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FEC MAIL CENTER

**FEC FORM 1** | **STATEMENT OF ORGANIZATION** | Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. **12FE4M5**

**Paul Mitchell for Congress**

ADDRESS (number and street) **P.O. Box 430**

(Check if address is changed) **DeWitt MI 48820**  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) **info@paulmitchellforcongress.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) **www.paulmitchellforcongress.com**

2. DATE **05 28 2014**

3. FEC IDENTIFICATION NUMBER **C**

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type of Print Name of Treasurer **Randall R. Rupp**

Signature of Treasurer *[Handwritten Signature]* Date **05 29 2014**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only | For further information contact: Federal Election Commission, Toll Free 800-426-9836, Local 202-696-1300 | **FEC FORM 1** (Revised 02/2009)



**SAMANTHA ARTLEY** | POLITICAL DIRECTOR  
(m) 248.765.4055  
sam@paulmitchellforcongress.com  
www.paulmitchellforcongress.com

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Paul Mitchell III

Candidate Party Affiliation: REP Office Sought:  House  Senate  President State: MI District: 04

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 8.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee).
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 8.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number: C
2. \_\_\_\_\_ FEC ID number: C
3. \_\_\_\_\_ FEC ID number: C
4. \_\_\_\_\_ FEC ID number: C

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Write or Type Committee Name

Paul Mitchell for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name James R. Gerding

Mailing Address P.O. Box 2025

[Empty grid lines for address]

Saginaw MI 48605

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records Telephone number 989 - 797 - 8309

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Randall R. Rupp

Mailing Address P.O. Box 2025

[Empty grid lines for address]

Saginaw MI 48605

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 989 - 797 - 8309

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Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY STATE ZIP CODE

Title or Position \_\_\_\_\_ Telephone number \_\_\_\_\_

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Merit Bank \_\_\_\_\_

Mailing Address

Fashion Square Branch \_\_\_\_\_

4700 Bay Road \_\_\_\_\_

Saginaw MI 48604 \_\_\_\_\_

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

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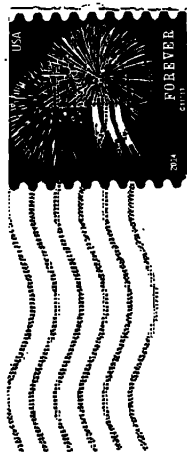
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**PAUL**  **MITCHELL**  
**REPUBLICAN FOR CONGRESS**

P.O. Box 6887, Saginaw, MI 48608

GRAND RAPIDS MI 493

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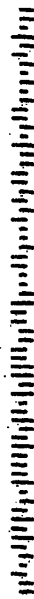


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Federal Elections Commission  
999 E Street, N.W.  
Washington, DC 20463



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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6/2/14
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<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	6/9/14 DATE PREPARED

(8/2013)

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