

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

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

KENT COUNTY REPUBLICAN COMMITTEE

ADDRESS (Number and street)

284 LEONARD ST NW (Check if address is changed)**GRAND RAPIDS****MI****49504**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MHELMERS@KENTGOP.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.KENTGOP.ORG

COMMITTEE'S FAX NUMBER

61645900802. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
01 / 07 / 20063. FEC IDENTIFICATION NUMBER **C C00393355**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 or Print Name of Treasurer **Mr. RUSTY RICHTER**Signature of Treasurer Electronically Filed by **Mr. RUSTY RICHTER**Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
01 / 07 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY A

STATE A

ZIP CODE A

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

KENT COUNTY REPUBLICAN COMMITTEE

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 **Ms MARILEW HELMERS**

Mailing Address **15418 WINCHESTER CIRCLE**

GRAND HAVEN MI 49417

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

RECORD KEEPER Telephone number 616 458 0141

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

Mailing Address

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

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.

LAKE MICHIGAN CREDIT UNION

Mailing Address

POB 2848

GRAND RAPIDS

MI

49501

CITY Δ

STATE Δ

ZIP CODE Δ