

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 APR 21 AM 7:32
Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 C MAIL CENTER

CASS COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

P.O. BOX 791

(Check if address is changed)

LOGANSPORT IN 46947

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 03 2014

3. FEC IDENTIFICATION NUMBER

C00020453

4. IS THIS STATEMENT

NEW (N)

OR

X

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 or Print Name of Treasurer

DAVID RICHEY

Signature of Treasurer

[Handwritten Signature]

Date

04 03 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 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031223680

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 _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) 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 6.)

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

14031223681

Write or Type Committee Name

CASS CO REPUBLICAN CENTRAL COMMITTEE

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

DESTRY RICHEY

Mailing Address

3017 GREEN HILLS DR

LOGANSPORT

IN

46947

Title or Position

CITY

STATE

ZIP CODE

SECRETARY

Telephone number

574-516-17842

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

DAVID RICHEY

Mailing Address

3017 GREEN HILLS DR

LOGANSPORT

IN

46947

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

574-516-17839

14031223682

Full Name of Designated Agent

RICH MCCLAIM

Mailing Address

2135 S RIDGEVIEW WAY

[Empty address line]

LOGANSPORT

CITY

IN

STATE

46947

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

574-652-2895

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.

[Empty name field]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name field]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

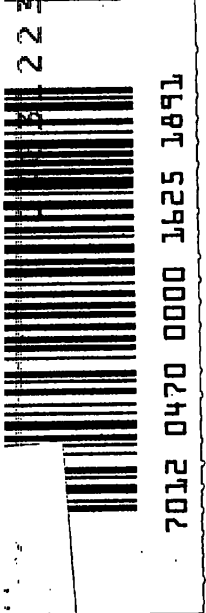
STATE

ZIP CODE

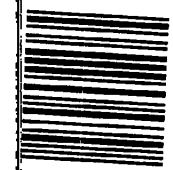
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1005, IN 416947

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WASHINGTON, DC 20463

REC-
2014 APR 21 AM 7:32
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Federal Election Commission
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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

4/21/14
DATE PREPARED

14031223683