



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 10-19-2008 to 11-24-2008
Mo Day Year Mo Day Year

1. Committee I.D. Number 13071
2. Committee Name
COMMITTEE TO ELECT
ED RIVET

4. Candidate Last Name RIVET First Name EDWARD M.I. L.
4a. Office Sought Including District # or Community Served (if applicable)
BAY COUNTY ROAD COMMISSIONER
4b. County of Residence BAY

5. Committee's Mailing Address
3072 W. BIRCH DR
BAY CITY MI 48706
Area Code and Phone 989-686-3516
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 EDWARD L. RIVET
3072 W. BIRCH DR
BAY CITY MI 48706
Area Code & Phone 989-686-3516

7. Treasurer's Business Address
SAME AS ABOVE
Area Code and Phone () _____

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
SAME AS ABOVE
Area Code and Phone () _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary General
 Convention School
 Special Caucus
Date of Election, Convention or Caucus
11 4 2008
Month Day Year

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
Effective Date of Dissolution

Month Day Year
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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: EDWARD L. RIVET Signature Edward L Rivet Date 12 3 2008
Type or Print Name Signature Mo Day Year
Candidate: EDWARD L. RIVET Signature Edward L Rivet Date 12 3 2008
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

X



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-2008</u> Name: <u>RICHARD BRZGZINSKI</u> Address: <u>2413 25TH ST.</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-27-2008</u> Name: <u>DEBORAH STONE</u> Address: <u>100 PARK AVE</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	40.00	
	40.00	

Enter this total on
line 3 of Summary
Page.



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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>U. S. POSTMASTER</u> Address <u>1000 WASHINGTON AVE</u> <u>BAY CITY MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/08</u>	<u>402.38</u>
Expenditure #2 Name <u>REIMOLD PRINTING CORP</u> Address <u>3201 HALLMARK CT.</u> <u>SAGINAW MI 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/08</u>	<u>575.27</u>
Expenditure #3 Name <u>EDWARD L. RIVET</u> Address <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAY LOAN</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/23/08</u>	<u>1042.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2019.65
2019.65

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 13071

2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: <u>JOSEPH RIVET</u> <u>4542 MOCASA</u> <u>BAY CITY MI 48706</u>	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other Description: <u>GAS - PICKUP SIGNS</u>	<u>11/5/08</u> Date	\$ <u>62.54</u>
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____

Page Subtotal 62.54

Grand Total of all Schedules 1B-1K (Complete on last page of Schedule) 62.54

Enter this total on line 7 of the Summary Page



MICHIGAN DEPARTMENT OF STATE
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1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ERECT
ED RIVET

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>40.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>40.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>40.00</u>	(20.) \$ <u>6688.22</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>2759.86</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>62.54</u>	(22.) \$ <u>62.54</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2019.65</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2019.65</u>	(23.) \$ <u>9385.54</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>- 0 -</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1979.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>40.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2019.65</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2019.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u>	