



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 08/24/20 to 10/18/20

1. Committee I.D. Number  
**075500**

2. Committee Name  
Eric Dorrien for Midland County Commissioner

4. Candidate Last Name Dorrien First Name Eric M.I. A.

4a. Office Sought Including District # or Community Served (If applicable)  
**Midland County Commissioner - District #6**

4b. County of Residence **MIDLAND**

5. Committee's Mailing Address  
**3207 Dawn Drive  
Midland, MI 48642**

Area Code and Phone (989) 615-1982  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address  
**Eric Dorrien  
3207 Dawn Drive  
Midland, MI 48642**

Area Code & Phone (989) 615-1982

**FILED**  
TIME \_\_\_\_\_  
**OCT 22 2020**  
ANN MANARY  
COUNTY CLERK  
MIDLAND, MICHIGAN

7. Treasurer's Business Address  
**200 E. Main, Ste 230  
Midland, MI 48640**

Area Code and Phone (989) 615-1982

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)  
**Jacqueline Medema  
4621 Forestview Drive  
Midland, MI 48642**

Area Code and Phone (989) 878-0987

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
11/03/20

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) Coverage Year

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Jacqueline Medema, J.M. Medema Date 10/19/2020  
Type or Print Name Signature

Candidate Eric Dorrien, [Signature] Date 10/19/20  
Type or Print Name Signature

## IN-KIND CONTRIBUTIONS (1-K) CANDIDATE COMMITTEE

• Committee ID	75500-0
• Committee Name	Eric Dorrien for Midland Co. Comm.
• Document Name	Pre-Election General

## # 4103- -Add

**PAC Receipt?:**                      **Date of Receipt:** 10/12/2020                      **Amt:** 505.72                      **Cumul:** 505.72

**Name:** Midland Co. Rep. Committee                      **Occupation:**

**Address:** PO Box 2171

**City:** Midland **State:** MI

**Zip:** 48641-2171

**Fund Raiser:**

**Employer:**

**Business Address:**

**City: State:**

**Zip:**

**Vendor Name:** QRP

**Vendor Address:** 3000 James Savage Road

**City:** Midland **State:** MI

**Zip:** 48642

**Type of In-Kind Contribution:** Goods or Services Purchased by Candidate or Others

**Description:** Yard signs

## # 4108- -Add

**PAC Receipt?:**                      **Date of Receipt:** 10/13/2020                      **Amt:** 1378.99                      **Cumul:** 1884.71

**Name:** Midland Co. Rep. Committee                      **Occupation:**

**Address:** PO Box 2171

**City:** Midland **State:** MI

**Zip:** 48641-2171

**Fund Raiser:**

**Employer:**

**Business Address:**

**City: State:**

**Zip:**

**Vendor Name:** U.S. Postmaster-Midland

**Vendor Address:** 2900 Rodd Street

**City:** Midland **State:** MI

**Zip:** 48640

**Type of In-Kind Contribution:** Goods or Services Purchased by Candidate or Others

**Description:** Postage for direct mail postcard

## # 4100- -Add

**PAC Receipt?:**                      **Date of Receipt:** 10/15/2020                      **Amt:** 1417.71                      **Cumul:** 3302.42

**Name:** Midland Co. Rep. Committee                      **Occupation:**

**Address:** PO Box 2171

**City:** Midland **State:** MI

**Zip:** 48641-2171

**Fund Raiser:**

**Employer:**

**Business Address:**

**City: State:**

**Zip:**

**Vendor Name:** QRP

**Vendor Address:** 3000 James Savage Road

**City:** Midland **State:** MI

**Zip:** 48642

**Type of In-Kind Contribution:** Goods or Services Purchased by Candidate or Others

**Description:** Print direct mail postcard

<b>Schedule Total</b>	<b>\$ 3,302.42</b>
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Information on this form is made public.

1. Committee ID #: <b>075500</b>	*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: <b>6c, 9, 10, 11</b>	Eff. Date: <b>10/18/2020</b>
*3. Full Name of Committee (must include Candidate's first and last name): <b>Eric Dorrien for Midland County Commissioner - District 6</b>		
*4a. Candidate Full Name: Last Name <b>Dorrien</b>	First Name <b>Eric</b>	M.I. <b>A</b>
*4b. Political Party (if applicable): <b>Republican Party</b> <input type="checkbox"/>	*4c. County of Residence: <b>MIDLAND</b> <input type="checkbox"/>	
*4d. Office Sought: <b>County Commissioner</b> <input type="checkbox"/>	*4e. District or Jurisdiction: <b>District 6</b>	
*5. Date Committee was Formed: <b>05/04/2012</b>		
*6a. Committee Phone: <b>(989) 615-1982</b>	6b. Committee Fax #:	
*6c. Committee Email Address: <b>medemajm@aol.com</b>	6d. Committee Website Address:	
*7a. Complete Committee Mailing Address (May be PO Box): <b>3207 Dawn Drive, Midland, MI 48642</b>		FILED
*7b. Complete Committee Street Address (May not be PO Box): <b>3207 Dawn Drive, Midland, MI 48642</b>		TIME _____
*8. Treasurer Name and Complete Residential Address: <b>Eric Dorrien, 3207 Dawn Drive, Midland, MI 48642</b>		OCT 22 2020
Phone #: <b>(989) 615-1982</b>	Email Address: <b>ANN MANARY COUNTY CLERK MIDLAND, MICHIGAN</b>	
9. Designated Record Keeper Name and Complete Address: <b>Jacqueline Medema, 4621 Forestview Drive, Midland, MI 48642</b>		
Phone #: <b>(989) 878-0987</b>	Email Address: <b>medemajm@aol.com</b>	
*10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. <i>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</i>  <input checked="" type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <a href="#">Appendix C</a> of the Committee Manual.		
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): <b>TCF Bank, 333 E. Main Street, Midland, MI 48640</b>  Secondary Depository (name and address):		
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)		
*Candidate:	Date: <b>10/19/20</b>	*Current Treasurer
*Designated Record Keeper (If Applicable):	Date: <b>10/19/2020</b>	

