



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: 7 20 2008 to 8 25 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
NA
Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
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
8 5 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 Edward L Rivet Date 9 3 2008
Type or Print Name Signature Mo Day Year
Candidate: EDWARD L. RIVET Edward L Rivet Date 9 3 2008
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

FILED IN 13071
SEP 3 3 37 PM '08
BAY COUNTY

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>7-25-2008</u> Name: <u>TOM WEHR</u> Address: <u>2408 E. CODY ESTEY RD</u> <u>P. JEWONING MI 48650</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	50.00	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-31-2008</u> Name: <u>IBEW-COPE</u> Address: <u>900 SEVENTH ST. NW</u> <u>WASHINGTON DC 20001</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	1000.00	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-31-2008</u> Name: <u>MICHIGAN REGIONAL COUNCIL OF CARPENTERS</u> Address: <u>3800 Woodward Ave. Detroit, MI 48201</u> <u>SARITAW MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Carpenters</u> Employer <u>labor union</u> Business Address <u>3800 Woodward Ave, Detroit, MI 48201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	450.00	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8-1-2008</u> Name: <u>MICHIGAN BOILERMAKERS</u> Address: <u>5936 CHASE RD</u> <u>DEARBORN MI 48126</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	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1600.00	

Enter this total on
line 3 of Summary
Page.



**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>7-31-2008</u> Name: <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1630.22	
3. Contribution # 2 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 # 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)

1630.22
3230.22

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>NEAL RICHEY</u> Address <u>1190 WOODWIND TRAIL</u> <u>HASLETT MI 48840</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/08</u>	<u>200.00</u>
Expenditure #2 Name <u>RT PRINTING</u> Address <u>4778 W. MAIN</u> <u>MILLINGTON MI 48746</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>7/29/08</u>	<u>397.08</u>
Expenditure #3 Name <u>DORNBOS PRINTING</u> Address <u>1131 E. GENESEE AVE</u> <u>SAGINAW MI 48607</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING/MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/08</u>	<u>549.84</u>
Expenditure #4 Name <u>U.S. POSTMASTER</u> Address <u>1000 WASHINGTON AVE</u> <u>BAY CITY MI 48708</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>7/31/08</u>	<u>1983.30</u>
Expenditure #5 Name <u>UAW LOCAL 362</u> Address <u>4427 E. WILDER RD</u> <u>BAY CITY MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser <u>10-9-08</u>	Purpose: <u>HALL RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/08</u>	<u>100.00</u>

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

3230.22

3230.22

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>EDWARD L. RIVET</u> <u>BY</u> <u>COMMITTEE TO ELECT</u> <u>ED RIVET</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/31/2008</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1630.22</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>4327.54</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	_____ <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	_____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

4327.54

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

4327.54

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT 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>3230.22</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3230.22</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3230.22</u>	(20.) \$ <u>3230.22</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>2697.32</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3230.22</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3230.22</u>	(23.) \$ <u>5927.54</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>4327.54</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>- 0 -</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3230.22</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3230.22</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3230.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u>	