committee to Elect Arcand for Congress</i>	FEC IDENTIFICATION NUMBER C00555664
--	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City                          State    Zip Code	Date Due	

A. Has loan been restructured?    No    Yes    If yes, date originally incurred	
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:
C. Are other parties secondarily liable for the debt incurred? No    Yes    (Endorsers and guarantors must be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No    Yes    If yes, specify: _____	What is the value of this collateral?  Does the lender have a perfected security interest in it?    No    Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?    No    Yes    If yes, specify: _____	What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____	Location of account: Address: City, State, Zip: _____
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.	

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE _____
---	------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	Title _____	DATE _____
--	-------------	------------

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/>	9
		<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
*The Committee to Elect Arcan for Congress*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....	▶
2) TOTALS This Period (last page this line number only) .....	▶
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	▶
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	▶

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>The Committee to Elect Arcand for Congress</i>	Report Covering Period: From: <i>04 01 2014</i>	To: <i>06 30 2014</i>
---	--	-----------------------

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A		
B	Column Total Last Page Only.....	

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						

	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						

	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						

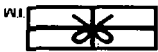
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						

	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

1100001-1100001-1100001

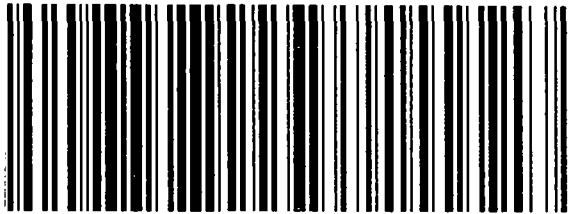
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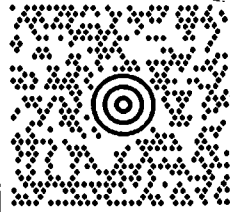
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