FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	treet) 139 Ashman Street #461	
X (Check if address is changed)	Midland	48640
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	midlandgop@tm.net	<u> </u>
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address	www.midlandgon.org	
is changed)		
2. DATE M M	/ D D / Y Y Y 31 / 2011	
3. FEC IDENTIFICA	TION NUMBER C C00109116	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	i complete
Type or Print Name of ⁻	Treasurer Eric J. Friedman	
Signature of Treasurer	Electronically Filed by Eric J. Friedman	Date 07 / 31 / Y Y Y Y 0 7 / 31
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office	For further information co	ontact:

Office Use		For further information contact: Federal Election Commission	FEC FORM 1
Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

		FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	OFCC	DMMITTEE (Check One)	
			ommittee:	
	(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 th information below.)	e candidate
	Name Cand			
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Party	Comm	ittee:	
	(d)	X	SUB (National, State (or subordinate) committee of the Rep	(Democratic, Republican,etc.) Party.
	Politi	cal Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
			Corporation Corporation w/o Capital Stock Lab	or Organization
			Membership Organization Trade Association Co	operative
			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 committee. (i.e., nonconnected committee)	fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	Fundrai	sing Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	nittees Participating in Joint Fundraiser	

1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

FEC Form 1	(Revised 02/2009)

Write or Type Committee Name

MIDLAND COUNTY REPUBLICAN COMMITTEE

		anization, Affiliated Committee, Joint Fu		
1				
		1		
	Mailing Address			
		СІТУ	STATE 🛦	ZIP CODE 🔺
	Relationship:		_	_
	Connected Organization	Affiliated Committee J	oint Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee	Friedman	per optional), and position of	the person in
	Mailing Address	1219 Holyrood St.		
		Midland	MI	48640
	Title or Position ▼	Midland		48640
	Title or Position ♥ Treasurer			
8.	Treasurer Treasurer: List the name a name and address of any Full Name	CITY A and address (phone number option designated agent (e.g., assistant trea Friedman	STATE	ZIP CODE & - 832 - 2633
8.	Treasurer Treasurer: List the name and address of any Full Name	CITY A and address (phone number option designated agent (e.g., assistant trea	STATE	ZIP CODE & - 832 - 2633
8.	Treasurer: List the name and address of any Full Name of Treasurer	CITY A and address (phone number option designated agent (e.g., assistant trea Friedman	STATE	ZIP CODE & - 832 - 2633
8.	Treasurer: List the name and address of any Full Name of Treasurer	CITY A and address (phone number option designated agent (e.g., assistant trea Friedman 1219 Holyrood St.	STATE	ZIP CODE 1 _ 832 – 2633 nittee; and the

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
			=
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE
	Tel	ephone number	
Banks or Other Depo safety deposit boxes o Name of Bank, Depos	r maintains funds.	committee deposits funds, hol	ds accounts, rents
safety deposit boxes o Name of Bank, Depos	r maintains funds. itory, etc. Chemical Bank & Trust	committee deposits funds, hol	ds accounts, rents
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safety deposit boxes o Name of Bank, Depos	Themical Bank & Trust PO Box 529 Midland CITY	· · · · · · · · · · · · · · · · · · ·	L
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Safety deposit boxes of Name of Bank, Depos	or maintains funds. itory, etc. PO Box 529 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	· · · · · · · · · · · · · · · · · · ·	L

A. Form/Schedule : F1A Transaction ID : This filing is an amendment to the 'Statement of Organization,' disclosing the change in treasurer and custodian of records. Actual change occured 4/1/08.