



**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: 05/13/08 to 07/20/08

<p>1. Committee I.D. Number <u>150510</u></p>	<p>4. Candidate Last Name <u>RIVARD</u> First Name <u>Michael</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <u>Bay County Road Commission</u></p>
<p>2. Committee Name <u>The Committee to Elect Mike Rivard for Roads</u></p>	<p>4b. County of Residence <u>Bay</u></p>
<p>5. Committee's Mailing Address <u>840 N. Garfield Rd Linwood, MI 48634</u> Area Code and Phone <u>989-879-5685</u> 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.</p>	<p>6. Treasurer's Name & Residential Address <u>Michael Rivard 840 N. Garfield Rd Linwood, MI 48634</u> Area Code & Phone <u>989-879-5685</u></p>
<p>7. Treasurer's Business Address <u>840 N. Garfield Rd Linwood, MI 48634</u> Area Code and Phone <u>989-879-5685</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>Lynn Rivard 840 N. Garfield Rd Linwood, MI 48634</u> Area Code and Phone <u>989-879-5685</u></p>

FILED
JUL 24 10 11 AM '08
CLERK OF CIRCUIT COURT
BAY COUNTY MI

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
August 5, 2008

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

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 Michael Rivard, Michael Rivard Date 7/20/08
Type or Print Name Signature

Candidate Michael Rivard, Michael Rivard Date 7/20/08
Type or Print Name Signature



1. Committee I.D. Number 150510
 2. Committee Name The Committee to Elect Mike Rivard For Roads

**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>1,165.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,165.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>3,000.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4,165.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>30.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,305.89</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,305.89</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3,000.00</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>4,165.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,165.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,305.89</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>859.11</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Walt Duranczyk</u> <u>760 W. N. Union Rd</u> <u>Auburn, MI 48611</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/08</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Stanley MacDonald</u> <u>1403 N. Trumbull</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/08</u>	\$ <u>20.00</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		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Herbert and Mary Martin</u> <u>408 N. Alp St.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/08</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Raymond and Tadzia MacDonald</u> <u>607 36th Street</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/08</u>	\$ <u>20.00</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		Click Here for Memo Itemization	

Page Subtotal \$240.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Richard C. Niemann</u> <u>4081 Richlyn Ct.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/20/08</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		\$ <u>200.00</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Pat and Becky Reed</u> <u>4417 Darla Drive</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/20/08</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>50.00</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>Rick and Leslie Thompson</u> <u>7417 Seven Mile Rd</u> <u>Freeland, MI 48623</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/23/08</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>25.00</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>John Shankool, Agent</u> <u>State Farm</u> <u>212 N. Euclid Ave</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/24/08</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>50.00</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$325.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

*Candidate will verify "Corp" status
and amend in
next statement
if necessary.*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510
 2. Committee Name The Committee to Elect Mike Rivard For Roads

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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Jim and Shelly Pomaville</u> <u>5590 Garfield Rd</u> <u>Auburn, MI 48611</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/25/08</u>	6. Amount <u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Thomas Niemann</u> <u>4058 Allen Ct</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/08</u>	6. Amount <u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Bernice Rivard</u> <u>810 N. Garfield Rd</u> <u>Linwood, MI 48634</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/08</u>	6. Amount <u>\$25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Ed + Mary Meylan</u> <u>1161 Eight Mile Rd</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/08</u>	6. Amount <u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$275.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/02/08

Name & Address:
Tim & Beth Boutell
855 S. Linwood Beach Rd
Linwood, MI 48634

6. Amount \$100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/03/08

Name & Address:
Dan and Karla Morgan
147 N. Cotter Rd
Essexville, MI 48732

6. Amount \$25.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/08

Name & Address:
Diane Jonas + James Wakefield
2967 S. Sunny Beach
Bay City MI 48706

6. Amount \$25.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/08

Name & Address:
Gerry and Joyce Rivard
752 N. Carter Rd
Linwood, MI 48634

6. Amount \$30.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$180.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

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 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>07/10/08</u>	
Name & Address: <u>Kendall L. Pomaville 2585 N. Euclid Ave Bay City, MI 48706</u>		<u>\$100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/08</u>	
Name & Address: <u>Art and Millie Pagnier 113 Darley St. Auburn, MI 48611</u>		<u>\$25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" 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 <u>07/16/08</u>	
Name & Address: <u>Matt Lance 306 S. Johnson Bay City, MI 48708</u>		<u>\$20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" 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:		Click Here for Memo Itemization	
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 \$145.00

Grand Total of All Schedules 1A \$1,165.00
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Tony and Mary Soave</u> <u>335 Stanley Rd</u> <u>Bay City, MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Shirt Embroidery</u> 5. Date Of Receipt: <u>06/19/08</u> 6. Vendor Name & Address: <u>Same as Contributor</u>	\$ <u>30.00</u>	
<input type="checkbox"/> Fund Raiser Contribution Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	
<input type="checkbox"/> Fund Raiser Contribution Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	

Page Subtotal \$30.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$30.00

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> <u>4021 N. Euclid Ave</u> Address <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Office Materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/08</u> Date	<u>\$ 55.93</u>
Expenditure #2 Name <u>Monitor Pharmacy</u> <u>2931 Midland Rd</u> Address <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage Stamps for Mailings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/08</u> Date	<u>\$ 168.00</u>
Expenditure #3 Name <u>Staples</u> <u>4021 N. Euclid Ave</u> Address <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Return Address stamp for Mailings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/08</u> Date	<u>\$ 26.49</u>
Expenditure #4 Name <u>Service Sign + Screen</u> <u>1605 Broadway</u> Address <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign T-Shirt deposit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/08</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name <u>Service Sign + Screen</u> <u>1605 Broadway</u> Address <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Balance on Campaign T-Shirts and deposit on yard signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18/08</u> Date	<u>\$ 738.72</u>

Subtotal this page \$ 1,089.14

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510
The Committee to Elect Mike Rivard
2. Committee Name For Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Shirts Mugs + More</u> Address <u>2728 Center Ave</u> <u>Essexville, MI 48732</u> <input type="checkbox"/> Fund Raiser	Campaign Tab front Purpose: <u>Shirts</u>	<u>06/18/08</u> Date	<u>\$27.03</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2 Name <u>Service Sign + Screen</u> Address <u>1605 Broadway</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Balance on Yard Purpose: <u>Signs</u>	<u>06/26/08</u> Date	<u>\$667.00</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name <u>County Clerk</u> Address <u>515 Center Ave</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	AV CD for Purpose: <u>Mailings</u>	<u>07/09/08</u> Date	<u>\$20.00</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name <u>Friends to Elect Greg Wagner</u> Address <u>300 Pine St</u> <u>Essexville, MI 48732</u> <input checked="" type="checkbox"/> Fund Raiser	Candidate Purpose: <u>Fundraiser</u>	<u>07/09/08</u> Date	<u>\$40.00</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name <u>WalMart</u> Address <u>3921 Wilder Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Photos for Purpose: <u>Flyer</u>	<u>07/10/08</u> Date	<u>\$8.03</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement

Subtotal this page

\$762.06

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510
The Committee to Elect Mike Rivard
2. Committee Name For Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sams Club</u> Address <u>6663 Saginaw Rd</u> <u>Saginaw, MI 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy for Auburn</u> <u>Cornfest Parade</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/08</u> Date	<u>\$37.74</u>
Expenditure #2 Name <u>Reimold Printing</u> Address <u>3201 Hallmark Ct</u> <u>Saginaw, MI 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Mailers</u> <u>(Flyers)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/08</u> Date	<u>\$808.08</u>
Expenditure #3 <u>Postmaster via</u> Name <u>Reimold Printing</u> Address <u>3201 Hallmark Ct</u> <u>Saginaw, MI 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage for Campaign</u> <u>Mailers (Flyers)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/08</u> Date	<u>\$225.00</u>
Expenditure #4 Name <u>Office Max</u> Address <u>2272 Tittabawassee Rd</u> <u>Saginaw, MI 48604</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>(Office Supply)</u> <u>Cartridges for</u> <u>Printer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/08</u> Date	<u>\$39.56</u>
Expenditure #5 Name <u>Service Sign + Screen</u> Address <u>1605 Broadway</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign</u> <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/08</u> Date	<u>\$171.00</u>

Subtotal this page \$1,281.38

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

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510
 2. Committee Name The Committee to Elect Mike Rivard For Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Michael Rivard</u> Address <u>840 N. Garfield Rd E inwood, MI 48634</u> <input type="checkbox"/> Fund Raiser	<u>Office supplies, Paint Photos for Campaign Portfolio, Gas for placement of yard Signs and door-to-door Campaigning</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/08</u> Date	<u>\$ 173.31</u>
Expenditure #2 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	Date _____	\$ _____
Expenditure #3 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	Date _____	\$ _____
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	Date _____	\$ _____
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	Date _____	\$ _____

Subtotal this page \$173.31
 Grand Total of all Schedules 1B (Complete on last page of Schedule) \$3,305.89

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rivard For Roads

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 (Description) 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>Michael Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>	<u>Loan to Committee</u> 4. Type: <u>to Elect Mike Rivard for Roads</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/08</u> 6. <u>Original Amount of Debt:</u> <u>\$3000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>3000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) \$3000.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) \$3,000.00

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.